



SPOKESPERSON'S SERVICE

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EUROPEAN COMMISSION

Spokesperson's Service

The Spokesperson's Service (SPP) is the official voice of the European Commission vis-à-vis the media. We provide information about the Commission's political priorities and decisions to the press, organise press events and issue press material.

The SPP is an integral part of DG Communication, placed under the authority of the President. The European Commission Chief Spokesperson is the Head of the SPP and is assisted by up to two Deputy Chief Spokespersons, up to two Coordinating Spokespersons, up to 12 portfolio Spokespersons, and up to 30 portfolio Press Officers. We have a Unit in charge of multimedia editing, speeches and liaison with the Commission's Representations in the Member States. The Representations are in charge of communicating with national and local media in close liaison with the SPP.

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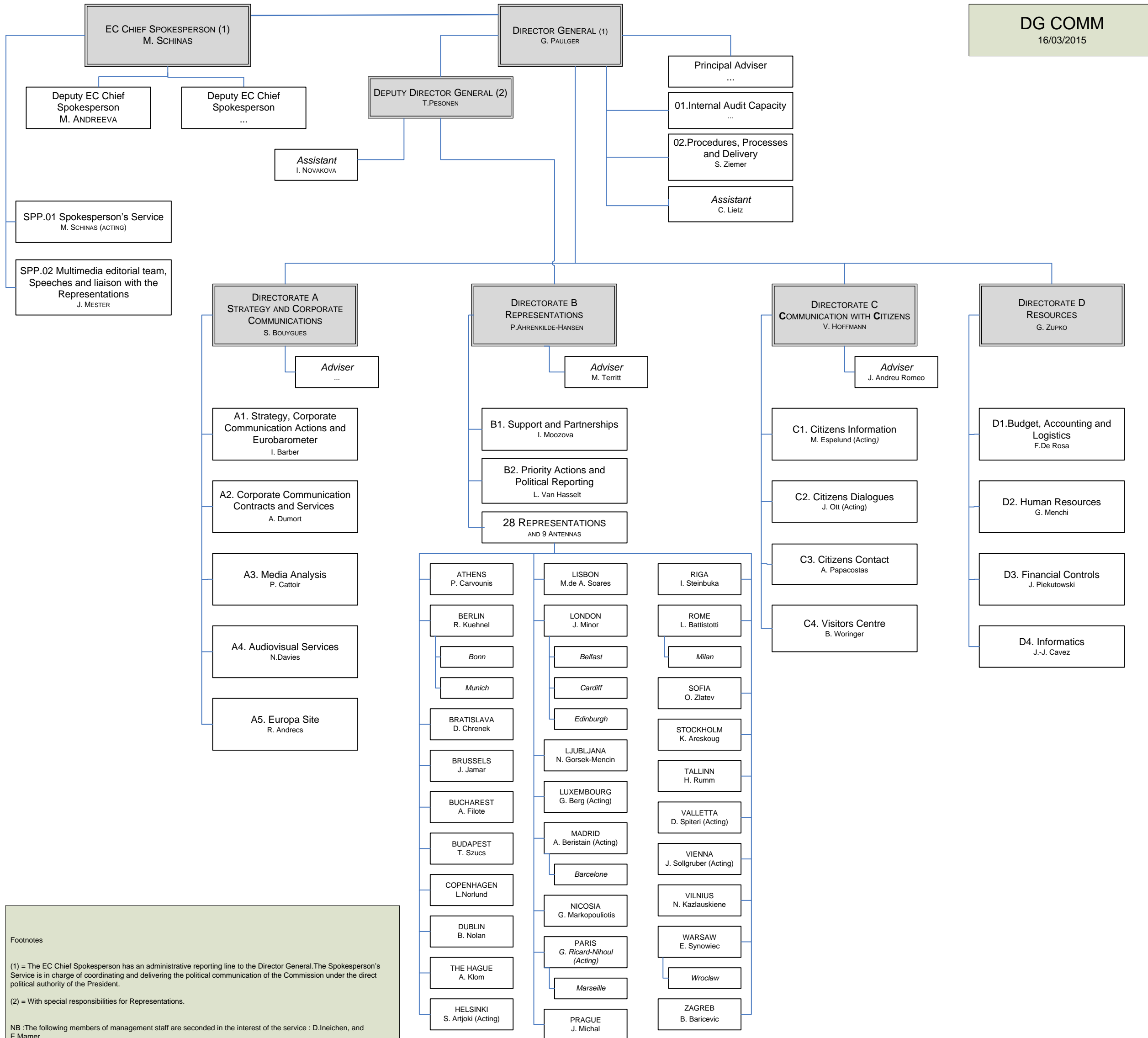
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Please note that on the following days in 2015, the Commission operates a system of duty Spokespersons:

1, 2 January, 2, 3, 6 April, 1, 14, 15, 25 May, 21 July, 2 November, 24 to 31 December.

Telephone number for weekends and when the Commission operates a duty roster:

+32 (0)2 295 84 63



Footnotes

(1) = The EC Chief Spokesperson has an administrative reporting line to the Director General. The Spokesperson's Service is in charge of coordinating and delivering the political communication of the Commission under the direct political authority of the President.

(2) = With special responsibilities for Representations.

NB :The following members of management staff are seconded in the interest of the service : D.Ineichen, and E.Mamer



MANAGEMENT PLAN 2014

Listen Advise Engage

DG COMM,

as a corporate communication service,
brings Europe closer to its citizens

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PART 1 MISSION STATEMENT

Listen – Advise – Engage.

DG COMM, as a corporate communication service, brings Europe closer to its citizens.

PART 2 THIS YEAR'S CHALLENGES

2014 will be challenging and exciting in equal measure, with an incoming new European Parliament in the summer and a new Commission taking up office in the 2nd semester, and DG COMM should be at the centre of citizens' engagement and be driving the debate on the future of Europe.

With lots of enthusiasm, staff from Headquarters (HQ), Representations (REPs) and Spokespersons' Service (SPP) voiced their ideas in a participatory process throughout 2013 to re-define DG COMM's mission statement – a clear and concise reply to the simple questions: what is our business? What is our purpose as DG Communication of the European Commission?

Our aim was not only to talk, but also to do, to make DG COMM more focussed, more collaborative and more effective. We need to build on that and it is up to all of us now to make our Mission Statement a reality, to make it more than just words on a page. We need to make these words the guiding principles of our daily work within DG COMM.

- **Let's listen** – Let's listen first, so we get to know the citizens and so we learn what they care about. Our Eurobarometer survey and our media monitoring as well as the work of the Economic Semester Officers, in particular, and the reporting of the Representations and the feedback of the Europe Direct Contact Centres are three examples, showing this applies to all three operational Directorates of DG COMM. Let's also listen to each other to better work together.
- **Let's advise** – Let's use our expertise as communicators to advise our Cabinet, the College and the other DGs. The pilot for a corporate communication campaign launched in 2014 and the web rationalisation are two major concrete projects. The SPP is actively and continuously advising the College on political communication. Let's also advise each other, sharing our knowledge and experience:

- **Let's engage** – Let's engage with citizens, to bring Europe closer to them. We do this directly via the Europe for Citizens Programme (EfC, new programme 2014 to 2020 to be launched in Spring 2014) the Citizens Dialogues, the Visitors' Centre and Europe Direct. We also do this by using a strategic media-mix the SPP, the Audiovisual (AV) studios as well as the social media network in Brussels and the Share Europe Online project in the Representations (and European Parliament Information Office (EPIOs)). Let's engage also within our own DG to break down silos and create a more collaborative workplace.

For 2014, **DG COMM has identified the following 5 key performance indicators (KPI)**¹:

1. Percentage of EU citizens feeling European ((EfC) Impact indicator of the general objective 1).
2. EfC: Percentage of first time applicants (Result indicator of specific objectives 1 and 2 of "Fostering European Citizenship" activity).
3. Percentage of EU citizens having a positive, neutral or negative image of the EU (Impact indicator of the general objective 2).
4. Total number of visits to EUROPA website, i.e. inter-institutional and Commission domains including the Representations' and RAPID websites. (Result indicator of the specific objective 3 of "Communication actions" activity).
5. Budget execution by commitments with respect to the annual forecast (Result indicator of specific objective 1 of "Administrative support ' activity).

PART 3 GENERAL OBJECTIVES

GENERAL OBJECTIVES

¹ For more details, please see the corresponding page through the Management Plan document.

General Objective 1: **To contribute to citizens' understanding of the Union, its history and diversity, to foster European citizenship and to improve conditions for civic and democratic participation at Union level²** ☒ Spending programme

Impact indicator 1: **Percentage of EU citizens feeling European³** (EB80 – Autumn 2013)

Baseline (2013)	Milestone	Target																																										
	2017	2020																																										
<p>59% of EU citizens now feel European</p> <p>QD3.1. For each of the following statements, please tell me to what extent it corresponds or not to your own opinion. You feel you are a citizen of the EU - %EU</p> <p>Legend: ■ Yes, definitely ■ Yes, to some extent ■ No, not really ■ No, definitely not ■ Don't know</p> <table border="1"> <caption>Data from the chart: Percentage of EU citizens feeling European</caption> <thead> <tr> <th>Survey</th> <th>Yes, definitely</th> <th>Yes, to some extent</th> <th>No, not really</th> <th>No, definitely not</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td>EB 80 Aut.2013</td> <td>20%</td> <td>39%</td> <td>26%</td> <td>14%</td> <td>1%</td> </tr> <tr> <td>EB 79 Sp.2013</td> <td>22%</td> <td>40%</td> <td>24%</td> <td>13%</td> <td>1%</td> </tr> <tr> <td>EB 78 Aut.2012</td> <td>22%</td> <td>41%</td> <td>23%</td> <td>13%</td> <td>1%</td> </tr> <tr> <td>EB 77 Sp.2012</td> <td>19%</td> <td>42%</td> <td>26%</td> <td>12%</td> <td>1%</td> </tr> <tr> <td>EB 75 Sp.2011</td> <td>23%</td> <td>39%</td> <td>24%</td> <td>12%</td> <td>2%</td> </tr> <tr> <td>EB 73 Sp.2010</td> <td>21%</td> <td>41%</td> <td>25%</td> <td>12%</td> <td>1%</td> </tr> </tbody> </table>	Survey	Yes, definitely	Yes, to some extent	No, not really	No, definitely not	Don't know	EB 80 Aut.2013	20%	39%	26%	14%	1%	EB 79 Sp.2013	22%	40%	24%	13%	1%	EB 78 Aut.2012	22%	41%	23%	13%	1%	EB 77 Sp.2012	19%	42%	26%	12%	1%	EB 75 Sp.2011	23%	39%	24%	12%	2%	EB 73 Sp.2010	21%	41%	25%	12%	1%	Stable	Stable
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² Source: Draft Council Regulation establishing for the period 2014-2020 the programme "Europe for Citizens" – Council document 12557/13 dated 17 September 2013. The European Parliament voted the consent on 19 November 2013.

³ Source: Standard Eurobarometer.

General Objective 2: **To communicate to EU citizens EU policies by listening and engaging with citizens** ☒ Non-spending
To enable better informed College decision making by feeding country specific information and analysis into the policy making process

Result indicator 1: **Percentage of EU citizens having a positive, neutral or negative image of the EU⁴**

Baseline (2013)	Milestone 2017	Target 2020																																																																																										
<p>QA11. In general, does the EU conjure up for you a very positive, fairly positive, neutral, fairly negative or very negative image? - %EU</p> <p>Legend: Total 'Positive' (blue), Neutral (yellow), Total 'Negative' (red), Don't know (grey)</p> <table border="1"> <caption>EU Image Data (2006-2013)</caption> <thead> <tr> <th>Year</th> <th>Total 'Positive'</th> <th>Neutral</th> <th>Total 'Negative'</th> <th>Don't know</th> </tr> </thead> <tbody> <tr><td>Sp. 2006</td><td>50%</td><td>32%</td><td>15%</td><td>2%</td></tr> <tr><td>Aut. 2006</td><td>46%</td><td>34%</td><td>17%</td><td>3%</td></tr> <tr><td>Sp. 2007</td><td>52%</td><td>31%</td><td>15%</td><td>2%</td></tr> <tr><td>Aut. 2007</td><td>49%</td><td>34%</td><td>14%</td><td>3%</td></tr> <tr><td>Sp. 2008</td><td>48%</td><td>35%</td><td>15%</td><td>2%</td></tr> <tr><td>Aut. 2008</td><td>45%</td><td>36%</td><td>17%</td><td>2%</td></tr> <tr><td>Jan.-Feb. 2009</td><td>43%</td><td>38%</td><td>17%</td><td>2%</td></tr> <tr><td>Sp. 2009</td><td>45%</td><td>36%</td><td>16%</td><td>3%</td></tr> <tr><td>Aut. 2009</td><td>48%</td><td>35%</td><td>15%</td><td>2%</td></tr> <tr><td>Sp. 2010</td><td>42%</td><td>37%</td><td>19%</td><td>2%</td></tr> <tr><td>Aut. 2010</td><td>40%</td><td>38%</td><td>20%</td><td>2%</td></tr> <tr><td>Sp. 2011</td><td>40%</td><td>36%</td><td>20%</td><td>2%</td></tr> <tr><td>Aut. 2011</td><td>31%</td><td>41%</td><td>26%</td><td>2%</td></tr> <tr><td>Sp. 2012</td><td>31%</td><td>39%</td><td>28%</td><td>2%</td></tr> <tr><td>Aut. 2012</td><td>30%</td><td>39%</td><td>29%</td><td>2%</td></tr> <tr><td>Sp. 2013</td><td>30%</td><td>39%</td><td>29%</td><td>2%</td></tr> <tr><td>Aut. 2013</td><td>31%</td><td>39%</td><td>28%</td><td>2%</td></tr> </tbody> </table>	Year	Total 'Positive'	Neutral	Total 'Negative'	Don't know	Sp. 2006	50%	32%	15%	2%	Aut. 2006	46%	34%	17%	3%	Sp. 2007	52%	31%	15%	2%	Aut. 2007	49%	34%	14%	3%	Sp. 2008	48%	35%	15%	2%	Aut. 2008	45%	36%	17%	2%	Jan.-Feb. 2009	43%	38%	17%	2%	Sp. 2009	45%	36%	16%	3%	Aut. 2009	48%	35%	15%	2%	Sp. 2010	42%	37%	19%	2%	Aut. 2010	40%	38%	20%	2%	Sp. 2011	40%	36%	20%	2%	Aut. 2011	31%	41%	26%	2%	Sp. 2012	31%	39%	28%	2%	Aut. 2012	30%	39%	29%	2%	Sp. 2013	30%	39%	29%	2%	Aut. 2013	31%	39%	28%	2%	<p>To contribute to improving and maintaining a positive image of the EU in the media and among citizens.</p> <p>32%</p>	<p>Positive image of the EU $\geq 50\%$</p>
Year	Total 'Positive'	Neutral	Total 'Negative'	Don't know																																																																																								
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⁴ Source: Standard Eurobarometer.

PART 4 SPECIFIC OBJECTIVES FOR OPERATIONAL ACTIVITIES

4.1. ABB ACTIVITY 16 02: FOSTERING EUROPEAN CITIZENSHIP

4.1.1. DESCRIPTION AND JUSTIFICATION OF THE EU INTERVENTION

The EU's added value of the Europe for Citizens Programme can be demonstrated at the level of the individual actions of the new Programme:

In the case of "European remembrance" (strand 1), the programme supports activities that encourage reflection on European cultural diversity and on common values in the broadest sense. Funds may be made available for initiatives to reflect on the causes of totalitarian regimes in Europe's modern history⁵ and to commemorate the victims of their crimes. This strand also encompasses activities concerning other defining moments and reference points in recent European history⁶. In particular, it gives preference to actions which encourage tolerance, mutual understanding, intercultural dialogue and reconciliation as a means of moving beyond the past and building the future, in particular with a view to reaching the younger generation.

In the case of "Democratic engagement and civic participation" (strand 2), the programme supports activities that cover civic participation in the broadest sense, and focuses in particular on structuring methods to ensure that funded activities have a lasting effect. It gives preference to initiatives and projects with a link to the Union political agenda. This strand may also cover projects and initiatives that develop opportunities for mutual understanding, intercultural dialogue, solidarity, societal engagement and volunteering at Union level. The aim is to increase the democratic participation of young people and the participation of women in political and economic decision-making.

In the case of "Valorisation", this covers horizontal dimension of the programme as a whole. It focuses on the analysis, dissemination, communication and valorisation of the project results from the above-mentioned two strands. Common tools are needed to collect best practices and ideas about how to strengthen remembrance, European citizenship and civic participation and facilitate the transnational exchange.

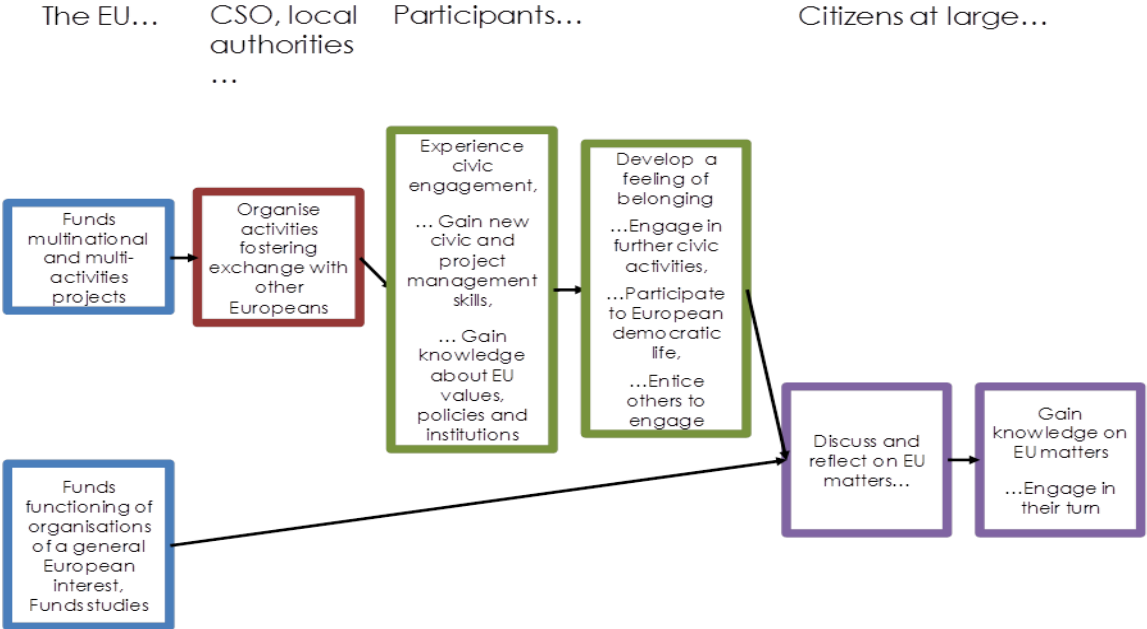
⁵ Especially but not exclusively Nazism which led to the Holocaust, Fascism, Stalinism and totalitarian communist regimes.

⁶ Historical moments which will be commemorated in particular in 2014 will be the 100th anniversary of the beginning of World War I, the 25th anniversary of the Fall of the Berlin Wall and the 10 years of enlargement of the European Union to Central and Eastern Europe.

The implementation of the above funding actions is delegated to the Education, Audiovisual and Culture Executive Agency (EACEA).

The overall intervention logic of the programme is synthesised in the following diagram, representing the causal links between:

- the outputs (the “production” of the European Commission) on the left;
- the results on target groups (here the civil society organisations, local authorities, think tanks and EU networks and umbrellas);
- the intermediary impacts on direct beneficiaries (here the participants to the various organised activities);
- and the final (long term) expected impacts on direct and indirect beneficiaries (here citizens at large), on the right.



General intervention logic

The intervention logic of the programme reflects the nature of programme which does not, unlike for example the Erasmus programmes, target specific groups of EU citizens (ex. student(s) directly, but which works on the basis of multiplayer effect through different "diameters" of influence via (1) Civil Society Organisation, (2) participants to (3) Citizens at large. The funded projects provide the Commission with feedback of citizens' expectations (Listen), encourage project leaders to issue recommendations to policy makers (Advise) and increases democratic participation at EU level (Engage).

ABB ACTIVITY 16 02: FOSTERING EUROPEAN CITIZENSHIP					
Financial resources (€) in commitment appropriations			Human resources		
Operational expenditure	Administrative expenditure (managed by the service)	Total	Establishment plan posts	Estimates of external personnel (in FTEs)	Total
24 947 000	N.A.	24 947 000	21 ⁷	2	23

4.1.2. SPECIFIC OBJECTIVES LINKED TO THE GENERAL OBJECTIVE N° 1

Specific objective 1 ⁸ : To raise awareness of remembrance, the common history and values of the Union and the Union's aim, namely to promote peace, the values of the Union and the well-being of its peoples, by stimulating debate, reflection and the development of networks ⁹			<input checked="" type="checkbox"/> Spending programme		
Result indicator 1: The number of participants who are directly involved					
Baseline (2013)		Milestone		Target	
		2017		2020	
100 000		100 000		100 000	
Result indicator 2: The number of persons indirectly reached by the programme					
Baseline (2013)		Milestone		Target	
		2017		2020	
150 000		180 000		202 500	
Result indicator 3: The number of projects					
Baseline (2013)		Milestone		Target	
		2017		2020	
31		68		77	
Result indicator 4: The quality of projects applications and the degree to which the results of selected projects can be further used, transferred					
Baseline (2013)		Milestone		Target	
		2017		2020	
Lowest score obtained by a retained project: 80		81,6		83,2	
Number of events organised: 50		85		95	
Result indicator 5: Percentage of first time applicants					
Baseline (2013)		Milestone		Target	
		2017		2020	
Percentage of first-time applicants to the programme: 40 %		35% - 45%		35% - 45%	

⁷ Including 2 posts detached to EACEA (detaches).

⁸ Source: Draft Council Regulation establishing for the period 2014-2020 the programme "Europe for Citizens" – Council document 12557/13 dated 17 September 2013. The EP voted the consent on 19 November 2013.

⁹ For indicators related to the specific objective 1, the source data is EACEA - Indicators, milestones and targets have been set out on the basis of a study launched by DG COMM in 2012-2013 in order to measure the impact of the Europe for Citizens programme – http://ec.europa.eu/citizenship/news-events/news/11072013_studyefc_en.htm.

Main outputs in 2014 ¹⁰		
Description	Indicator	Target (2014)
Structural support – Framework partnerships (4 years)	Number of operating grants	8
Remembrance projects	Number of projects	65

Specific objective 2 ¹¹ : To encourage democratic and civic participation of citizens at Union level, by developing citizens' understanding of the Union policy making-process and promoting opportunities for societal and intercultural engagement and volunteering at Union level ¹²		
		☒ Spending programme
Result indicator 1: The number of participants who are directly involved		
Baseline (2013)	Milestone	Target
	2017	2020
1 000 000	1 000 000	1 000 000
Result indicator 2: The number of persons indirectly reached by the programme		
Baseline (2013)	Milestone	Target
	2017	2020
1 000 000	1 200 000	1 350 000
Result indicator 3: The number of participating organisations		
Baseline (2013)	Milestone	Target
	2017	2020
1 000	1 400	1 700
Result indicator 4: The perception of the Union and its institutions by the beneficiaries		
Baseline (2012)	Milestone	Target
	2017	2020
77% feel more European as a result of their participation in the "Europe for Citizens" programme	Stable at 77 %	Stable at 77 %
Result indicator 5: The quality of projects applications		
Baseline (2013)	Milestone	Target
	2017	2020
Lowest score obtained by a retained project: 71	72,4	73,9
Result indicator 6: The percentage of first time applicants		
Baseline (2013)	Milestone	Target
	2017	2020
Percentage of first-time applicants to the programme: 40 %	35% - 45%	35% - 45%

¹⁰ The outputs are in line with the anticipated work programme 2014 presented to the future "Europe for Citizens" programme committee in the informal meeting held on 10 October 2013 and adopted by the College on 31/10/2013 (C(2013)7160).

¹¹ Source: Draft Council Regulation establishing for the period 2014-2020 the programme "Europe for Citizens" – Council document 12557/13 dated 17 September 2013. The EP voted the consent on 19 November 2013.

¹² For indicators related to the specific objective 2, the source data is EACEA - Indicators, milestones and targets have been set out on the basis of a study launched by DG COMM in 2012-2013 in order to measure the impact of the Europe for Citizens programme – http://ec.europa.eu/citizenship/news-events/news/11072013_studyefc_en.htm.

Result indicator 7: The number of transnational partnerships including different types of stakeholders		
Baseline (2013)	Milestone	Target
	2017	2020
Average number of types stakeholders: 1,3	At least 2 types of stakeholders	At least 2 types of stakeholders
Result indicator 8: The number of networks of twinned towns		
Baseline (2013)	Milestone	Target
	2017	2020
41	108	122
Result indicator 9: The number and quality of policy initiatives following-up on activities supported by the Programme at the local or European level		
Baseline	Milestone	Target
	2017	2020
Not measured before	2	2
Result indicator 10: The geographical coverage of the activities		
Baseline (2013)	Milestone	Target
	2017	2020
The comparison between the percentage of projects submitted by one Member State as a lead partner and the percentage of its population in the total population of the Union ¹³ : 13	19	23
The comparison between the percentage of projects selected per Member State as a lead partner and the percentage of its population in the total population of the Union ¹⁴ : 12	17	20
The comparison between the percentage of projects submitted by one Member State as a lead partner or co-partner and the percentage of its population in the total population of the Union ¹⁵ : 18	24	26

¹³ Geographical coverage at EU level = number of Member States for which 90 % < NC < 110 %, NC = National coverage = % of projects submitted per member State as a lead partner / % of its population in the total population of the EU.

¹⁴ Geographical coverage at EU level = number of Member States for which 90 % < NC < 110 %, NC = National coverage = % of projects selected per member State as a lead partner / % of its population in the total population of the EU.

¹⁵ Geographical coverage at EU level = number of Member States for which 90 % < NC < 110 %, NC = National coverage = % of projects submitted per member State as a lead partner or co-partner / % of its population in the total population of the EU.

The comparison between the percentage of projects selected per Member State as a lead partner or co-partner and the percentage of its population in the total population of the Union ¹⁶ : 15	19	22
Main outputs in 2014 ¹⁷		
Description	Indicator	Target (2014)
Citizens' meetings	Number of projects	430
Networks Twinned Towns	Number of networks	103
Civil society projects	Number of projects	39
Structural support – Framework partnerships (4 years)	Number of operating grants	26
Peer reviews	Number of network meetings	2
Support structures in the Members states	Number of grants	33

4.2. ABB ACTIVITY 16 03: COMMUNICATION ACTIONS

4.2.1. DESCRIPTION AND JUSTIFICATION OF THE EU INTERVENTION

Despite growing access to information from Member States provided by the fast developing communication environment and the new media, EU affairs are often reported only from a national point of view for a national audience. By providing citizens with information about European issues from a European point of view, but taking into account the country specific context, the Commission aims at increasing the knowledge and understanding of EU policies and activities in order to further engage citizens in the EU policy-making process.

Through its audio-visual communication tools the Commission offers citizens possibilities to inform themselves and find out about the political and legislative process of the EU, its results and how EU policy directly impacts on their daily lives.

The Commission is also to bringing the EU closer to the citizens, multipliers, media, politicians and other stakeholders by providing them, at local level, but from a European perspective, with clear information on the EU. Many actions are implemented with the European Parliament and the Member States, and the 500 Europe Direct Information Centres and through the 37 EC Representations and Regional Offices in Member States.

¹⁶ Geographical coverage at EU level = number of Member States for which $90\% < NC < 110\%$, NC = National coverage = % of projects selected per member State as a lead partner or co-partner / % of its population in the total population of the EU.

¹⁷ The outputs are in line with the anticipated work programme 2014 presented to the future "Europe for Citizens" programme committee in the informal meeting held on 10 October 2013 and adopted by the College on 31/10/2013 (C(2013)7160).

Corporate/Institutional communication on the key political messages and achievements of the EU and the Commission is essential to attract, top-level new multipliers for example through the dissemination of information about the EU policy outcomes through multi-lingual digital and written information, and via a variety of communication tools and/or via the Visitor's Centre.

The rationalisation of the Commission's web presence¹⁸ will transform digital communication. The aim is to create a coherent, relevant and cost-effective online presence for the Commission by 2015. In 2014, emphasis will be placed on cutting websites and content further, on developing a prototype for a new Commission website, including a new Commission newsroom.

Social media play an increasingly prominent role in social interaction, public dialogue and democratic life. Platforms like Facebook, Twitter, Google+ and EUTube have made it possible to share information and opinions on EU policies, to engage in debate, to campaign, and to connect with and build communities of interest across the EU and beyond. In 2014, social media will contribute to the European election campaign. DG COMM will provide advice and support to the new College in defining their social media strategy and provide all the relevant tools. At national level, the Representations will continue developing their social media presence, notably through the Share Europe Online project (jointly with the EPIOs), with a focus on local communication of EU affairs and building an online European Public Space.

Public opinion analysis and media monitoring as well as the Representations' country specific reporting on political and economic issues provides the Commission with data comparable across the EU that can in turn feed – upstream - into the policy making process. Additional feedback, like systematic media analysis contributes to the coherent, well-targeted long-term media relations strategy.

¹⁸ A Web Rationalisation Working Group was set up following the mandate received from the Secretary General in January 2013. It is led by DG COMM in partnership with DGT and DG DIGIT. It comprises interested DGs, viz. the 11 pilot DGs involved in the 2012 benchmarking study on improving the web presence of the Commission and 10 additional DGs. Ares(2013)372665 – 19/03/2013.

ABB ACTIVITY 16 03: COMMUNICATION ACTIONS					
Financial resources (€) in commitment appropriations			Human resources		
Operational expenditure	Administrative expenditure (managed by the service)	Total	Establishment plan posts	Estimates of external personnel (in FTEs)	Total
95 730 000	N.A	95 730 000	478	413	891

4.1.2. SPECIFIC OBJECTIVES

Specific objective 1: To ensure media coverage of the Commission through a pro-active media strategy and reactive engagement with media <input checked="" type="checkbox"/> Non- Spending			
Result indicator 1: Number of press material issued (press releases, memos, speeches) ¹⁹			
Baseline (2013)		Milestone	Target
		2017	2020
3 492		2 500 - 3 000	2 500 - 3 000
Result indicator 2: Number of press events organised (press conferences, VIP, technical briefings) ²⁰			
Baseline (2013)		Milestone	Target
		2017	2020
319		200 - 250	200 - 250
Main outputs in 2014			
Description		Indicator ²¹	Target (2014)
Pro-active engagement with the media: - Pro-active media strategy for the College, media action plans for individual College members and message in clear language on EU policy results. - Press material on the College's decisions, "Lines" to take' and briefing sheets on EU policy issues related to the work of the Commission. - President's speeches, including the State of the Union Address. - Daily press briefing "Midday briefing" and journalist briefings in Brussels, in EU Member States and worldwide. - Internal (news ahead) and external press planning tools (Top news, weekly calendar of visits and meetings by the Members of the Commission).			
Reactive engagement with the media: Respond to press enquiries, rebuttal, Myth-busting			
Plan and coordinate the timing of communication on the different policy issues.			
Accreditation of the journalists based in Brussels.			

¹⁹ Source: Rapid reporting – DG COMM A3.

²⁰ Source: DG COMM/SPP statistics.

²¹ The relevant indicators will be defined in the first semester of 2014.

Specific objective 2: Providing information to citizens explaining the direct impact of EU policies on their life			<input checked="" type="checkbox"/> Non- Spending
Result indicator 1²²: Average number of Euronews viewers per day (Europe)²³			
Baseline (Q1 2013)	Milestone	Target	
	2017	2020	
7,8 million	6 million	6 million ²⁴	
Result indicator 2: Average number of Euranet Plus listeners per day²⁵			
Baseline (Oct. 2013)	Milestone	Target	
	2015	2016	
20 million ²⁶	20 million	25 million ²⁷	
Result indicator 3: Number of multimedia productions downloads²⁸			
Baseline (September 2013)	Milestone	Target	
	2017	2020	
84 368	120 000	140 000	
Result indicator 4: Percentage of participants in EDICs events fully agreeing that they are better informed on EU issues²⁹			
Baseline (2011)	Milestone	Target	
	2017	2020	
60%	63%	65%	
Result indicator 5: Percentage of participants of events organised by the Representations agreeing that the event improved their knowledge on EU issues³⁰			
Baseline	Milestone	Target	
	2017	2020	
The measurement of the satisfaction rate will start in 2014 ³¹	63%	65%	
Main outputs in 2014			
Description	Indicator	Target (2014)	
Programmes on EU affaires	Number of broadcast minutes per year	60 000	
Euronews in Arabic, Greek and Hungarian	Hours	24/24	
Audio-visual productions and multimedia projects	Number of productions for the general public	100	
News coverage	Number of EbS video items, photo reports and audio files produced	14 000	

²² Euronews is an independent body partly funded by the European Commission. Therefore, this indicator does not reflect only DG COMM contribution but Euronews activity.

²³ Source: TV Eureka by Telmar-Peaktime quoted in Euronews reports.

²⁴ The target is lower than the baseline figure due to the facts that there is an evolution of the audience from TV to WEB view and also taking into account the number of the information channel in the same field.

²⁵ Euranet Plus is a radio network funded by the European Commission, abiding by a Charter of editorial independence.

²⁶ As stated by Euranet Plus in its latest report (Sep-Oct. 2013).

²⁷ Objective presented to DG COMM in the offer following the call for tender.

²⁸ Sources: AV Analytics and Web Analytics.

²⁹ Source: information provided by EDICs in their reporting based on the results of the obligatory evaluation of 50% of their activities.

³⁰ Source: Based on responses to questionnaires distributed after events.

³¹ In 2014, COMM.B is going to start collecting the satisfaction rate and improved knowledge rate in the REPs through the events and actions questionnaire. Therefore the percentages in the MP 2014 are indicative.

Measurement of media usage of audio-visual material	TV uptakes from EbS (in minutes)	40 000
Media library : conservation and availability to the public of audiovisual material (audio, video and photo), Web development	Number of archived audio, video and photo	28 500
Europe Direct Information Centres (EDICs)	Number of EDICs	500
Training, support and coordination of the Europe Direct information networks	Number of training days x number of participants	2 000
Organisation of events	Number of events	3 750
The European Public Spaces	Number of EPS	18

Specific objective 3: Providing corporate communication and improving feedback to the Commission through information analysis <input checked="" type="checkbox"/> Non- Spending		
Result indicator 1³²: Percentage of participants to the information visits to the Commission very satisfied with the visit³³		
Baseline (2012)	Milestone	Target
	2017	2020
69%	73%	77%
Result indicator 2: Total number of visits to EUROPA website (inter-institutional and Commission domains including the Representations' and RAPID websites)		
Baseline (2013)	Milestone	Target
	2017	2020
392 million ³⁴	550 million	670 million
Result indicator 3: Growth in number of followers/fans/subscribers of the EU Commission Social media corporate accounts including the Representations'³⁵		
Baseline (2013)	Milestone	Target
	2017	2 020
Twitter – 172 000	300 000	750 000
Facebook – 230 000	450 000	800 000
Google+ - 711 000	1 300 000	1 800 000
EUTube – 22 500	40 000	80 000
Twitter (Representations) – 88 000	200 000	500 000
Facebook (Representations) – 150 000	350 000	700 000

³² Ares (2012)1328106 – 04/10/2012 – This is a short term strategy, an interim evaluation of the Visitors Centre, is foreseen (see Annex 4) in order to put in place a better system of feedback and follow-up to the visits needs to be organised.

³³ Source: Evaluation forms filled in by each visiting group.

³⁴Source: SAS Analytics (corporate data collection tool).

³⁵ Source: Engagor (corporate social media monitoring tool) and the data available on the social media platforms themselves.

Result indicator 4: Web rationalisation Number of Commission websites and webpages (content) cut		
Baseline (2013)	Milestone	Target
	2017	2020
50% of websites cut for 11 pilot DGs 30% of webpages cut for 11 pilot DGs	One coherent web presence for the entire Commission	One coherent web presence for the entire Commission
Result indicator 5: Satisfaction rate on queries replied by the EUROPE DIRECT Contact centre (average rate of evaluations done by users after each query, the maximum rate being 16)³⁶		
Baseline (2013)	Milestone	Target
	2017	2020
13,2 / 16	13,3 / 16	13,4 / 16
Result indicator 6: Number of on-line consultations of e-publications and distributed paper publications³⁷		
Baseline (2012)	Milestone	Target
	2017	2020
4 million	5 million	6 million
Result indicator 7: Number of total visits to Eurobarometer website³⁸		
Baseline (September 2013)	Milestone	Target
	2017	2020
850 000	1 million	1 million
Impact indicator 8: Number of political and economical reports and analysis produced³⁹		
Baseline (October 2013)	Milestone	Target
	2017	2020
940	1 000	1 100
Main outputs in 2014		
Description	Indicator	Target (2014)
Visits to the Commission	Number of visits	1 500
Management of audiovisual technical facilities	Number of AV products provided to the College (messages, interviews, statements, clips)	900
EUROPA main website and RAPID	Total number of visits to EUROPA website (inter-institutional and Commission domains including the Representations' and RAPID websites)	450 000
Social media EC corporate platforms	Growth in number of followers/fans/subscribers of the EU Commission Social media corporate accounts including Representations' (R)	Twitter 277 000 Facebook 370 000 Google+ 1 400 000 EUTube 28 500 Twitter (R) 120 000 Facebook (R) 207 000

³⁶ Source: ratings extracted from the EDCC citizens' enquiries database and submitted in monthly reports.

³⁷ Source: Europa website statistics and OP.

³⁸ Source: SAS Analytics (corporate data collection tool).

³⁹ Source: Internal COMM.A3 and COMM.B2.

Web Rationalisation	Number of websites cut - all DGs Number of webpages cut (all DGs)	50% cut 30% cut
Representations electronic newsletters edited	Number of Representations electronic newsletters edited	580
Issued and printed publications (done by the Representations)	Number of issued and printed publications	85
Operation of the EUROPE DIRECT Contact Centre (EDCC) ⁴⁰	One contact centre accessible by telephone, e-mail online chat and SMS ⁴¹	1
Publications, including Commission's General Report	Number of publications	50
Eurobarometer polls taken	Number of Eurobarometer polls taken	7

Specific objective 4: To implement Corporate Communication under the 2014-2020 Multiannual Financial Framework (MFF) <input checked="" type="checkbox"/> Spending		
Result indicator 1 for the pilot in 2014: Cumulative total number of people reached with the messages of an integrated communication campaign⁴²		
Baseline (2013)	Milestone	Target
	2014	2015
N/A	10 000 000*	15 000 000*
Result indicator 2 for the pilot in 2014: Cumulative total number of people who are able to recall the messages of an integrated communication campaign⁴³		
Baseline (2013)	Milestone	Target
	2014	2015
N/A	1 000 000*	1 500 000*
Main outputs in 2014		
Description	Indicator	Target (2014)
Implementation of the 2014 pilot phase by procurement of an integrated communication campaign	Execution of the co-delegated budget by commitments and payments (latter depending on timing of the campaign and evaluation) ⁴⁴	100% for commitments 50% for payments

*These figures depend on the outcome of contract negotiations.

⁴⁰At the end of 2013, a contract was signed for the mid-term evaluation of the Brussels-based Europe Direct Contact Centre (EDCC), the sister service of the Europe Direct Network. The evaluation study will be conducted during the first half of 2014 and final results should be made available by the autumn of 2014 (See annex 4).

⁴¹<http://europa.eu/europedirect/>

⁴²Source: ex-post evaluation of the pilot.

⁴³Source: ex-post evaluation of the pilot.

⁴⁴Subject to budget being made available on time by the contributing DGs.

PART 5 HORIZONTAL ACTIVITIES

Horizontal activities grouping a set of coordinating and support functions have been set for all services:

5.1. "POLICY STRATEGY AND COORDINATION" ACTIVITY

5.1.1. DESCRIPTION

The ABM/SPP process is coordinated so that DG COMM identifies priorities, objectives and indicators and delivers on commitments taken for each of the DG's Units/Directorates (HQ, SPP, REPs). The internal communication function supports in-house communication on the mission statement and on the global and specific objectives of this Management Plan and the evaluation function coordinates and follows up the DG's evaluation and other studies. (Details see annex 4).

As regards inter-institutional relations, coordination and facilitations of a constructive and efficient dialogue ensures the Commission's role in the inter-institutional communication in line with the political declaration "Communicating Europe in Partnership"⁴⁵.

The Internal Audit Capability (IAC)⁴⁶ will continue to provide independent, objective assurance and consulting services to the Director-General, designed to improve the operations of the DG by bringing a systematic, disciplined approach with the aim to evaluate and make recommendations for improving the effectiveness of governance, risk management and internal control processes – including promoting appropriate ethics and values within the organisation, ensuring effective organisational performance management and accountability.

The services of the media monitoring and media analysis Unit contribute significantly to the upstream information of the Commission's decision-makers.

⁴⁵ OL C13 – 20.01.2009

⁴⁶ Ares(2012)1493370 – 14.12.2012

ABB ACTIVITY – POLICY STRATEGY AND COORDINATION⁴⁷					
Financial resources (€ in commitment appropriations)			Human resources		
Operational expenditure	Administrative expenditure (managed by the service)	Total	Establishment plan posts	Estimates of external personnel (in FTEs)	Total
N.A	N.A	N.A	67	32	99

5.1.2. SPECIFIC OBJECTIVES

Specific objective 1: Establish and maintain dialogue and cooperation channels with the other Institutions, the Member State and other inter-institutional stakeholders so that budgetary procedure and progress of initiatives put forward by the DG is smooth and efficient through the institutional system⁴⁸		<input checked="" type="checkbox"/> Non- Spending
Result indicator 1: Total number of parliamentary questions, petitions and Ombudsman cases received and percentage of replies provided in time and respecting quality and new reply criteria⁴⁹		
Baseline (November 2013)		Target
100%		2014
100%		100%

Specific objective 2: Implement the COM planning and programming process (SPP/ABM cycle) so that the DGs objectives are aligned with the DG's mission statement and the COM's key priorities and the DG contributes with its activities to the overall COM strategy in an effective, efficient and timed, coherent and accountable manner⁵⁰		<input checked="" type="checkbox"/> Non- Spending
Result indicator 1: % of Units contributions to the timely delivery of ABM/SPP documents that are coordinated at the level of the Directorate and formally approved by the Director before insertion in the relevant SPP documents		
Baseline (November 2013)		Target
100%		2014
100%		100% (all Directors involved)

⁴⁷ The activity includes human resources from: COMM, COMM.DG, COMM.DGA, COMM.DG02, COMM.DG02.001, COMM.A, COMM.A1, COMM.A1.001/A.1.003, COMM.A3, COMM.A3.001 and COMM.002.

⁴⁸ Beyond Pre-GRI, EP / in particular CULT, AFCO, budget committees and MEP questions, Council/WPI, national parliaments, Ombudsman & petitions, IGI.

⁴⁹ Source: Internal COMM.002.

⁵⁰ Commission Work Programme, Management Plan, Annual Activity Report, and Bi-annual Management Report.

Specific objective 3: Media Monitoring an analysis of media as an element of informed decision-making <input checked="" type="checkbox"/> Non- Spending	
Result indicator 1: Media items provided in the Daily Press Review/Daily News Summary (DPR/DNS)⁵¹	
Baseline (October 2013)	Target
	2014
320 000	290 000
Result indicator 2: Agency wires selected in the Latest Agency News (LAN)⁵²	
Baseline (October 2013)	Target
	2014
50 000	50 000

5.2. "ADMINISTRATIVE SUPPORT" ACTIVITY

5.2.1. DESCRIPTION

DG COMM's administrative support activities are handled by the Resources Directorate and Unit COMM.02 which include services provided to the Headquarters and to the Representations in the following fields: budgetary, accounting and financial matters; infrastructure, health and security issues (only Representations); human resources management; procurement and grant related questions; IT development (HQ) and IT infrastructure (Representations); internal communication and document management.

Unit COMM.D1 ensures the co-ordination and follow-up of the establishment of the budget including internal and external negotiations and supports efficient and professional budget implementation at the HQ and the Representations, including the coordination of the financing decision, its monitoring and the LPM⁵³ tasks. The accounting cell is a focal contact point for colleagues in the Representations and HQ, for DG BUDG and EP services. Unit D1 Logistic and security sectors assure optimal working environment in the Representations and antennas also ensuring the necessary follow-up of the inter-institutional relations with the European Parliament in the framework of the joint building policy for the Houses of Europe. Additionally the Unit ensures the necessary inter-institutional relation with the European

⁵¹ Source: JRC.

⁵² Source: Internal COMM.A3.

⁵³ Local Profile Management.

Court of Auditors in the framework of the DAS, acting also as OLAF correspondent and coordinating the implementation of the new anti-fraud strategy⁵⁴.

Unit COMM.D2, on the one hand, supports the AIPN in decisions related to HR management: efficient and effective allocation of staff in line with the tasks and objectives of the DG; implements the measures related to the screening exercise with a view to identifying potential efficiency gains. On the other hand, the Unit advises and supports DG COMM's staff in all kind of individual professional questions like career development or mobility. The Unit also manages DG COMM's Learning and Development Programme.

Unit COMM.D3 consolidates the financial circuits as revised in spring 2012 – and implements the respective controls. The procurement and grant helpdesk team provides colleagues at the HQ and the Representations with useful information and advice in the specific field of procurement procedures. The Unit has launched externalisation of the ex-post controls which will materialise in audit missions for grants in the first half of 2014.

Unit COMM.D4 services are a paramount support to the missions and the general objectives of the DG, not only by offering Information System development in the HQ, but also by fully managing the IT infrastructure of the Representations. The IT strategy of DG COMM covers its partnership with DGs DIGIT and Translation in leading in the IT rationalisation in the External Communication domain and the Web rationalisation projects. DG COMM has enrolled in ITIC since January 2013, which is another initiative of the European Commission IT governance. DG COMM develops also the usage of cost saving IT technologies like the generalisation of Videoconferencing system for interacting with the Representations.

In Unit COMM.02 the internal communication and the document management functions contribute to staff engagement and flows efficient information and documents (including archiving).

ABB ACTIVITY					
Financial resources (€ in commitment appropriations)			Human resources		
Operational expenditure	Administrative expenditure (managed by the service)	Total	Establishment plan posts	Estimates of external personnel (in FTEs)	Total
1 185 000	122 303	1 307 303	97	13	110

⁵⁴ Ares (2013)3763018 – 19/12/2013.

5.1.2. SPECIFIC OBJECTIVES

Specific objective 1: Ensure sound financial management and the legality and regularity of operations <input checked="" type="checkbox"/> Non- Spending	
Result indicator 1: Budget execution by commitments with respect to the annual forecast⁵⁵	
Baseline (2012)	Target
	2014
99,50%	Close to 100%
Result indicator 2: Budget execution by payments with respect to the annual forecast⁵⁶	
Baseline (2012)	Target
	2014
97,92%	More than 95%
Result indicator 3: Payments executed within contractual payment deadlines⁵⁷	
Baseline (2012)	Target
	2014
96 %	More than 95 %

Specific objective 2: Recruit, integrate, train, assess and retain staff while promoting equal opportunities to develop their potential and enhance the effective and efficient operation of DG COMM <input checked="" type="checkbox"/> Non- Spending	
Result indicator 1: % of permanent staff leaving the DG before two years of employment⁵⁸	
Baseline (2013)	Target
	2014
0,4%	<2%
Result indicator 2: Staff satisfaction of the service and advise/assistance of the local HR Unit⁵⁹	
Baseline (2013)	Target
	2014
73,7% ⁶⁰	75%

⁵⁵ Source: Report 2012 on budgetary outturn (<http://www.cc.cec/budg/bud/finrep/financial-reports-2012-en.html>)

⁵⁶ See previous footnote.

⁵⁷ See previous footnote.

⁵⁸ Source: Extrapolated figures (01/01-31/10/2013) on an annual basis.

⁵⁹ Source: Satisfaction Survey 2013 (Data from central Staff Opinion Survey).

⁶⁰ Satisfaction Survey 2013 (Data from central Staff Opinion Survey).

Specific objective 3: Ensure effective management of the DG's infrastructure (IT, document management, mail, delivery and for the Representations: security and buildings) and become an environmentally responsible organisation <input checked="" type="checkbox"/> Non- Spending	
Result indicator 1: Satisfaction of users (HQ and Representations) with IT applications developed by the IT Unit forecast⁶¹	
Baseline (2013)	Target
81%	2014
	More than 75%
Result indicator 2: Satisfaction of Operational Units and Representations with the services of the D3 local helpdesk (support on procurement and grant processes)⁶²	
Baseline (2013)	Target
75 %	2014
	More than 75 %
Result indicator 3: Representations' satisfaction with the logistics services (infrastructure, procurement support, security, safety and health) provided by Unit D1⁶³	
Baseline (2013)	Target
84 %	2014
	More than 80 %

⁶¹ Satisfaction survey realised by COMM.D among HoU from HQ and HoA from REPs. Ares (2013)3544283 - 22.11.2013.

⁶² See previous footnote.

⁶³ See previous footnote.

ANNEX 1. PRIORITISED INTERNAL CONTROL STANDARDS FOR EFFECTIVE MANAGEMENT

Table Summarising Priority ICS

<i>Priority Control Issues</i>			<i>(4) Summarise the relevant requirements and/or effectiveness criteria</i>	<i>(5) Control issues and planned measures to improve or develop controls</i>
<i>(1) Prioritised in MP 2013</i>	<i>(2) Effectively implemented</i>	<i>(3) Internal Control Standards</i>		
Y	Y	ICS 2 Ethical and Organisational Values	Management and staff should be aware of and share appropriate ethical and organisational values and uphold these through their own behavior and decision-making.	Awareness raising measures on ethics issues and anti-fraud culture Questionnaires to staff in Representations and Units of the Headquarters/SPP. Implementation of Action Plan of Anti-Fraud Strategy
N	Y	ICS 8 Processes and Procedures	The DG's processes and procedures used for the implementation and control of its activities should be effective and efficient, adequately documented and compliant with applicable provisions. They should include arrangements to ensure segregation of duties and should track and give prior approval to control overrides or deviations from policies and procedures.	Awareness raising measures on ICS 8, non-compliance and exception report register Survey or interviews of Heads of Administration, HoR and HoUs (report to senior management) Ex ante and ex post controls on-the-desk and on-the-spot.
N	Y	ICS 15: Assessment of Internal control Systems	Management assess the effectiveness of the DG's key internal control systems, including the processes carried out by implementing bodies, at least once a year.	Awareness raising measures on internal control system Self-assessments of Heads of Administration, HoR/DepHoR and HoU/DepHoU (sponsored by senior management) of the DG's internal control systems to increase understanding of Internal Control and Risk Management, possibly complemented by staff survey on internal control issues

Compiling the table:

Column (1) Indicate with a Y or N whether the standard was prioritised in the previous year's MP (MP 2013), and

Column (2) Indicate with a Y or N whether the standard is considered as effectively implemented.

Note: A standard may also be prioritised due to the inherent risks of the DG's operations (even if there was no control weakness in the previous year).

Column (3) The reference number and title of the priority ICS.

Column (4) Briefly describe the aspects part of the standard that will be the focus of management attention (referring to the Commission's requirements, effectiveness criteria and efficiency measures if appropriate).

Column (5) How the controls are being implemented in the DG and what is planned to and the measures taken either to ensure compliance, to improve effective implementation or to improve efficiency of the associated controls.

ANNEX 2. PLANNING OF EVALUATIONS AND OTHERS STUDIES

N°	Title	Context, Intended Use	Type of Evaluation or Studies			Timing		Associated DGs	Planned Cost
			Prospective (P) or Retrospective (R)	External (E), internal (I), internal with external support (I&E)	Expenditure programme (E), regulatory instrument ®, Communication activity (O), Internal Commission activity (I)	Start (month/year)	End (month/year)		
I. Ongoing evaluation (work having started in previous years)									
1	Evaluation of the Management Partnership scheme (Horizontal evaluation)	Required by the Implementing Rules	P & R	E	O	03/2013	01/2014		99.375 K€
2	Evaluation of the EYC2013	Legal basis	R	E	O	07/2013	07/2014		129.70 K€
3	Interim evaluation of the EJC Framework contract (FwC) PO/2010-24/A6 – Information Events for Journalists	Information seminars organised under this FwC by the European Journalism Centre-to analyse the performance of the contact	P	E	O	09/2013	03/2014		133 K€
4	Euronews	Interim evaluation of Euronews	P & R	E	O	10/2013	05/2014		217.85 K€
5	Europe Direct Contact Centre	The evaluation will assess the operation of the EDCC with a view to informing a future procurement procedure to renew the ECC Framework Contract.	P & R	E	O	12/2013	09/2014		<200 K€

II. Evaluations planned to start in 2014 or later									
6	Share Europe Online	Evidence-based assessment	P & R	E	O	Q1/2014	Q3/2014		<100 K€
7	Evaluation of effectiveness of AV services for external communication	Interim evaluation of AV services	P	E	O	Q1/2014	Q3/2014		<200 K€
8	Euranet Plus	Interim evaluation of Euranet Plus	P & R	E	O	05/2014	Q4/2014		150 K€
9	Evaluation of Visitors Centre	Interim evaluation of the Visitors Centre of the Commission	P & R	E	O	Q3/2014	Q6/2015		<150 K€
10	Evaluation of corporate communication pilot action SEC(2013)486	To inform the College, CSB and ECN on progress/lessons learnt ahead of any action in 2015	P & R	E	O	07/2014	02/2015		350 K€
11	Mid-term evaluation of the "Europe for Citizens" programme	Legal basis	R & P	E	E	12/2015	02/2017		200 K€
III. Other ongoing or planned studies									
12	Evaluation of the Visual Identity	Survey of stakeholders	P & R	E	I	10/2013	12/2014		52 K€
13	Measuring EC Communication: Technical and Methodological Report	Report and toolkit on the measurement and evaluation of the EC's communication activities	P & R	I&E	I	12/2013	09/2014		174.86 K€
14	Standard Eurobarometers	Biannual survey of public opinion on EU	P & R	E	O	6/2014 & 11/2014	7/2014 & 12/2014		4.000 K€
15	Eurobarometer 20 years membership	Flash survey for REs in AT, SE, SF	P & R	E	O	10/2014	12/2014		500 K€

ANNEX 3. FRAMEWORK FOR MONITORING, EVALUATION AND REPORTING ON SPENDING PROGRAMMES IN THE MFF 2014 - 2020

Table 5.1

Title spending programme:	<p>"Europe for Citizens" programme</p> <p>The adoption of the draft Council Regulation establishing for the period 2014-2020 the "Europe for Citizens" programme is expected in February 2014. The final adoption is subject to the adoption of the text by the United Kingdom.</p> <p>The new programme integrates the recommendations of the mid-term evaluation of the 2007-2013 programme, in particular the need for strengthening the policy impact of the programme for closer link to the key topics on the EU agenda, for coherence with a view to improving European governance and to exploit synergies with other EU programmes and policies.</p> <p>In 2012, DG COMM launched a study in order get a comprehensive approach and system of indicators that could be used to assess the impacts of the "Europe for Citizens" 2014-2020 programme (http://ec.europa.eu/citizenship/news-events/news/11072013_studyefc_en.htm). In the frame of this study, monitoring indicators have been developed and the overall intervention logic of the programme has been produced and describes the causal links between:</p> <ol style="list-style-type: none"> 1. the outputs (the “production” of the European Commission); 2. the results on target groups (here the civil society organisations, local authorities, think tanks and EU networks and umbrellas); 3. the intermediary impacts on direct beneficiaries (here the participants to the various organised activities); 4. and the final (long term) expected impacts on direct and indirect beneficiaries (here citizens at large). <p>Specific intervention logics for each strands of the programme have been also produced in the frame of this study, taking into account that the Union added value of the "Europe for Citizens" programme can be demonstrated at the level of its individual actions: European remembrance, democratic engagement and civic participation and valorisation.</p> <p>The management of the programme and the majority of actions will be centrally managed by an executive agency (EACEA). Quarterly monitoring reports will be provided by EACEA while annual activity reports will be provided by DG COMM to the "Europe for Citizens" programme committee, composed by Member States and participating countries.</p> <p>The data will be collected mainly on the basis of the elements requested in the applications (ex-ante) and final reports (ex-post). Both applications and reports are submitted on electronic form (the process is paper-less) which simplify the collection of data through a database and the Business Objects system and allow a rapid global synthesis of the data itself. Furthermore, projects' visits in situ favours the direct monitoring of projects and verification of indicators.</p> <p>Type of info available in the monitoring reports will be related to success rate, time to award and contract, budgetary execution, geographical coverage, number of participants.</p> <p>In line with Article 15 of the draft Council Regulation establishing for the period 2014-2020 the "Europe for Citizens" programme, the Commission will submit:</p> <ul style="list-style-type: none"> - by 31 December 2017 an interim evaluation report on the results obtained and on the qualitative and quantitative aspects of the implementation of the programme, including the long term impacts of the predecessor programme (taking into account that the ex-post evaluation report for the "Europe for Citizens" 2007-2013 programme is not envisaged); - by 1st July 2023 an ex-post evaluation.
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	General and specific objectives, indicators, milestones and targets		
GENERAL OBJECTIVE 1*	To contribute to citizens' understanding of the Union, its history and diversity, to foster European citizenship and to improve conditions for civic and democratic participation at Union level.		
Impact indicator:	Baseline 2013	Milestone 2017	Long term target 2020
Percentage of EU citizens feeling European	59 % (EB 80 - autumn 2013)	Stable	Stable
SPECIFIC OBJECTIVE 1⁶⁴	To raise awareness of remembrance, the common history and values of the Union and the Union's aim, namely to promote peace, the values of the Union and the well-being of its peoples, by stimulating debate, reflection and the development of networks.		
Indicator 1:	The number of participants who are directly involved		
Baseline 2013	Milestones 2017		Target 2020
100 000	100 000		100 000
Indicator 2:	The number or persons indirectly reached by the programme		
Baseline 2013	Milestones 2017		Target 2020
150 000	180 000		202 500
Indicator 3:	The number of projects		
Baseline 2013	Milestones 2017		Target 2020
31	76		87
Indicator 4:	The quality of the projects applications and the degree to which the results of selected projects can be further used, transferred		
Baseline 2013	Milestones 2017		Target 2020
Lowest score obtained by a retained project: 80	81,6		83,2
Number of events organised: 50	85		95
Indicator 5:	Percentage of first time applicants		
Baseline 2013	Milestones 2017		Target 2020
Percentage of first-time applicants to the programme: 40%	35% - 45%		35% - 45%
SPECIFIC OBJECTIVE 2⁶⁵	To encourage the democratic and civic participation of citizens at Union level, by developing citizens' understanding of the Union policy making-process and promoting opportunities for societal and intercultural engagement and volunteering at Union level.		
Indicator 1:	The number of participants who are directly involved		
Baseline 2013	Milestones 2017		Target 2020
1 000 000	1 000 000		1 000 000

⁶⁴For indicators related to the specific objective 1, the source data is EACEA - Indicators, milestones and targets have been set out on the basis of a study launched by DG COMM in 2012-2013 in order to measure the impact of the Europe for Citizens programme – http://ec.europa.eu/citizenship/news-events/news/11072013_studyefc_en.htm.

⁶⁵For indicators related to the specific objective 2, the source data is EACEA - Indicators, milestones and targets have been set out on the basis of a study launched by DG COMM in 2012-2013 in order to measure the impact of the Europe for Citizens programme – http://ec.europa.eu/citizenship/news-events/news/11072013_studyefc_en.htm.

Indicator 2:	The number or persons indirectly reached by the programme	
Baseline 2013	Milestones 2017	Target 2020
1 000 000	1 200 000	1 350 000
Indicator 3:	The number of participating organisations	
Baseline 2013	Milestones 2017	Target 2020
1 000	1 400	1 700
Indicator 4:	The perception of the Union and its institutions by the beneficiaries	
Baseline 2012	Milestones 2017	Target 2020
77 % feel more European as a result of their participation in the "Europe for Citizens" programme	Stable at 77 %	Stable at 77 %
Indicator 5:	The quality of project applications	
Baseline 2013	Milestones 2017	Target 2020
Lowest score obtained by a retained project: 71	72,4	73,9
Indicator 6:	The percentage of first time applicants	
Baseline 2013	Milestones 2017	Target 2020
Percentage of first time applicants to the programme: 40 %	35% - 45%	35% - 45%
Indicator 7:	The number of transnational partnerships including different types of stakeholders	
Baseline 2013	Milestones 2017	Target 2020
Average number of types stakeholders: 1,3	At least 2 types of stakeholders	At least 2 types of stakeholders
Indicator 8:	The number of networks of twinned towns	
Baseline 2013	Milestones 2017	Target 2020
41	108	122
Indicator 9:	The number and quality of policy initiatives following-up on activities supported by the Programme at the local or European level (source: peer reviews)	
Baseline 2013	Milestones 2017	Target 2020
Not measured before	2	2
Indicator 10:	The geographical coverage of the activities	
Baseline 2013	Milestones 2017	Target 2020
The comparison between the percentage of projects submitted by one Member State as a lead partner and the percentage of its population in the total population of the Union ⁶⁶ : 13	19	23
The comparison between the percentage of projects selected per Member State as a lead partner and the percentage of its population in the total population of the Union ⁶⁷ : 12	17	20

⁶⁶ Geographical coverage at EU level = number of Member States for which 90 % < NC < 110 %. NC = National coverage = % of projects submitted per member State as a lead partner / % of its population in the total population of the EU.

⁶⁷ Geographical coverage at EU level = number of Member States for which 90 % < NC < 110 %. NC = National coverage = % of projects selected per member State as a lead partner / % of its population in the total population of the EU.

<p>The comparison between the percentage of projects submitted by one Member State as a lead partner or co-partner and the percentage of its population in the total population of the Union⁶⁸: 18</p> <p>The comparison between the percentage of projects selected per Member State as a lead partner or co-partner and the percentage of its population in the total population of the Union⁶⁹: 15</p>	24						26
Monitoring and reporting arrangements							
<p>Describe how progress on achieving milestones and targets of each objective is tracked</p>	<p>Regular reports from the Education, Audiovisual and Culture Executive Agency (EACEA) with detailed information on the different indicators. DG COMM will monitor the policy impact of the programme, its links to the key topics on the EU agenda, its coherence and synergies with other EU programmes and policies and will report on these aspects in the annual activity reports submitted to the Programme Committee.</p> <p>The data will be collected mainly on the basis of the elements requested in the applications (ex-ante) and final reports (ex-post). Both applications and reports are submitted on electronic form (the process is paper-less) which simplify the collection of data through a database and the Business Objects system and allow a rapid global synthesis of the data itself. Furthermore, projects' visits in situ favours the direct monitoring of projects and verification of indicators. Ad hoc reports can be generated upon specific request.</p>						
<p>Actors involved in monitoring (e.g. Member States, stakeholders)</p>	<p>The Education, Audiovisual and Culture Executive Agency (EACEA) which will manage the implementation of the programme in cooperation with Commission DGs taking also into account stakeholders and beneficiaries of the programme.</p>						
<p>Issues covered in subsequent monitoring reports (e.g. implementation aspects, immediate results)</p>	<p>Programme management and implementation aspects: number of call for proposals launched, results of each selection, time to commit, to award, to contract and to pay, monitoring visits. Progressively during the programme period, more information should become available on immediate results as well as intermediate results towards the fulfilment of the objectives of the programme and assessment of quality of its outputs and impacts. The Unit C1 of the EACEA is available to provide more information on performance during the programme period to assess the quality of the impact on the basis of the established indicators.</p>						
<p>Planned use of information (e.g. AARs, spending programme adjustments)</p>	<p>The information will be used for the annual activity report to be provided each year to the "Europe for Citizens" programme committee and for the annual activity report to be established by DG COMM. The information may be used to finetune the implementation of the programme if needed.</p>						
<p>Frequency of reporting (e.g. annual, or every 2 years)</p>	<p>Quarterly reports from the EACEA and annual activity report by DG COMM.</p>						
<p>Indicate the availability of reports in the timeline</p>	2014	2015 XXX	2016 XXX	2017 XXX	2018 XXX	2019 XXX	2020 XXX

⁶⁸ Geographical coverage at EU level = number of Member States for which 90 % < NC < 110 %. NC = National coverage = % of projects submitted per member State as a lead partner or co-partner / % of its population in the total population of the EU.

⁶⁹ Geographical coverage at EU level = number of Member States for which 90 % < NC < 110 %. NC = National coverage = % of projects selected per member State as a lead partner or co-partner / % of its population in the total population of the EU.

ANNEX 4. COMMUNICATION STRATEGY

To ensure coherence and consistency of the Commission's corporate communication message, DG COMM coordinates the line-DGs Communication Strategies 2014 as follows:

1. An executive summary (max. 2 pages) of the DG's communication priorities linked to the 7 corporate themes and/or to the general or specific policy objectives of DGs. This overview should focus on the rationale justifying the communication initiatives and highlight a few key communication actions. The executive summary may contain details about internal communication measures where relevant/necessary. The executive summary is intended for the management and for publication together with the MP where relevant.
2. The executive summary is underpinned by detailed planning information submitted by DGs using the dedicated COMM Planning SharePoint platform⁷⁰ by entering relevant data in the "Planning 2014" section. The link to the site is:

<https://myintracomm-collab.ec.europa.eu/networks/commservices/default.aspx>

⁷⁰ For questions about the COMM Planning SharePoint platform, please contact COMM/A1.

DIARIO *EXPANSIÓN* - ÉBOLA UE

**En este documento dejamos a su disposición
todas las noticias utilizadas en el análisis de la fuente
periodística española *Expansión***

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1. LA UE SE COMPROMETE A DUPLICAR HASTA 1.000 MILLONES DE EUROS SU CONTRIBUCIÓN PARA COMBATIR EL ÉBOLA

24.10.2014 Europa Press

El presidente saliente del Consejo, Herman Van Rompuy, ha anunciado este viernes el compromiso de la Unión Europea de aumentar hasta los 1.000 millones de euros su contribución en la lucha contra el virus del ébola.

"La UE aumentará su ayuda económica hasta 1.000 millones de euros para luchar contra el ébola en África occidental", ha revelado Van Rompuy en su cuenta en una red social, minutos después de que arrancara la segunda jornada de la cumbre de jefes de Estado y de Gobierno de la UE que se celebra en Bruselas.

Las aportaciones individuales de los Estados miembros y los fondos desbloqueados por la Comisión Europea desde el inicio de la crisis sumaban ya casi 600 millones de euros, a lo que habrá que sumar este nuevo compromiso que aún no ha sido detallado por los líderes europeos.

Este anuncio coincide con la decisión de los Veintiocho de encargar al nuevo comisario de Ayuda Humanitaria, el chipriota Christos Stilianides, la tarea de "coordinador" europeo para gestionar la respuesta comunitaria, no solo entre los Estados miembros, sino también con otros socios y organismos internacionales.

El primer ministro británico, David Cameron, había pedido a sus colegas europeos una mayor implicación en la lucha contra el brote desde los países en donde se ha focalizado la epidemia hasta el momento, esto es, Sierra Leona, Guinea y Liberia.

Cameron señaló a Reino Unido, Francia y Estados Unidos como los países que más recursos y efectivos habían enviado a la región y pidió al resto de europeos que siguieran su estela y cifró precisamente en 1.000 millones de euros lo que a su juicio debía aportar Europa.

2. LA UE TENDRÁ UN "COORDINADOR" PARA GESTIONAR LA CRISIS DEL ÉBOLA

20.10.2014

La Unión Europea tendrá un "coordinador" especial para gestionar los esfuerzos comunes en la lucha contra el virus del ébola, cuyo nombre se conocerá "en los próximos días", según ha informado el ministro de Asuntos Exteriores francés, Laurent Fabius.

"En septiembre lanzamos la idea de una coordinación europea y los colegas se han mostrado unánimes sobre que (la figura de) un coordinador es una buena idea", ha

declarado Fabius a la prensa en Luxemburgo, en un receso del consejo de ministros de Exteriores de la UE que trata, entre otros asuntos, la crisis del ébola.

El ministro alemán, Frank-Walter Stenmeier, ha apuntado también en una rueda de prensa que los 28 han coincidido en la necesidad de contar con un coordinador, pero que en la reunión de este lunes no han propuesto ningún nombre de manera "deliberada", por lo que la designación del candidato queda abierta.

El jefe de la diplomacia francesa ha explicado que los Estados miembros decidirán en "los próximos días" quién asumirá la tarea de coordinador y ha dicho que sus funciones serán las de "vigilar" que las acciones que se lleven a cabo a escala europea sean "eficaces" y que "cada país haga lo que tenga que hacer".

Fuentes europeas han matizado a Europa Press que el mandato para el coordinador no ha sido definido aún por los Veintiocho.

La figura del coordinador europeo llega después de que la misión de Naciones Unidas designara un 'enviado especial sobre el ébola', David Nabarro, y un representante especial y jefe de la misión para una Respuesta Urgente al Ébola (UNMEER, por sus siglas en inglés), Anthony Banbury.

En un texto de conclusiones adoptado por los 28 ministros de Exteriores europeos este lunes, la UE declara su voluntad de establecer una "estrecha cooperación" con los dos designados por Naciones Unidas y su disposición a coordinar las operaciones de respuesta a la epidemia.

En su discusión sobre la crisis del ébola, los ministros han coincidido, además, en la conveniencia de contar con un grupo de expertos sanitarios en la reserva y de carácter voluntario, con el objetivo de que se pueda desplegar rápidamente y de forma específica en caso de crisis sanitarias.

De hecho, el ministro alemán habló a su llegada a la reunión de una suerte de 'casco blanco', una misión civil capaz de dar apoyo y de actuar como plataforma para los países más pequeños.

En cuanto a la situación del personal médico internacional desplegado en los países de riesgo, la Unión Europea reconoce su trabajo y aplaude el compromiso de los Estados miembros y de la Comisión para "garantizar el cuidado apropiado", incluido con los recursos necesarios para su tratamiento, ya sea en el propio país o vía evacuación, en función de la opinión médica.

La evacuación deberá ser coordinada a través del centro europeo de coordinación para la respuesta urgente y podrá optar a una financiación de hasta el 100 por cien con el presupuesto europeo, según las conclusiones de los 28.

Los ministros han señalado la preocupación de la Unión Europea por una epidemia que ha dejado ya al menos 4.500 muertos, una cifra que crece exponencialmente, y han apostado por actuar de manera "unida, coordinado y con un esfuerzo aumentado". En esta línea, los Veintiocho subrayan la necesidad de ofrecer una "información pública y objetiva continuada" para evitar la "estigmatización" y reiteran la voluntad de asistir a los países africanos en donde se concentra el brote.

La Unión Europea continuará "examinando las necesidades y ofreciendo más asistencia" a los países en origen para "contener" el virus y "mitigar" su impacto a corto

y medio plazo. También se hacen eco de la advertencia de Naciones Unidas en cuanto a que el ébola es una epidemia que "amenaza la paz y la estabilidad" internacional y piden "aislar la enfermedad, pero no a los países (afectados)".

3. LOS MINISTROS DE EXTERIORES DE LA UE DISCUTIRÁN MAÑANA CÓMO CONTRIBUIR A FRENAR EL ÉBOLA EN ÁFRICA

19.10.2014

Abordarán también la situación en Ucrania y la amenaza de los yihadistas del Estado Islámico.

Los ministros de Asuntos Exteriores de los 28 discutirán mañana en Luxemburgo cómo puede contribuir la UE a frenar la epidemia del ébola en África Occidental e impedir así que se extienda a territorio comunitario. Los jefes de la diplomacia abordarán además la situación en Ucrania, aunque se descarta que levanten las sanciones a Rusia, y la amenaza de los yihadistas del Estado Islámico.

Los 28 lanzarán un nuevo llamamiento para aumentar las contribuciones financieras y logísticas para combatir el ébola en Sierra Leona, Guinea Conakry y Liberia. Hasta ahora, Bruselas y los Estados miembros han aportado alrededor de 450 millones de euros para servicios sanitarios de urgencia y para ayudar a los Estados afectados a atenuar los efectos de la epidemia sobre su economía y los servicios esenciales.

Los jefes de la diplomacia sopesan ahora convocar una nueva conferencia de donantes para lograr más fondos y nombrar a un enviado especial de la UE sobre el ébola, como ha hecho ya Estados Unidos. También se abordará la puesta en marcha de un sistema de evacuación del personal médico europeo que se encuentra en África Occidental que pueda resultar infectado.

A la reunión del Consejo de Exteriores acudirá también el comisario de Sanidad, Tonio Borg, que expondrá a los ministros los resultados de la reunión sobre el ébola del pasado 16 de octubre. En ella se acordó reforzar los controles sanitarios en los aeropuertos de los países africanos afectados para impedir que los enfermos viajen y frenar así la expansión de la enfermedad. También se estudia recoger en los aeropuertos de llegada los datos de los pasajeros para poder realizar un seguimiento y tenerlos localizados los 21 días que dura su periodo de incubación.

La crisis del ébola se abordará también en la cumbre de jefes de Estado y de Gobierno que se celebra el 23 y 24 de octubre en Bruselas.

Los jefes de la diplomacia de la UE examinarán la situación en el este de Ucrania y el grado de cumplimiento del alto el fuego acordado en septiembre. No obstante, de momento no está previsto levantar las sanciones económicas impuestas a Rusia por

desestabilizar la situación. Ningún Estado miembro lo ha pedido, aunque la cuestión volverá a revisarse a finales de mes, según fuentes europeas.

Por lo que se refiere al Estado Islámico, los ministros de Exteriores reiterarán su determinación a contenerlo y derrotarlo y discutirán la situación en Irak y Siria. Bruselas ya ha expresado su preocupación por la situación de seguridad y humanitaria en la ciudad siria de Kobané, y ha reclamado una mayor cooperación entre la UE, Turquía y el resto de la comunidad internacional para contener la amenaza del Estado Islámico.

Los 28 discutirán también la situación en Oriente Próximo y la decisión de Suecia de reconocer al Estado de Palestina. La iniciativa sueca podría arrastrar a otros Estados miembros, como Irlanda, a hacer lo mismo en los próximos meses, según las fuentes consultadas.

4. MATO ADMITE QUE EL CONTAGIO DE LA ENFERMERA POR ÉBOLA "NO SE DEBERÍA HABER PRODUCIDO"

15.10.2014

La ministra de Sanidad, Servicios Sociales e Igualdad, Ana Mato, ha reconocido por primera vez que en la gestión de la crisis del ébola "probablemente" no se ha "hecho todo bien" y había "muchísimas cosas que mejorar", pero ha defendido que el Gobierno actuó "desde el minuto cero" para controlar la situación y evitar nuevos contagios.

"Probablemente no hemos hecho todo bien y probablemente había muchísimas cosas que mejorar", según ha reconocido durante el turno de réplica en su intervención en la Comisión de Sanidad en el Congreso.

En su intervención ha admitido que "hay que mejorar y cambiar algunas cosas" ya que "se ha producido un suceso que no tenía por qué haberse producido", por lo que es preciso "analizar las causas y atajar la situación".

"Somos conscientes de que algo tuvo que pasar" para que se produjera el contagio de la auxiliar de Enfermería Teresa Romero durante la atención del misionero Manuel García Viejo, ha precisado Mato.

No en vano, ha defendido que el mismo martes ya se empezaron a "reevaluar" los protocolos y que, desde entonces, España ha trabajado con "máxima transparencia, máxima garantía de seguridad y tranquilidad de los ciudadanos". Y ha reprochado a los grupos de la oposición que no hayan planteado mejoras en las actuaciones llevadas a cabo.

Asimismo, ha defendido que las repatriaciones a España de los dos misioneros infectados por el virus se autorizaron porque "había seguridad y garantías" de que no había riesgo para los profesionales que los atendían ni para los ciudadanos. Además, ha añadido, se hizo "por obligación moral" y porque es un "requisito legal" y una recomendación de la Organización Mundial de la Salud (OMS).

Mato no quiere que nadie "haga conjeturas"

Mato ha insistido en que hay una investigación abierta en la que están abiertas todas las posibilidades y sobre la que no va a dar detalles para que "nadie haga conjeturas".

Pero ha insistido en que se deben cambiar cosas para evitar nuevos contagios en España. "Tenemos una persona contagiada y nos debe hacer reflexionar y hacer tomar todas las medidas necesarias para evitar nuevos contagios y dar tranquilidad a los ciudadanos", ha defendido.

Y sobre sus responsabilidades políticas, ha reconocido que "cuando termine la situación habrá que ver las responsabilidades de cada cuál", aseverando no obstante que ella está trabajando "con mucho más ahínco del que hacía antes". "En situaciones difíciles es cuando uno debe esforzarse mucho más", ha apostillado.

Por otro lado, y preguntada por las declaraciones del consejero madrileño de Sanidad sobre la paciente, la ministra las ha considerado "desafortunadas" pero cree que "ahora toca seguir trabajando".

Además, en su última intervención ha pedido que nadie trate de "criminalizar a nadie" y ha defendido que nadie actúa con esa intención.

Control de fronteras en la UE

Por otro lado, la ministra de Sanidad cree que el problema del ébola "no será breve" y debe atajarse en África, donde han fallecido más de 4.000 personas, y ha avanzado que en la reunión que mantendrá en Bruselas este jueves con el resto de ministros europeos va a proponer mejorar la cooperación internacional y el control de fronteras.

De hecho, ha precisado que van a proponer a la Unión Europea un "control más efectivo" de las fronteras para identificar posibles casos de ébola procedentes de los países afectados en África occidental y evitar que lleguen a España, que actualmente solo tiene vuelos directos procedentes de Nigeria.

Además, Mato ha reconocido que el problema "debe atajarse en el origen" y, por ello, también pedirá actuar "conjuntamente" y "de forma coordinada" ya que así la ayuda será más efectiva que si cada país envía recursos materiales o humanos por separado.

5. ANA MATO ADELANTA A ESTA TARDE SU COMPARECENCIA EN EL CONGRESO SOBRE EL ÉBOLA

15.10.2014

La ministra de Sanidad, Ana Mato, comparecerá a las seis de la tarde para dar explicaciones sobre la crisis del ébola, un día antes de lo previsto, ya que mañana viaja a Bruselas para una reunión de los ministros del ramo de la UE sobre esta enfermedad.

Mato ha confirmado en la sesión de control del Congreso, cuando respondía a una interpelación del PSOE sobre el ébola, que será finalmente esta tarde cuando se celebre su comparecencia.

El diputado socialista José Martínez Olmos acababa de pedir a la ministra detalles sobre la repatriación de los dos religiosos españoles infectados por esta enfermedad que

murieron en el hospital Carlos III, y Mato le ha emplazado a esta tarde para extenderse más en estas explicaciones.

Mato comparece a petición propia aunque todos los grupos de la oposición también habían solicitado su intervención en la Comisión de Sanidad del Congreso para explicar las circunstancias del contagio de la auxiliar de enfermería Teresa Romero y para dar cuenta de la gestión del Ejecutivo en este caso.

6. LA UE CONVOCA UNA REUNIÓN EXTRAORDINARIA EL JUEVES PARA ABORDAR LA CRISIS DEL ÉBOLA

13.10.2014

La Comisión Europea y la presidencia italiana de la Unión Europea han convocado a los ministros europeos de Sanidad a una reunión extraordinaria para este jueves 16 de octubre para abordar la crisis del ébola.

El objetivo de este encuentro es discutir la necesidad de reforzar los controles en los aeropuertos de los vuelos procedentes de los países africanos en los que se localiza el brote del virus.

"Se celebrará una reunión ministerial sobre el ébola el jueves 16 de octubre, a las 11.00 horas en Bruselas. Es necesario reforzar la cooperación", ha informado el comisario de Sanidad, Tonio Borg, en una red social.

Se trata de una reunión "de alto nivel" a la que han sido convocados los ministros del ramo a través de una carta remitida por el comisario y la presidencia italiana el viernes, después de que países como Estados Unidos, Reino Unido y Canadá hayan anunciado medidas para una mayor vigilancia en los aeropuertos, ha explicado a Europa Press el portavoz de Borg, Frédéric Vincent.

La preocupación por los controles en los aeropuertos europeos es un asunto que ya habían abordado los Veintiocho de manera "informal" en reuniones de expertos anteriores y que en esta ocasión se abordará al más alto nivel.

La situación en España, en donde se ha producido el primer y único caso hasta la fecha de contagio dentro de la Unión Europea, no se ha incluido como punto de discusión en la agenda de esta reunión, ha señalado el portavoz, aunque la ministra de Sanidad, Ana Mato, cuya presencia no ha sido aún confirmada, podría exponer el caso.

El Comité de Seguridad Sanitaria, formado por expertos de los Estados miembros, que se ha reunido de manera periódica para coordinar las estrategias nacionales, tendrá también un encuentro el martes para preparar la cita de los ministros dos días después.

La Comisión Europea, en línea con lo que indica la Organización Mundial de la Salud (OMS), defiende que los controles "más importantes" son aquellos que se hacen en los aeropuertos de origen, es decir, en los tres países en los que se localiza el virus: Sierra Leona, Guinea y Liberia.

Sin embargo, Bruselas es consciente de que la calidad de tales controles no es "muy buena" y por ello contempla la necesidad de reforzar las medidas en suelo comunitario.

Con todo, advierte Vincent, hay "muy pocos" vuelos directos procedentes de Sierra Leona, Guinea o Liberia que lleguen a Europa y solo lo hacen a unos pocos aeropuertos, por lo que el riesgo también es limitado.

7. LA UE CONVOCA UNA REUNIÓN EXTRAORDINARIA DE MINISTROS

DE SANIDAD PARA EL JUEVES

11.10.2014

La Presidencia italiana de la UE y la Comisión Europea (CE) ha convocado una reunión extraordinaria de alto nivel de ministros europeos de Sanidad para el próximo jueves en Bruselas con el fin de estudiar los últimos acontecimientos relacionados con el ébola, incluida la coordinación del control en los aeropuertos.

Aunque no se trata de un Consejo de Salud oficial, desde la UE esperan que acudan al encuentro en Bruselas la mayor parte de los ministros de Sanidad de los países europeos, según explicó a Servimedia el portavoz comunitario, Frédéric Vincent.

En la reunión los ministros tratarán los últimos acontecimientos relacionados con el ébola, incluida la cuestión relativa a la coordinación del control de pasajeros procedentes de África en los aeropuertos ante la amenaza del ébola.

La celebración de esta reunión estará precedida por un encuentro del Comité de Seguridad Sanitaria europeo, que se ha adelantado al martes por la tarde, y en el que se analizará el estado de situación del caso en España y se preparará la reunión extraordinaria del jueves.

Para ese mismo día, el jueves, la ministra de Sanidad, Servicios Sociales e Igualdad, Ana Mato, tiene previsto comparecer a las cuatro de la tarde en el Congreso de los Diputados para analizar la situación actual y los procedimientos fijados tras confirmarse el primer caso de contagio de ébola detectado en España, el de la auxiliar de enfermería Teresa Romero.

Romero, que permanece estable dentro de la gravedad tras su ingreso el pasado lunes en el Hospital Carlos III de Madrid, formó parte del personal sanitario que atendió a los misioneros Manuel García Viejo y Miguel Pajares, trasladados a España desde África tras contagiarse de ébola y que finalmente fallecieron.

8. LA UE ESTUDIA HACER CONTROLES MÉDICOS A PASAJEROS DE AVIONES PROCEDENTES DE PAÍSES CON ÉBOLA

09.10.2014

Se debatirá en la próxima reunión del Comité de Seguridad Sanitaria del 17 de octubre

Los países de la UE sopesan introducir controles médicos a los pasajeros que lleguen a territorio comunitario en vuelos procedentes de los países de África Occidental afectados por el brote de ébola siguiendo el ejemplo de EEUU, que ha anunciado que empezará a tomar la temperatura a estos viajeros para tratar de detectar posibles casos de la enfermedad.

Estas medidas de precaución se debatirá en la próxima reunión del Comité de Seguridad Sanitaria, que incluye a expertos de salud pública de los 28 Estados miembros, prevista para el 17 de octubre, según ha dicho este jueves el portavoz de Sanidad de la Comisión, Frédéric Vincent.

Los Estados miembros ya tienen libertad para introducir nuevos controles unilateralmente si así lo desean, aunque la Organización Mundial de la Salud recomienda que la toma de temperatura se haga en los aeropuertos de salida en los países afectados y no a la llegada, según ha explicado el portavoz.

"Ahora tenemos la decisión adoptada por las autoridades estadounidenses, así que los Estados miembros discutirán si deben aplicarse el mismo tipo de tests a nivel de la UE", ha dicho Vincent. La cuestión se planteó ya en la reunión del Comité de Seguridad Sanitaria del miércoles en la que se abordó también el caso de contagio de ébola a la enfermera española Teresa Romero.

9. LA UNIÓN EUROPEA REVISARÁ LOS PROTOCOLOS DE SEGURIDAD FRENTE AL ÉBOLA TRAS EL CASO ESPAÑOL

08.10.2014

España deberá informar hoy a Bruselas de las causas del contagio de ébola a una auxiliar de enfermería. Los expertos europeos y de la OMS en el manejo de la enfermedad han decidido revisar el protocolo en los hospitales después del caso español.

El Comité de Seguridad Sanitaria de la UE, que reúne a expertos de salud pública de los 28 Estados miembros y de la Organización Mundial de la Salud (OMS), discutirá hoy por teleconferencia las causas del contagio del ébola a una enfermera en España, el primer caso de contaminación registrado en la UE. Bruselas ve altamente improbable que el virus se extienda en territorio comunitario.

"La prioridad para nosotros, y es también una prioridad para España, es saber precisamente qué ha pasado", ha explicado el portavoz de Sanidad de la Comisión Europea, Frédéric Vincent. "El hospital en cuestión, al igual que otros hospitales de la UE, se suponía que tenía que respetar todas las reglas, que son muy estrictas, para evitar este tipo de contagio", ha señalado el portavoz.

El objetivo de la reunión es "ver qué primeras conclusiones podemos sacar en este momento". "Esperamos recibir a lo largo del día las primeras conclusiones de las autoridades españolas sobre lo que ha pasado", ha indicado el portavoz.

De momento, se ha decidido que la Unión Europea revisará en los próximos días los protocolos de seguridad, especialmente en los hospitales, una vez que disponga de información completa sobre las causas del contagio de una enfermera en España, según ha informado este miércoles la Comisión.

La Comisión ha respaldado la actuación de España por considerar que "está dando los pasos necesarios para comprender lo que ha ocurrido", según ha dicho el portavoz de Sanidad, Frédéric Vincent, en rueda de prensa. "Esa es la prioridad para nosotros, para España y para los países europeos, entender qué ha pasado", ha indicado el portavoz.

"Sobre esta base, sacaremos conclusiones operativas sobre si hay que modificar o no el protocolo que se ha aplicado en este hospital, porque es un hospital certificado para este tipo de evacuaciones. Pero ha habido un problema y hay que explicarlo", ha señalado Vincent.

La evaluación de si hay que modificar los protocolos la realizará el Centro Europeo para la Prevención y Control de Enfermedades (la agencia de salud pública de la UE, con sede en Estocolmo) y los resultados podrían estar listos en los próximos días, una vez que se conozcan las conclusiones definitivas sobre las causas del contagio en España. El Centro ha enviado dos expertos a España para asistir en la investigación.

En todo caso, el Ejecutivo comunitario ha asegurado que es "altamente improbable" que se produzca una epidemia de ébola en la UE similar a la que viven algunos países africanos. "Cuando las medidas de seguridad se aplican, especialmente en los hospitales, el riesgo está controlado", ha resaltado el portavoz.

"La posibilidad de que se produzca en Europa una epidemia como la de África es altamente improbable", ha insistido Vincent. "Tenemos sistemas sanitarios eficaces, que funcionan bien, que tienen medios para detectar si hay un problema, y cuando hay un problema se trata y se aísla a las personas", ha apuntado.

Hasta el lunes pasado había en la UE 8 casos de ébola, todos ellos de personas infectadas en África y repatriadas a los Estados miembros.

España confirmó oficialmente a la Comisión el caso de contagio de ébola a última hora de la tarde del lunes. El Gobierno español "ha venido informando puntualmente a la Comisión y al resto de socios europeos de la detección del primer caso de contagio del ébola en España a través de la red de alerta temprana, como también lo ha hecho a través de otros mecanismos similares en el marco de la OMS", según han informado fuentes diplomáticas.

El Comité de Seguridad Sanitaria mantiene reuniones semanales por teleconferencia y se ocupa del ébola desde hace meses sobre cuestiones como las evacuaciones de personal europeo afectado por el virus desde África. Suelen mantener una reunión

semanal los viernes, pero el contagio ocurrido en España ha hecho a la CE adelantar la cita al miércoles.

El Ejecutivo comunitario dijo el martes que aún no es posible saber si las cosas no se hicieron bien en España y que "habrá que esperar al estado de situación y análisis de las autoridades españolas".

Fuentes comunitarias comentaron, no obstante, que "obviamente, ha habido un problema" para que se produzca el contagio, que podría estar relacionado con la manipulación de residuos médicos.

No obstante, la preocupación de la CE es baja, ya que considera "muy poco probable" que se pueda producir una crisis como la que hay en África. Fuentes diplomáticas españolas dijeron, por su parte, que España "ha informado puntualmente a la CE y al resto de socios europeos de la detección del primer caso de contagio del ébola en el país a través de la red de alerta temprana, como también lo ha hecho a través de otros mecanismos similares en el marco de la OMS".

El martes tuvo lugar una reunión de expertos para coordinar los aspectos relacionados con la comunicación del caso y ver "de qué manera se deben explicar las cosas para evitar un enfoque muy alarmista", dijo Vincent.

10. REPERCUSIÓN MUNDIAL Y PREOCUPACIÓN POR EL CASO

ESPAÑOL DE ÉBOLA

07.10.2014

El primer contagio en España y en Europa por el virus del ébola, registrado en una auxiliar de enfermería que atendió al religioso Manuel García Viejo, copa las portadas de la prensa internacional, en especial, de la europea.

La portada del hoy del diario británico The Times.

Los medios europeos recogen «el primer caso de contagio en Europa», como tituló el periódico francés Le Monde. También en Francia, el rotativo Le Figaro abrió anoche a cinco columnas su web con un titular preñado de preocupación: «Ébola: el virus amenaza con llegar a Francia».

El rotativo británico The Guardian recogió como tema de apertura en su versión digital que «una enfermera en España da positivo por ébola en la primera infección fuera del este de África». También lo hizo el diario alemán Das Bild. The Times destaca también hoy el tema en su portada.

En EEUU, The Washington Post abrió su web con el titular «Una enfermera española contra el ébola». El diario financiero The Wall Street Journal también la consideró la noticia más importante del día. Otro tanto hizo el periódico italiano Corriere della Sera, bajo el titular «El primer contagio en Europa afecta a una enfermera española». Repubblica eligió un titular casi idéntico. En Portugal, el contagio de la enfermera española también fue la principal noticia del Jornal de Notícias y de El Diário de Notícias, según informó Servimedia.

Pero la repercusión no se quedó sólo en los medios de comunicación. La Comisión Europea pidió a las autoridades españolas confirmación oficial del primer contagio de ébola fuera de África, referido a una de las enfermeras que atendió en el Hospital Carlos III de Madrid al misionero Manuel García Viejo, fallecido en septiembre víctima del virus, según informaron a Europa Press fuentes de la UE.

Bruselas no hará comentarios del suceso mientras no sea confirmado oficialmente, en cuyo caso España tendrá que «dar explicaciones» ante el Comité de Seguridad Sanitaria sobre las circunstancias del contagio, añadieron las fuentes, que subrayaron que los hospitales europeos deben estar «altamente equipados» para proteger a su personal, una frase que se puede interpretar en contra de España.

La Organización Mundial de la Salud se limitó a decir que «es una notificación preliminar y España está haciendo una investigación intensa sobre el modo de transmisión y los contactos de la enfermera», informó Reuters.

FINANCIAL TIMES - EBOLA EU

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1. THE FIVE MOST SIGNIFICANT EVENTS OF 2014

[Gideon Rachman](#) | Dec 31 2014 08:40 [Share](#)

Most people have something they do to mark the end of the year: make a resolution, go to a party, tidy the attic. My annual ritual is to make a list of the five most significant events of the past year in global politics. This year is an odd one, in that it seems to me that there are only two events that stand head-and-shoulders above the others. The first is the breakdown in relations between Russia and the west, caused by the [Ukraine crisis](#). The second is America's return to war in the Middle East. So let's deal with those two first and then move on to the other contenders.

Russia, Ukraine, Crimea etc etc: Like all proper geopolitical shocks, this one was largely unanticipated. Russia failed to anticipate the overthrow of the Yanukovich government. The west failed to anticipate Russia's annexation of Crimea. Both sides were unprepared for the escalation of events that followed the shooting down of Malaysia Airlines flight MH17, almost certainly by Russian-backed separatists, over Ukraine. The year has ended with relations between Russia and the west in their worst condition since the end of the cold war – and the [Russian economy](#) reeling under the impact of sanctions and a collapsing oil price. By any standards, this is a major geopolitical event.

America returns to war in the Middle East: President Obama's decision to use American air power against the jihadist insurgents, known as Isis, meant that the US and its allies returned to war in Iraq in 2014, and also finally intervened in the conflict in Syria. These developments may have been an inevitable reaction to Isis's startling territorial gains. But they also represented a major reverse for Obama's foreign policy, which has been constructed around trying to extricate the US from wars in the Middle East.

After my top two, things get a little murkier. I am going to give the EU a miss this year. The problems of the euro turned into a chronic condition rather than an acute crisis in 2014 – although I think another major flare-up may take place in 2015. Scotland did not vote for independence. And the European parliamentary elections, although they featured striking gains for the political extremes, did not count as a major geopolitical event.

Africa and Latin America also fail to make the cut for 2014. The World Cup in Brazil passed off without major incident (other than the stunning 7-1 defeat of the home side

by Germany) and President Dilma Rousseff was re-elected. In Africa, the outbreak of the [ebola virus](#) caused tragedy and panic. But it has so far not mutated into the global pandemic that so many feared.

The political turmoil in China caused by President Xi Jinping's anti-corruption drive is a promising contender. But the underlying struggles are, for the moment, too obscure for me to pronounce confidently on their significance. In Indonesia, the election of President Joko Widodo (Jokowi) brought an interesting outsider to power. But the Asian election that truly caught the world's imagination was the **victory of Narendra Modi** and the BJP in India. The size of Modi's victory, and the outsize hopes and fears triggered by his emergence, made this one of the geopolitical events of the year.

My fourth and fifth events will sound contradictory. In fact, they probably are. Number four is **the revival in the fortunes of Barack Obama**. And number five is the IMF's announcement that China is now the world's largest economy, judged by purchasing power.

Obama's many foes – and some of his friends – would be baffled by the idea that he has had a good year. For much of the year, the US president looked in trouble. As noted above, the return to war in the Middle East was a reverse – and the president was also accused (unfairly, I think) of mishandling the Ukraine crisis. In November, the Democrats lost control of both houses of Congress in the mid-term elections. But this electoral defeat appeared to liberate Obama. He ended the year with a bold announcement on immigration reform and also by announcing the normalisation of American relations with Cuba. All of this took place against a background of [positive economic news](#), with the American economy growing at its fastest pace for more than a decade.

But the big picture remains the movement of economic power from west to east and within that, the rise of China. Interestingly, neither the Chinese nor the Americans wanted to make too much of the [IMF's judgement](#), announced in October, that **China is now the world's largest economy**. But it still surely ranked as a historic moment.

17/decem/2014

2. THE 10 WORST JOBS IN POLITICS

Roula Khalaf

We all have our bad days but these people really do have more than most

I couldn't ignore the email inviting me to meet the person "with the worst job in global politics". He wasn't a world leader or a central bank governor. His name is Mohammed

Mahdi al-Bayati and he's the minister for human rights in [Iraq](#). What could be more challenging than that?

He has to deal on a daily basis with horrific abuses against his people, ranging from killings to beheadings, from enslavement to torture. The government he works for can't rely on a properly trained army, military capabilities or good neighbours. And while the minister's experience in the field may be first hand — he was in opposition to a political opponent of Saddam Hussein and many members of his family had been arrested and tortured — his staff and the [security forces](#) fighting the Islamic State of Iraq and the Levant (Isis) need training in human rights, and he was in London to ask for help.

I meet him at a Park Lane hotel and he tells me about the atrocities committed by the jihadis of Isis: the swaths of villages devastated, the churches destroyed, and the more than 3,000 women prisoners from the Yazidi sect taken hostage. “Some of the women were sold for cash, some are being bought by people who give them back to their families, some were made slaves to Isis leaders.”

The discussion takes an even more worrying turn, however, when we talk about why his country is facing this predicament. He absolves the former government of abuses against Iraq's Sunni minority, which is widely acknowledged to be one of the factors that allowed Isis to thrive, and also dismisses the number of human rights violations committed by Shia militias as “tiny”. I leave the hotel thinking that he will still have the most awful job in the world a year from now.

I've been consulting colleagues in the past week about other examples of thankless political jobs. Here's the list, including a few that are politically relevant, even if not strictly political:

1. **Walter Gwenigale**, Liberia's health minister, ousted last month, probably to his relief. His country has had the highest death toll from [Ebola](#) and he's been the target of mounting criticism.
2. **Ron Patrick**, head of recruitment for the US Central Intelligence Agency. This was never an easy job but the scale of torture revealed in last week's Senate report now makes it much harder. Imagine the grilling he will be receiving from applicants.
3. **Lord Hill**, Britain's EU commissioner for financial services. He has to protect the City of London and promote eurozone integration when the UK is increasingly unpopular in Brussels, and might even be plotting its EU exit.
4. **Jonathan Blackman**, Argentina's lawyer in the long-running saga with hedge funds. The partner at Cleary Gottlieb Steen & Hamilton has fought Argentina's corner as it defaulted on debt to holdout creditors — and has had to contend with occasional surprises from his own client.
5. **Kim Jong Un's hair stylist**, a job done at great personal risk. The razor sides and high-top style became an export sensation this year after (unconfirmed) reports that North Korean men were ordered to adopt it.
6. **Ashraf Ghani**, president of Afghanistan. He spent weeks quarrelling with a rival over the dubious results of the June presidential election and it took John Kerry, US

secretary of state, to broker a deal that secured him the top job. He may soon regret his victory.

7. **John Kerry**, US secretary of state. Hugely powerful job but relentlessly frustrating, particularly over the past year, in which Mr Kerry's months-long pursuit of Middle East peace collapsed, as did his peace plans for Syria. Not to mention that the biggest global diplomatic crisis, over Russia's intervention in Ukraine, is at a dead end while Iraq has imploded.

8. **Staffan de Mistura**, the UN special envoy for Syria. His "peace facilitation" job, to which he was appointed in July, is likely to prove as unachievable as the efforts of his predecessors, Kofi Annan and Lakhdar Brahimi.

9. **Mystery French scooter driver**. Again, not a political appointment but François Hollande's security guard was a key man in the president's alleged nocturnal visits to his lover, an actor. The job involved long hours, furtive driving and the arms of the leader of France around his waist.

December 5, 2014 7:08 pm

3. RETHINKING BRITAIN'S STANCE ON OVERSEAS AID

Policy should focus on the quality of projects, not the quantity spent

Britain spends £12bn a year on overseas aid. This is a far larger sum than is disbursed by any other EU state. Among the world's big nations, only the US spends more. It is hugely to the credit of David Cameron's government, and his Labour predecessors, that Britain maintains a noble aspiration to assist the world's poor. But at a time of immense pressure on public finances, it is reasonable to question the rigidity of the UK's commitment to international development spending.

Back in the 1960s, the World Council of Churches declared that governments of the developed world should devote 0.7 per cent of their gross national income to international aid. When Mr Cameron's coalition came to power four and a half years ago, it pledged to reach such a target by 2013. Meeting it has helped to soften the Tories' "nasty party" image; but in an era of tight budgets it brings painful obligations. As the FT revealed this week, the government will [spend £1bn more](#) on overseas aid than it had planned over the next two years following upwards revisions to UK growth.

Britain's commitment to the [0.7 per cent target](#) has certainly benefited its international reputation. Although the UK has spent the past decade heavily engaged in military action in Iraq, Afghanistan and Libya, it has probably won more credit for its "soft power" role alleviating poverty and hunger in Africa and Asia. However, the doctrinaire commitment to the 0.7 per cent target should be reconsidered. It is a number based on outdated growth models and has little relevance today. A particular concern is that it

wrongly puts the priority on the quantity of money that Britain spends on aid rather than the quality of its projects.

Rigidly fixing the amount Britain spends on aid has not been good for the Department for International Development, the UK's aid ministry. True, it does many things well. Last year it responded effectively to the typhoon in the Philippines and, more recently, to the crisis over Ebola. But it does not always manage its programmes effectively. The Independent Commission for Aid Impact, a watchdog on development spending, has rated Dfid programmes to boost economic development overseas as poor. In another recent report, the ICAI said there was "little evidence" that Dfid governance projects in Nigeria and Nepal reduced corruption levels.

After the next election, the debate over UK aid spending needs to be part of a wider re-evaluation of Britain's foreign and security policy. At present, the UK tries to do too much in the international arena with too few resources. Britain seeks to maintain its place as one of the world's big military powers, with defence spending around 2 per cent of GDP. It wants to maintain its ambitions on overseas aid. Yet if the Conservatives win next year's general election they would reduce public expenditure to around 35 per cent of GDP — its lowest level since the 1930s. Something has to give.

Next autumn's strategic defence and security review must determine what role Britain should play in a world of evolving threats. There is every reason for the UK to aspire to an ambitious global presence. Russia's aggression in Europe bolsters the case for the UK remaining a core member of Nato. And upheaval in the Middle East and Africa — in the form of jihadism, migration flows and economic upheaval — mean there are good reasons for the UK to maintain its leadership on aid, development and humanitarian assistance.

Global influence, however, does not come cheap. If Britain wants to maintain its place in the world in the years ahead, it will have to pay up.

December 3, 2014 1:35 pm

4. AUTUMN STATEMENT 2014: THE CHANCELLOR'S speech

Mr Speaker, four years ago, in the first [Autumn Statement](#) of this Parliament, I presented the accounts of an economy in crisis.

Today, in the last Autumn Statement of this Parliament, I present a forecast that shows the UK is the fastest growing of any major advanced economy in the world.

Back then, Britain was on the brink.

Today, against a difficult global backdrop, I can report:

- higher growth
- lower unemployment
- falling inflation
- and a deficit that is falling too

Today a deficit that is half what we inherited.

Mr Speaker, our long-term economic plan is working. Now Britain faces a choice. Do we squander the economic security we have gained, go back to the disastrous decisions on spending and borrowing and welfare that got us into this mess?

Or do we finish the job – and go on building the secure economy that works for everyone.

I say: we stay the course. We stay on course to prosperity. Today we do not shy away from the problems that remain unresolved in the British economy.

While the deficit is falling, it remains too high.

So the measures I announce today are not a net giveaway but actually tighten the public finances a little. I could have eased up on our determination to

deal with our debts. I do not.

And while business investment is rising strongly, we know there is still much more to do on productivity. So today we boost our skills, our exports, our science and our infrastructure.

While employment is at a record high, we must never give up on the task of finding work for all young people. So today we move further towards full employment by supporting the businesses that create jobs and apprenticeships.

For decades our economy has been too unbalanced, so we do more now to build the Northern Powerhouse.

And today we back aspiration – the aspiration to save, to work and to own your own home.

It is in stark contrast to those who would hit people's pensions and jobs and homes with higher taxes. That is an approach we entirely reject. Instead we support people who want to work hard and get on. And it is for their sakes that we resolve to stay on course to prosperity.

Economy forecast

Mr Speaker, I now turn to the report from the Office for Budget Responsibility.

Let me again thank Robert Chote and his team for their hard work and for restoring integrity and independence to our country's economic forecasts. Since the Budget, new international statistical standards have changed the assessment of the British economy in recent years.

We now know that:

- contrary to claims at the time, there was no recession in this Parliament. No double dip.
- we also know that the economy has grown faster than previously reported, up more than 8% over this Parliament – that's the third fastest of any major advanced economy since 2010
- and we know too that growth has been more balanced. We were told business investment had risen by 4% over this Parliament. In fact, it has risen by 27%.

That's what we know about the recent past – let's turn to the future.

The warning lights are flashing over the global economy. Japan is in recession, the eurozone is stagnating, and the geopolitical risks are rising.

So the OBR have revised down their forecast for global growth this year and in every year. And they note that the slowdown is particularly acute in our main export markets, such as Europe, where growth is a full 1% lower this year than previously forecast.

It makes it even more imperative that we connect British firms to the faster growing emerging economies of Asia, Africa and South America – and today I am providing a £45m package to do that and provide new support to first time exporters.

As one of the most open, trading economies in the world, with a large financial sector, Britain cannot be immune to the risks in the global economy. But nor are we powerless. Provided we go on working through our plan to put our own house in order.

That brings me to today's forecast.

In the Budget, I reported that the OBR had revised up their forecasts for growth this year. A year ago, we expected GDP to grow by 2.4%. In March we expected 2.7%. Today, the British economy is forecast to grow by 3%.

Over the past year we have grown 2 1/2 times faster than Germany; over 3 times faster than the eurozone; and over 7 times faster than France.

Growth in the UK next year is forecast a little higher at 2.4%, with quarterly growth moderating as it returns to trend. Then 2.2% in 2016, 2.4% the year after, then 2.3% in 2018 and 2019.

And the growth we are now seeing is more balanced. Manufacturing is growing faster than any other sector; and investment is set to be up 11% this year – growing faster in the UK than any other major advanced economy.

Employment

This balanced growth is creating jobs too – with a record number in work.

At the Budget, the OBR expected that over the past year employment would rise by 265,000. Today, I can tell the House they double that number. Over the past year half a million new jobs have been created.

In March, they forecast that in the first three quarters of the year the number claiming unemployment benefit would fall by 7%. Today, they say it actually fell by 23%. And the number of young people on long-term unemployment benefit has almost halved in the last year alone.

Unemployment is revised down in every year of the OBR forecast, falling from the 8% we inherited to 5.4% next year, before settling at 5.3%.

Mr Speaker, on average, for every day the government has been in office, 1,000 new jobs have been created. 1,000 new opportunities for people. New economic security for 1,000 families every single day. Britain's long term economic plan is working.

And in response to the caricature that some like to draw, that these jobs are being created only in London, that they are part time with women losing out, I say look at the facts:

How many of the jobs being created are full time? 85%.

Where are the jobs being created fastest right now? In Scotland and the North.

And what's happening to the gender pay gap? It's just fallen to its lowest level in the entire history of this country.

That's progressive politics in action.

Earnings

Mr Speaker, regular earnings growth is now faster than inflation. For those in full time work for more than a year, earnings grew 4% over the past year.

The compositional effect of many more people finding work, particularly young people, is weighing down on overall average earnings.

But the OBR today predict that "meaningful real wage growth" will pick up through next year and grow above inflation for the next 5 years.

Indeed, GDP per capita has grown faster on average in this Parliament than over the last 2 Parliaments combined. Living standards are also supported by our robust monetary policy arrangements with the Bank of England.

Today, there is welcome news that the OBR have significantly revised down their forecast for inflation – it is expected to be down to 1.5% this year, 1.2% next year and 1.7% the year after, before it returns to target. So we have lower inflation, lower unemployment and higher growth.

Public finances

Mr Speaker, that brings me to the forecasts for debt and deficit. We discover today, the deficit is falling this year and every year.

And not only that, but in the final 4 years of the forecast, borrowing is actually lower than predicted in the Budget.

The Office for National Statistics have made revisions to the way the National Accounts are measured – and one of the advantages of having an independent OBR is that they have ensured the figures they present today are comparable on a like-for-like basis with the forecast they made at the Budget.

On this revised basis, the forecast at the Budget would have shown borrowing falling from the £150 billion we inherited, to £99.3 billion last year, £86.4 billion this year, £68.3 billion next year, then £41.5 billion, £15.8 billion, and then a small surplus of £3.7 billion in 2018-19. That's the Budget forecast.

Today's forecast shows borrowing falling from £97.5 billion last year, to £91.3 billion this year, then £75.9 billion next year, then £40.9 billion, £14.5 billion, and then a surplus of £4 billion in 2018-19.

So borrowing falls every year. It falls slightly less than expected in the first 2 years but then falls slightly more than expected in the 4 years after that. So we end in a marginally stronger position than expected at the Budget.

And I can tell the House that by 2019-20 Britain is now predicted to have a surplus of £23 billion.

Out of the red and into the black for the first time in a generation – a country that inspires confidence around the world because it seeks to live within its means.

As a percentage of GDP, today the deficit is also forecast to fall this year, down by 0.6% of GDP. Down from what the OBR describe today as “the postwar record deficit of 10.2% of GDP” in 2009-10 to 5% this year.

The deficit no longer down by a third – but now cut in half. It's still too high – but with our plan it falls again to 4% next year, then 2.1%, then 0.7% before we move into surpluses of 0.2% and 1% of GDP.

The structural deficit also falls and moves into surplus at the same pace over the next 5 years as forecast at the Budget.

We continue to meet the debt mandate a year late and the fiscal mandate 2 years early. Again, because of the statistical revisions and the reclassification of Network Rail, the OBR have given us a like-for-like comparison on debt as a share of GDP.

On the new basis it is 80.4% this year. Next year it peaks at 81.1% – half a per cent lower than previously forecast at the Budget. And it is then lower in every subsequent year, at: 80.7% in 2016-17, 78.8% the year after, then 76.2%, before reaching 72.8% in 2019-20. Again, less than was forecast at the Budget.

So, Mr Speaker, borrowing is falling. The deficit is down this year to half what we inherited. Debt is falling in the same year predicted – and lower in every year thereafter. A surplus that is higher and by the end of the period worth £23 billion pounds.

Britain back living within its means. Our long-term economic plan on course.

Mr Speaker, the House will want to know why the public finance numbers are much better than some were predicting, even though tax receipts have deteriorated. And the answer is, you cannot look at taxes alone. You have to look at spending too.

As has been widely reported, tax receipts have not been rising as quickly as the OBR had previously predicted. By 2017-18 the OBR now forecast revenues will be £23 billion lower. However that is more than offset by 3 things.

First, we're paying less in welfare and saving money on public service pensions because of lower inflation and more people in work. That saves £4 billion a year.

Second, the revisions to our national accounts have slightly increased the measured rate of spending cuts in this Parliament.

We have a choice – we can ease up, or we can continue with our plans.

Our policy of continuing the spending cuts in the first 2 full years of the next Parliament, at the same pace as we achieved in this Parliament, now produces £4 billion less spending.

Third – and crucially – the interest we pay on our national debt is £16 billion lower in that year. That is, by a large margin, the biggest saving and demonstrates the value of our fiscal credibility around the world.

Some have pointed to lower tax receipts and put forward policies for higher taxes. I prefer lower tax receipts offset by lower debt interest payments. That's what we see today.

Spending

Mr Speaker I do not hide from the House that in the coming years there are going to have to be very substantial savings in public spending.

Next week we will publish a new Charter for Budget Responsibility that will reinforce our commitment to finish the job in the next Parliament, and we will ask the House to vote on it in the new year.

No Charter, valuable as it is, can be a substitute for the hard work of identifying real savings in the cost of government and then delivering them in practice. That is what we've done in this Parliament. That is what we'll have to do in the next.

The work starts with our spending plans for 2015-16, which save £13.6 billion. We have published the detailed and specific departmental proposals that will achieve them.

There will be two further years where decisions on this scale will be required. And as I've said before, we're going to have to go on controlling spending after those years if we want to have a surplus and keep it.

Of course, people are already saying it will be impossible to achieve these levels of savings.

We heard exactly the same thing in 2010 – often from exactly the same people. In fact, we've come in under budget every year of this Parliament. This year I can confirm that we will be spending £10 billion less than set out in our original plans.

Now there are those who say we should cut even faster, and those who say we should cut more slowly. But we've got the pace right – as clearly demonstrated by the fact that our economy is growing faster than almost any other.

And because of careful management, we can afford to put part of that underspend money into our National Health Service to cope with the pressures it faces. £2 billion every year to the frontline of the NHS. Not money that busts our plans, but extra money available because we have a plan.

And instead of returning the foreign exchange fines paid by the banks back to the City, are using that windfall for a £1.2 billion investment in GP services across the UK. A downpayment on the NHS's own plan. Providing definitively, for anyone in any doubt, that you cannot have a strong NHS without a strong economy.

And I can also tell the House we will help with the employment of carers who do so much – by extending the £2,000 Employment Allowance to include them.

We've shown in this Parliament that we can deliver spending reductions without damaging frontline public services if you're prepared to undertake reform.

Crime is down. Satisfaction with local government services is up.

Savings and reform. We will do exactly the same again. Continuing to reduce departmental spending in the first 2 years of the next Parliament would mean at least £15 billion off Whitehall budgets.

Our control of public sector pay these past 4 years has delivered £12 billion of savings. By continuing to restrain public sector pay we expect to deliver commensurate savings in the next Parliament until we have dealt with the deficit.

Today we are committing to complete the public service pension reforms proposed by Lord Hutton, bringing total savings of £1.3 billion a year.

Administration costs in Whitehall are already down 40% over this Parliament. Today my RHF the Minister for the Cabinet Office is publishing a plan for a further £10 billion of efficiencies.

I am also confident that in the next Parliament we can continue to crack down on tax avoidance, evasion and aggressive tax planning. Doing so at the same rate as in this Parliament would raise at least another £5 billion. Today I commit to deliver that.

And then there's the new welfare cap we've introduced to control the one-sixth of public spending that was subject to no control at all. The OBR today report that "the government is on track to meet the welfare cap commitment".

Today we undertake further steps to control benefit spending by freezing Universal Credit work allowances for a further year, cutting tax credits when overpayments are certain, and ending unemployment benefits for migrants with no prospect of work.

Total welfare spending is now set to be £1 billion a year lower than forecast at the Budget and will go on falling as a share of our GDP.

And as I've made clear I believe we need to freeze working age benefits for 2 years – saving billions more.

Decisions to control public spending are never easy. But the impact on people's lives when economic stability is lost is far, far greater. And I've always believed we should be straight about what's required to restore stability and what's then required to stay on course.

EU

Mr Speaker, our task is made easier by the deal we secured for this country when we got the European Union budget cut.

Some people claimed that our payments to the European Union would go up this year. Instead I can confirm that the OBR's forecast today shows Britain's net payments to the EU falling by around £1 billion for this year and next year – and falling in real terms over the next 5 years.

That is the dividend we receive thanks to a Prime Minister who fights hard for our national financial interest in Brussels.

Military etc

Another bill that has gone down is the cost of our overseas military operations. The end of our operations in Afghanistan allows us to save an additional £200 million this year from the special military reserve.

I salute the brave men and women of our armed services who for more than a decade have risked their lives for our security in Iraq and Afghanistan. Even as we speak, they are tackling the horrific Ebola virus in west Africa – a fight that reminds us all of the value of Britain's commitment to 0.7% in development aid.

Today I am extending our inheritance tax exemption to cover our aid workers who lose their lives in dealing with humanitarian emergencies.

Libor fines will continue to support our military and emergency service charities with support for our armed services benevolent charities, the Ghurkhas, and £10 million for veterans with hearing problems. We'll make sure the first world war continues to be properly commemorated.

And this morning I announced we will repay the entire outstanding national debt incurred to fight the first world war.

We will extend the Cathedral Renovation Fund to cover repairs to our country's churches.

And thanks to the brilliant campaigns run by my HFs for Filton, Bristol North West, and others, we will use Libor money for new helicopters for the Great Western Air Ambulance, and the Kent, Surrey and Sussex Air Ambulance too. And I will go further and refund VAT for our search and rescue, and air ambulance organisations across the whole UK.

Our hospice charities also make an enormous contribution to our communities. They have long been subject to unfair rules that force them to pay VAT, when the NHS does not. I am today refunding the VAT that these hospice charities incur.

Tax avoidance

I turn now from those who have paid too much tax to some of those who have paid too little. First, we will make sure that big multinational businesses pay their fair share.

Some of the largest companies in the world, including those in the tech sector, use elaborate structures to avoid paying taxes.

Today I am introducing a 25% tax on profits generated by multinationals from economic activity here in the UK which they then artificially shift out of the country. That's not fair to other British firms. It's not fair to the British people either. Today we're putting a stop to it.

My message is consistent and clear. Low taxes; but taxes that will be paid. Britain has led the world on this agenda. And we do so again today. This new Diverted Profits Tax will raise over £1 billion over the next 5 years.

Second, I am taking action today to make sure our banks pay their fair share too. Under the rules we inherited banks can offset all their losses from the financial crisis against tax on profits for years to come. Some banks wouldn't be paying tax for 15 or 20 years. That's totally unacceptable. The banks got public support in the crisis and they should now support the public in the recovery.

I am today limiting the amount of profit in established banks that can be offset by losses carried forward to 50% and delaying relief on bad debts. Together that means banks will contribute almost £4 billion more in tax over the next 5 years.

We will also put in place internationally recognised measures on hybrids and reporting of tax by country.

That's multinationals and banks paying their fair share.

So should people aggressively trying to avoid tax. That's the third step.

I am taking measures to prevent:

- the disguising of fee income by investment managers;
- the avoidance of tax through special purpose share schemes, miscellaneous losses and payments of benefits in lieu of salary;
- the avoidance of stamp duty on takeovers;
- and unfair benefits from the transfer of some intangible assets on incorporation.

These measures and others set out in the document raise £2.8 billion.

We are also consulting on other measures including the use of so called ‘umbrella companies’ to deprive people of basic employment rights like the minimum wage and avoid tax.

Fourth, I want to preserve the non-dom status that makes our country attractive, but I want them to pay a fair contribution while having certainty about their future arrangements.

In the next Parliament the £30,000 annual charge will remain unchanged; those who have been here for 12 of the last 14 years will see their payment rise to £60,000; and I am introducing a new £90,000 charge for those resident in this country for 17 of the past 20 years.

And to tackle the continued use of enveloped properties to avoid stamp duty, I am increasing the new annual charge by 50% above inflation on properties worth over £2 million.

All of these tax measures I’ve announced amount to £9 billion over the next five years. And the distributional analysis the Treasury publishes today shows that the decisions across this Parliament mean the rich are making the biggest contribution to deficit reduction. In fact, the net contribution of the richest 20% will be larger than the remaining 80% put together – proving we are all in this together.

Business

Mr Speaker, we will make further reductions in government spending and welfare; we will make sure taxes are paid. But ultimately, our future living standards depend on Britain earning its way in the world. So we must increase our productivity.

Today we take steps to back business, support science, and invest in infrastructure. The government has succeeded in making Britain the most entrepreneurial economy in Europe. And today we want to go further.

To make sure our growing smaller businesses have access to credit we will expand the British Business Bank, act to encourage peer-to-peer lending.

And, with the Governor of the Bank of England, I am extending the Funding for Lending Scheme by a further year – and focusing it exclusively on smaller firms.

We’ll strengthen Entrepreneurs’ Relief and the Social Investment Tax Relief.

We’ll accept almost all the recommendations of the Office of Tax Simplification to reduce the administrative burden on firms – and I thank them for their work.

Our tax breaks have ushered in a golden age for Britain’s creative industries. Today we will extend our new theatre tax break to orchestras. And we will help one area of television production that has been in decline, with a new children’s television credit alongside our new animation credit.

Mr Speaker, we also want to help British businesses do more research and development – this is crucial to our productivity. Today I am increasing the R&D tax credit for small and medium companies to 230% and the credit for large firms to 11%.

The government has repeatedly helped small businesses deal with the burden of business rates. We do so again today. We will double Small Business Rate Relief for yet another year. It benefits half a million firms, means a third of a million firms pay no rates and we’ll continue to fund it.

I will also continue to cap the inflation-linked increase in business rates at 2%. And I am announcing a full review of the structure of business rates, and I urge business groups to engage with us.

Last year to help our high street shops, pubs and cafés, I introduced a new £1,000 discount on their rates.

With the brilliant Small Business Saturday this weekend, I am increasing that help for the high street by 50% to £1,500 next year.

Oil

Mr Speaker, the fall in the global oil price has meant a welcome boost to much of the British economy and to families. There is record investment this year in the North Sea, but the lower oil price clearly presents a challenge to this vital industry.

My RHF the Chief Secretary will set out our full proposals in Aberdeen tomorrow. But I can tell the House today that we will go ahead with an immediate reduction in the rate of the Supplementary Charge from 32% to 30%.

We will expand the ring fenced expenditure supplement from 6 to 10 years. And we are introducing with immediate effect a new cluster area allowance. This demonstrates our commitment to the tens of thousands of jobs that depend on this great British industry.

But despite falling fuel prices let me make this clear: we've cut fuel duty and we will keep it frozen.

With my HF for Harlow sitting right behind me, I wouldn't dare do anything else.

And just as we demand that falls in oil prices should be passed on to people at the pumps, other fuel price surcharges should also come down.

We're going to require airlines to list the charges separately from taxes on tickets. But I also want to reduce the cost of those tickets for families directly. From the 1st May next year, Air Passenger Duty for children under 12 will be abolished. And I'll go further than he asked. From the following year, we'll get rid of APD for children under 16 altogether.

Infrastructure

Improving productivity for all businesses also demands a major investment in our nation's infrastructure. This week we've set out plans for the biggest road building programme for a generation.

We've committed billions to our flood defences. And today expand tax relief on business investment in those flood defences too.

It's all brought together in the National Infrastructure Plan – that is now helping our country attract more investment from around the world than any other country in Europe.

Mr Speaker, Britain is raising its ambition.

Science

And nowhere is that clearer than in our commitment to science. It is a personal priority of mine. Scientific advance is a human endeavour worthy of support in its own right. It is also crucial to our economic future.

In 2010, the UK was ranked 14th in the Global Innovation Index. Today we are ranked second. But we aim to be the best.

A year ago, I abolished the arbitrary cap on the total number of undergraduates at our universities. Today, I am going to revolutionise the support for our postgraduate students too.

Until now there has been almost no financial support available, and the upfront costs of postgraduate degrees deters bright students from poorer backgrounds.

So today, across all disciplines, we will make government-backed student loans of up to £10,000 available, for the first time ever, to all young people undertaking post-grad masters degrees.

The next step is the allocation of the £6 billion on the biggest ever sustained programme of investment in the research facilities of our scientific community. This includes money for major new scientific challenges from the search for advanced materials, to the groundbreaking work on ageing, to the exploration of the universe.

The Rosetta mission to the Comet captured the nation's imagination. I can tell the House that yesterday Britain was awarded the lead role in the next international effort to explore the planet of Mars.

Northern Powerhouse

Mr Speaker, many of the new science investments will be made in the north of England. For one of the great challenges of this country is to create a more balanced national economy – a challenge that has eluded governments for generations.

Our ambition is to build a northern powerhouse as a complement to the strength of our capital city, where we bring together our great cities of the North.

Since I set out that ambition less than 6 months ago we have proposed, reported on, and given the green light to the concept of High Speed 3. This week we commit billions of pounds to other road and rail improvements across the whole of the North of England.

And I can confirm today that we will tender for new franchises for Northern Rail and the Trans-Pennine Express – replacing the ancient and unpopular pacer carriages with new and modern trains.

When I set out the ingredients of a Northern Powerhouse, I promised to do this. Today I can deliver.

A few months ago there were no proposals for major new scientific institutions in the North of England. Today we commit to a massive, quarter of a billion investment in a new Sir Henry Royce Institute for advanced material science in Manchester, with branches in Leeds, Liverpool and Sheffield.

And we back the brilliant work on ageing being conducted at Newcastle University and big data computing at Hartree. We're also committing to the industry of the North with investment in new high value manufacturing research.

We're supporting new academy schools too.

And we're announcing a new Sovereign Wealth Fund for the North of England so that the shale gas resources of the North are used to invest in the future of the North.

The cultural life of the North will get a boost too, including a major new theatre space in Manchester. Manchester City Council propose to call it The Factory Manchester. Anyone who's a child of the 80s will think that's a great idea.

And Mr Speaker, six months ago people would have said it was completely impossible to get the 10 local authorities of Greater Manchester to come together with the government to agree a major devolution of power to the city and the creation of a new directly elected Mayor.

We've delivered in Manchester and my door is open to other cities who want to follow their cross-party lead.

I said I'd put the Northern Powerhouse at the heart of this Autumn Statement, and with billions of investment in science, transport and new civic power in our great northern cities, that's exactly what we've done.

We show today what can be achieved if you have the determination and ambition to deliver a truly national recovery.

Devolution

Mr Speaker, we will also respect and fully implement the devolution settlements across the nations of our United Kingdom. Today I announce that we recognise the strongly held arguments for devolving corporation tax setting powers to Northern Ireland.

The Treasury believes it can be implemented provided the Northern Ireland Executive can show that it is able to manage the financial implications.

The current talks will see if that's the case. And if it is, the government will introduce legislation in this Parliament.

In Wales, we are working towards a cross-party agreement on further powers for next March. I confirm today that we have reached agreement with the Welsh government on the full devolution of business rates. This is a great opportunity to grow the Welsh economy.

The government last week supported the proposals of Lord Smith's Commission on Scotland. These will lead to the devolution of income tax rates and thresholds and ensure the Scottish government is responsible not just for spending money but for raising the taxes to pay for it.

We will publish the draft clauses in the new year.

The sheer scale of the devolution to Scotland now makes the case for English Votes for English Laws unanswerable.

Aspiration

Mr Speaker, to improve the productivity of our economy, we back business and we build infrastructure and we will support growth across the whole UK. But in the end, Britain's future lies in the hands of its people and their aspirations.

The aspiration to save, to work, and to buy a home. Today we support each one.

First, saving. From next April, we will trust people with control over their own pensions.

In this Autumn Statement, I confirm that the 55% death tax that currently applies when you pass an unused pension pot on to your loved ones will be abolished. People will be able to pass on their pensions to their loved ones tax free.

I can also tell the House today that we will ensure that people who die before the age of 75 with a joint life or guaranteed term annuity can pass that on tax free too.

And next week we will publish the market leading rates on our new 65 plus pensioner bonds, which will be available from January.

Our £15,000 New ISAs are hugely popular with savers too. Next April, we will increase the limit to £15,240.

But, Mr Speaker, we will do something more. At the moment, when someone dies, the savings in their ISA lose their tax-free status and their spouse starts paying tax on that money.

From today, I can announce that when someone dies, their husband or wife will be able to inherit their ISA and keep its tax free status.

Pass on your ISA tax free. Pass on your pension tax free. We are delivering fairness for savers. And we're delivering fairness for those who aspire to work too.

The number of young people on unemployment benefits has halved. Our goal is to abolish youth unemployment altogether.

To support businesses who take young people on we are already, from next April, abolishing national insurance contributions for employing anyone under the age of 21.

Today, I can go further. Since 2010, almost 2 million people have taken up an apprenticeship. The Prime Minister has set this country an ambition of 3 million apprentices in the next Parliament. So we back the businesses who employ apprentices, especially young apprentices under the age of 25.

At the moment we charge national insurance on businesses who employ apprentices.

Today I can announce that the jobs tax on young apprentices will be abolished altogether. When a business is giving a young person a chance in life we're going to support them not tax them.

We also back people of all ages in work. That is why the government has raised the tax-free personal allowance to £10,000. Next year, the tax-free Personal Allowance, which was set to rise to £10,500, will rise instead to £10,600.

So that's a total wage boost for working people of £825 a year.

It means three and a half million of the lowest paid will now be taken out of tax altogether. I just wanted to flag that up.

It is the first step to the new goal we have set of raising the personal allowance to £12,500 – so that people working full time on the minimum wage pay no tax at all.

Today I can also announce that, unlike previous increases in the personal allowance threshold, this increase will be passed on in full to higher rate taxpayers paying 40% tax.

So the higher rate threshold goes from £41,865 this year to £42,385 next year.

That is the first increase in the higher threshold in line with inflation for 5 years.

This year's increase means 138,000 fewer people will pay the higher rate than would otherwise be the case.

And it is a downpayment on our commitment to raise the higher rate threshold to £50,000 by the end of the decade.

Mr Speaker, there are those who have said it was impossible to control public spending, improve public services, reduce the deficit and still cut income taxes for hard working families on low and middle incomes.

Today we have settled that argument: it is possible and we're doing it. Provided you have a long-term economic plan you hold to.

Mr Speaker, I turn to my final measure. As well as the aspiration to work and to save, there is the aspiration to own your own home.

Today I am announcing a complete reform of a tax that has been described as one of our worst-designed and most damaging of all taxes.

Stamp duty is charged at a single slab rate on the whole purchase price of a home. It means big jumps in tax when house values tip into a new band. The distortions can be particularly damaging at the lower end.

If you buy a property worth £250,000, you pay £2,500 in tax. Buy a house worth just one pound more and you pay over £7,500, three times as much.

And in recent years the burden of stamp duty has increased on low and middle income families trying to buy a new home, as prices have risen. This makes it even more difficult to get together the cash deposits buyers need. It's time we fundamentally changed this badly-designed tax on aspiration.

So I am today abolishing the residential slab system altogether. In future each rate will only apply to the part of the property price that falls within that band – like income tax.

Here are the new marginal rates.

You will pay no tax on the first £125,000 paid.

Then 2% on the portion up to £250,000.

Then 5% up to £925,000.

Then 10% up to £1.5 million.

Then 12% on everything over that.

As a result stamp duty will be cut for the 98% of homebuyers who pay it. If you buy an averagely priced home of £275,000, you will pay £4,500 less in tax. The average home in London will see a similar reduction.

As I say, 98% pay less – and the whole reform represents a tax cut of £800 million per year. Only homes that cost just over £937,000 will see their stamp duty bill go up under this system – gradually to start with, rising to more substantial sums for the most expensive homes.

A £5 million pound house will see its stamp duty rise from £350,000 to £514,000 – but of course, this is a charge that is only paid once, when the property is bought.

I can tell the House that these changes to stamp duty become effective from midnight tonight.

Anyone who has exchanged contracts but not completed by midnight will be able to choose whether to pay under the old system or the new, so no one in the middle of moving house will lose out.

The changes will apply in Scotland until the Scottish government's new regime comes into effect next April.

At the end of this statement I will move a motion to introduce this. There will be a debate tomorrow. And legislation will follow.

Mr Speaker, there has been a debate in this country about taxing houses. The system I introduce today replaces a badly designed system that has distorted our housing market for decades.

It reduces the stamp taxes for 98% of people who pay them in this country. It increases the taxes on the most expensive 2% of homes, but only asks people to pay that tax when they buy the house and they have the money.

And it does not involve a revaluation of hundreds of thousands of homes in this country. Today I'm cutting stamp duty for millions of homebuyers in this country. 98% will be better off.

It is a fair, workable, lasting reform to the taxation of housing.

Conclusion

Mr Speaker, four and a half years ago our economy was in crisis. People questioned whether Britain could remain among the front rank economic nations of the world.

But we set a course to restore stability, get on top of our debts and show Britain was not going to be counted out.

Through the storm we have stayed the course. Now Britain is on course for surplus. On course for lower taxes. On course for more jobs. On course for higher growth. On course for a truly national recovery. A long-term economic plan, on course to prosperity.

1/dec

5. SIGNS OF POLITICAL THAW LIFT HOPES FOR US contractor in Cuba jail

Marc Frank in Havana

Alan Gross completes his fifth year in a Cuban jail on Wednesday for alleged spying, and the 65-year old US contractor insists it will be his last behind bars. The signals sent in the US and Havana in recent months suggest he may be right.

The desire of Barack Obama, US president, to [improve relations with Cuba](#), an forthcoming regional summit and Cuba's own economic woes are converging to put Gross's release on the radar in both countries.

Mr Obama last year described US policy towards Cuba as anachronistic and called for more "flexible and creative" approaches. More recently, John Kerry, secretary of state, and Samantha Power, Washington's ambassador to the UN, have praised Cuba's participation in the [fight against Ebola](#).

“Both the European Union and the Obama administration are convinced ongoing reform of the Cuban system has begun. The EU has moved to re-engage Cuba; many believe the US will follow,” said one western diplomat.

But Mr Obama’s efforts to [improve relations](#) have so far been stymied by the case of Gross, who was jailed for 15 years for installing internet networks under a US programme Havana considered subversive. Washington has demanded his release. Opposition to rapprochement from Cuban-American lawmakers such as Robert Menendez, outgoing head of the Senate’s foreign relations committee, has also obstructed progress.

Cuba has meanwhile linked the fate of Gross, who is reportedly in poor mental and physical health, to that of five Cuban intelligence agents imprisoned in the US in the 1990s on charges of infiltrating exile organisations and US bases. Two were recently released.

However, Peter Kornbluh of the National Security Archive in Washington, who co-authored *Back Channel to Cuba*, a book that details secret negotiations between the two countries since 1959, said there had never been a better moment for diplomacy.

“There are ample precedents for the two countries to engage in a prisoner exchange that sets the stage for movement on larger issues toward normalisation,” he said. “If I were President Obama I would be working diligently to arrive at a humanitarian agreement, given the precarious state of Alan Gross’s mental health and the dire consequences for future policy if something happened to him.”

Paul Hare, a former UK ambassador to Cuba who teaches at Boston University, agreed the moment was propitious. Venezuela, Cuba’s closest ally, sends billions of dollars of subsidised oil to Havana every year but is struggling with a fast-deteriorating economy. “With [Venezuela](#) in ever more desperate straits, [Cuban president Raúl Castro] may soften his position,” Mr Hare said.

“On the US side . . . polls show the Cuban issue no longer counts for as much and a majority of Americans favour free travel, the opening of embassies and other measures.”

Removing the US embargo against Cuba requires congressional approval but Mr Obama could use executive powers to improve relations during his last two years in office, he said.

Next year’s Americas Summit, scheduled to be held in Panama in April, is also raising expectations of progress. Mr Obama and Mr Castro, who is scheduled to [retire in 2018](#), are both expected to attend for the first time.

“The stars may finally be aligned,” said Richard Feinberg, a Cuba expert at Brookings in Washington. “Obama is focused on his legacy and ruling by executive decree; Menendez is no longer chair of the Senate foreign relations committee and, importantly, Raúl Castro, facing a weak economy, appears genuinely interested in better relations.”

The summit could prove a “decision-forcing moment” as regional pressure to put hostilities aside mounted on both sides, Mr Feinberg said.

This convergence of factors lies behind the mounting speculation about a behind the scenes deal over Gross and the Cuban agents. Such a move could herald a broader effort by both Mr Castro and Mr Obama to leave office with the end of one of the most intractable relics of the cold war finally in sight.

November 6, 2014 11:39 am

6. AFTER 25 YEARS GERMANY NEEDS A FOREIGN POLICY

Philip Stephens

The danger is that Europe's response to Ukraine is driven by the lowest common denominator

[Germany](#) is casting around for a foreign policy. To say Angela Merkel's government has embraced the task with unbridled enthusiasm would be an overstatement. Twenty-five years after the [fall of the Berlin Wall](#) most Germans would still prefer to hide behind history. Selling cars and machine tools overseas is one thing; marking out an active role in a disordered world quite another. [Russia's march into Ukraine](#) has robbed Ms Merkel of the choice.

Ask diplomats who is managing the west's response to Vladimir Putin's revanchism and the answer is Ms Merkel. It is not often you hear US officials volunteer that their president is playing second fiddle. But [Barack Obama](#) has other things on his mind – the Middle East's descent into violent chaos, Ebola and China among them. And anyway Ukraine is in Europe's backyard. So Ms Merkel makes the calls to Moscow.

Life was simpler during the cold war. The Bonn government set its foreign policy compass by two objectives: reunification with the East and reconciliation in an integrated Europe. Helmut Kohl saw his mission as making a united Germany safe for Europe. The pursuit of this existential goal required nothing more complicated than a close relationship with Washington and an even closer partnership with Paris.

There were occasional bumps. Bonn fell out with the US over Willy Brandt's overtures to Moscow, and with France over European economic management. But fealty to the Atlantic alliance and deference to Paris within the EU established the organising framework.

During the quarter of a century since the wall came down, successive governments have loosened somewhat the constitutional straitjacket that precludes German involvement in foreign wars. Berlin played a part in Kosovo and sent troops to Afghanistan. It has joined policing missions in Africa and anti-piracy operations in the Indian Ocean. Yet the political mindset in Berlin has remained passive. Gerhard Schröder stood out against the Iraq war; his successor, Ms Merkel, opposed intervention to oust Libya's Muammer Gaddafi.

Mr Putin's annexation of Crimea and his incursions into eastern Ukraine have changed the rules of the geopolitical game. Moscow has upturned the organising assumption of postwar European security that national frontiers could never again be altered by military force. Geography and relative economic weight as much as the absence of US leadership dictate that Germany frames the west's response.

Joachim Gauck, the German president, anticipated change when he spoke to this year's Munich Security Conference. Germany had flourished in a world of international rules and norms. Now the system was under challenge: "I don't believe that Germany can simply carry on as before."

Frank-Walter Steinmeier, the foreign minister, makes the same point as part of an exercise to update the national world view. Germany is too big and has too strong an economy "merely to observe world events from the sidelines". In the hallowed consensual traditions of the federal republic, Mr Steinmeier wants to nudge a sceptical public towards recognising a need for international engagement. Ministerial speeches have been accompanied by open town hall meetings. One of the unintended consequences of Russian aggression in Ukraine has been to help the process along. Even stalwarts of the old Moscow-leaning Ostpolitik struggle these days to make Mr Putin's case.

For her part, Ms Merkel has earned some plaudits for her handling of EU sanctions against Russia. The chancellor was too slow and cautious at the outset, but has since shown a measure of resolve. Matteo Renzi, Italy's prime minister, counts himself a politician of the left but he has been every bit as enthusiastic as Silvio Berlusconi in defending Italy's close commercial relationship with Mr Putin's regime. Ms Merkel has slapped him down.

Mr Renzi is not alone in doffing his cap to Moscow. Hungary's Viktor Orban is an unabashed admirer of the Russian president. On the other side of the table Poland and the Baltic states have understandably called for a tougher line against Moscow. History leaves an ever-present fear in Warsaw that Berlin will be tempted to do a deal with Moscow over the heads of its neighbours.

Yet for all the skilful diplomacy, there is something important missing both in Mr Steinmeier's careful canvassing of public opinion and Ms Merkel's effort to hold Europe together. It is a question of mindset as much as anything – the gap between the leadership calculated to set a course and an approach that simply channels the prevailing mood.

Of course, consensus helps but it is not a substitute for policy choices. The danger is that Europe's response to Ukraine is driven by the lowest common denominator rather than a hard-headed effort to deter Mr Putin. Moscow's defiant blessing this week for sham elections in Russian-controlled eastern Ukraine points precisely to this danger.

Ms Merkel has built her political career on caution – on taking the temperature and weighing all the options before acting. The approach has served her well. But leadership in foreign policy demands something more: an understanding that doing nothing can be

more dangerous than doing something, and a readiness to step out in front of the crowd. Consensus may be comforting; it does not impress the likes of Mr Putin.

October 26, 2014 6:44 pm

7. PUTIN MAKES WEST AN OFFER WRAPPED UP IN A WARNING

Neil Buckley in Sochi

It was the bitter anti-US invective in a [speech by Vladimir Putin](#) on Friday that caught the headlines. But, alongside the vitriol, Russia's president was offering the west a stark choice: work with Moscow and other rising economies on a more equitable global order, or things could get very bad indeed.

Left unclear, however, was whether failure to draw up new rules would simply lead to a further unravelling of global security – or whether Russia was threatening then to rewrite the rules by itself, fuelling the instability.

In what one Russian commentator called a new foreign policy doctrine, Mr Putin alleged that the US had declared itself the winner of the Cold War and then, over two decades, sought to dominate the world through “unilateral diktat”.

Addressing foreign journalists and academics in Sochi, he said the US had repeatedly violated the rules through military action – sometimes with Nato or European allies – in Kosovo, Afghanistan, Iraq and Libya and instigating often ill-fated “coloured” revolutions. Along the way, Mr Putin alleged, it had even used Islamist terrorists and neo-fascists as instruments.

That had made the world much more dangerous. Americans were “constantly fighting the consequences of their own policies, throwing all their efforts into addressing risks they themselves created”.

This puts Mr Putin's version of reality diametrically at odds with that of the west. The US and EU say Russia violated the postwar order with its [annexation of Crimea](#) and intervention of east Ukraine. The Russian leader – while denying any Russian military presence in its neighbour's territory – alleges Moscow was forced to react after the US backed a military coup, supported by far-right groups, in Kiev in February.

[More video](#)

The jarring contradiction, plus [western sanctions against Russia](#), might make any idea of dialogue seem fanciful. But this was what Mr Putin, obliquely, proposed.

“The logical way out is in co-operation between nations, societies, in finding collective answers to increasing challenges, and in joint risk management,” he said. The world

needed the “legal, political and economic basis for a new world order that would allow for stability and security, while encouraging healthy competition”.

Mr Putin’s determination to rebuke US president Barack Obama obscured that message. The White House’s recent inclusion of Russia alongside Islamist militant group Isis and the Ebola epidemic in the top three global threats enraged Moscow.

But people familiar with the thinking behind Mr Putin’s speech suggest it aimed to acknowledge that US-Russian relations had reached a 30-year low and to draw a line under recent events.

If the west is prepared for dialogue, Mr Putin threw it some bones. Moscow was ready for “the most serious, concrete discussions on nuclear disarmament” and to discuss rules on when military intervention in third countries was permitted, he said.

That might, in theory, restrain Moscow’s ability to interfere beyond its borders to “support” Russian-speakers in ex-Soviet republics such as the Baltic states – which many western capitals fear it is contemplating. It would also constrain Washington’s role, sometimes along with European allies or Nato, as a global policeman.

If Mr Putin’s proposals for new rules were to be ignored, Russia would pose no threat, Mr Putin said. Accusations that it was trying to restore the Soviet empire were groundless. Instead, the danger was generalised chaos.

However, the Russian president hinted ominously at the danger of new conflicts involving major powers, particularly “at the intersection of major states’ geopolitical interests”. Ukraine was one example, “and I think it will certainly not be the last”.

Tatyana Stanovaya, an analyst at Russia’s Centre for Political Technologies, wrote [on a Russian website](#) recently that Mr Putin’s logic was that “since the US was responsible for turning global politics into chaos, Russia assigned itself the right to act the same way”.

“If there are no rules for the US, there are no rules for Russia,” she said.

Some US members of the audience suggested the hardline tone of Mr Putin’s speech would make Washington even less likely to engage with Moscow. Cliff Kupchan, chairman of the Eurasia Group risk consultancy, said it would “set back bilateral relations generally and further reduce the chance of US-Russian co-operation on the Ukraine crisis”.

But Alexander Rahr, a leading German expert on Russia and Putin biographer, said he believed Moscow was “not looking for confrontation”. Realpolitik might yet come into play, notably because of the [crisis in the Middle East](#).

“America needs Russia’s help in dealing with Isis,” he said. “That might start to change things.”

October 24, 2014 7:36 pm

8. BRUSSELS CASH: WHO KNEW WHAT AND WHEN?

Alex Barker and Peter Spiegel in Brussels and George Parker in London

It was just a few minutes before they were due to arrive at a European summit that the UK's man in Brussels mentioned to David Cameron that there might be a problem: [Britain had just been hit with a large bill](#).

As the two headed towards the Justus Lipsius building on Thursday in the prime minister's official car, Ivan Rogers ran through a briefing on climate change, the Ebola epidemic and other items on the formal agenda of the two-day summit.

Mr Rogers, Britain's permanent representative to the EU, then came to the sensitive subject which both he and Treasury officials had hoped could be avoided until after the summit: the imminent budget surcharge of €2.1bn to top up the EU's budget. At that point the details were still blurry, many questions were unanswered and Mr Cameron and his team thought they had at least a few days to deal with the problem. At 6pm on Thursday, their time ran out.

To the dismay of the travelling officials, the Financial Times told Downing Street it was [running a story based on the leaked €2.1bn figure](#). Mr Cameron hastily arranged to meet Mark Rutte, the Dutch prime minister, as he sought out countries also hit by the European Commission surcharge. He was going to fight.

A mix of outrage at home from eurosceptics, personal anger at the sudden appearance of the bill, and some extremely unsympathetic EU colleagues made this one of the most frustrating and emotional summits of Mr Cameron's time as prime minister.

By Friday afternoon Mr Cameron stood at a press conference, his face flushed with anger, banging his hand on the lectern. "It is an appalling way to behave. I am not paying that bill on December 1," he said. "If people think I am they have got another thing coming."

His anger was genuine and stemmed from his disbelief that nobody had thought to mention to him at an earlier stage this "thumping bill" from the EU.

Yet it was not as if no one in the British government had been warned. As far back as May, the Treasury was aware of [big upward revisions to Britain's national income by the Office for National Statistics](#). The consequences of this were laid out by the ONS in the very first paragraph of its report: "Gross National Income (GNI) is an important statistic within the National Accounts. It is used in the calculation of a Member State's contribution to the EU budget."

Last Friday the issue was discussed at a budget committee in Brussels attended by "junior civil servants and officials" in the "bowels" of the commission, according to George Osborne, the chancellor, but no red flags were raised. On Tuesday Mr Cameron briefed his cabinet on the European summit, including coming talks on 2014 EU budget, still unaware of the looming problem of the bill.

Mr Osborne says the Treasury was told about the issue on Tuesday. Whitehall insiders say a note was put into the chancellor's "red box" that evening but the issue was not raised as a major concern.

It is unclear why Mr Osborne failed to raise the alarm with the prime minister – a rare breakdown in the close relationship between the two men. Whitehall insiders say Treasury officials were hoping to find a way around the problem before presenting the issue to Mr Cameron.

By Friday the prime minister was trying to fight back, winning some support from those facing a similar bills. "I will probably get in trouble for quoting him but he is such a reasonable man I'm sure he won't mind," Mr Cameron said of an intervention by Matteo Renzi, Italian prime minister, who also objected to his country's bill.

"He said, 'people have got to understand that this is not a figure – this is a lethal weapon'. Then he said, 'when people produce a lethal weapon like this, don't they understand that it leads to people, across Europe, thinking that the European Commission consists of technocrats and bureaucrats without a heart or a soul?'"

He and Mr Renzi were in a minority, however. According to someone who saw the notes of the meeting, Mr Cameron urged leaders at the summit to "push the pause button" on the payment process. But he received little support from Angela Merkel, the German chancellor, or the incoming and outgoing presidents of the European Commission, Jean-Claude Juncker and José Manuel Barroso.

One official said Ms Merkel was particularly blunt, telling Mr Cameron the figure "did not come out of the blue" and that his government should have been prepared. Downing Street said she agreed with Mr Cameron's call for this to be addressed by finance ministers. French President François Hollande, whose government is the recipient of a €1bn budget rebate, told Mr Cameron to "stick to the rules".

Mr Juncker, meanwhile, said those objecting to the surcharges should show "political leadership" and accept the decision.

In his press conference Mr Cameron publicly refused to play the blame game, although there will be plenty to be apportioned before he reports back on the debacle to parliament on Monday.

"Yes, the Treasury had this information a little bit earlier but I don't seek to single people out and say, 'why didn't you tell me this?' or 'why didn't you tell me that?'," Mr Cameron said. "I think, frankly, it is a bit of a red herring. You can all do 'who knew what whens' and all the rest of it but actually, frankly, you don't need a Cluedo set to know that someone has been clubbed with the lead piping in the library."

October 23, 2014 8:10 pm

9. CAMERON PUTS ON BRAVE FACE AS TROUBLE BREWS AT HOME

George Parker, Political Editor

David Cameron arrived in Brussels on Thursday in abrasive mood, saying before an EU summit that he wanted fellow leaders to explain what they were doing to reform the [eurozone economy](#) and how they intended [to fight Ebola](#).

Mr Cameron hopes to use the summit to portray Britain as a confident leader in Europe, but behind the scenes, his authority is being sapped by the threat of the anti-Brussels UK Independence party and his own restive backbenchers.

Meanwhile, opposition leader Ed Miliband also demonstrated Ukip's influence on Thursday, promising the Labour party would introduce an immigration bill as part of its first legislative programme to control inflows from the rest of the EU.

The weakness of Britain's political classes in the face of the rise of Ukip will not have been lost on Mr Cameron's fellow leaders, in spite of his comments at the start of the two-day summit.

Amid fears that Britain's recovery may be starting to splutter, the prime minister said Britain was not "immune" to [the economic malaise in the eurozone](#) and called on EU leaders to accelerate labour market reforms and stimulate growth.

"I will be wanting to be hearing about plans others have to make it easier to employ people, to deregulate and to reform to make sure the European economies grow so the British economy can continue."

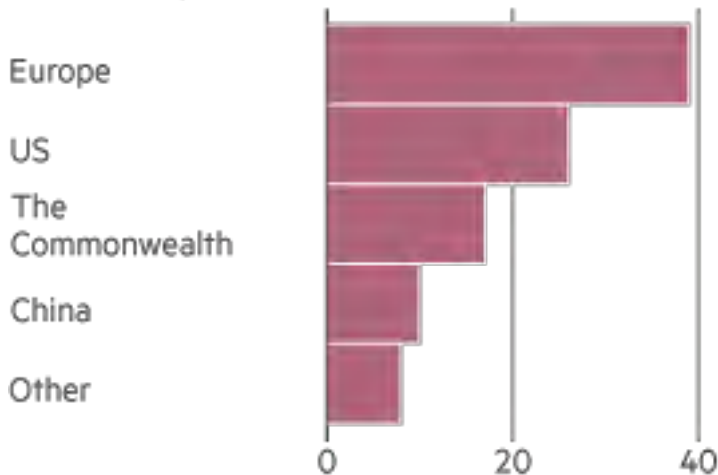
Mr Cameron also called on other leaders to match Britain's response to the Ebola crisis in west Africa, saying the UK had already promised £125m and 750 military personnel. "We need other countries to do more," he said.

Behind closed doors, the prime minister is expected to be questioned about his plans to restrict the [EU's founding principle of free movement of workers](#) – an idea resisted by the European Commission and many other member states.

While Mr Cameron tries to work out how he might achieve this, Mr Miliband, the opposition leader announced plans to reduce immigration that could be exercised without any EU treaty change.

Which country is Britain's most important international relationship with?

Share of respondents (%)



Source: Ipsos MORI poll Oct 14-18

FT

Speaking on a visit to Rochester and Strood, scene of a hotly contested by-election on November 20, Mr Miliband admitted that Labour had been too lax in the past and said: [“I have changed our approach on immigration.”](#)

He said Labour would count people leaving, ensure that employers were not exploiting migrant workers, stop recruitment agencies taking on staff only from abroad and impose new English-language tests for foreign workers in roles dealing with the public.

Labour aides insist this is not “Ukip-lite”, rather a set of practical proposals to tackle an issue of great public concern.

Ukip has suggested that Britain’s immigration system should be more like that of Switzerland, but analysis by the Open Europe think-tank suggests that view may be misguided.

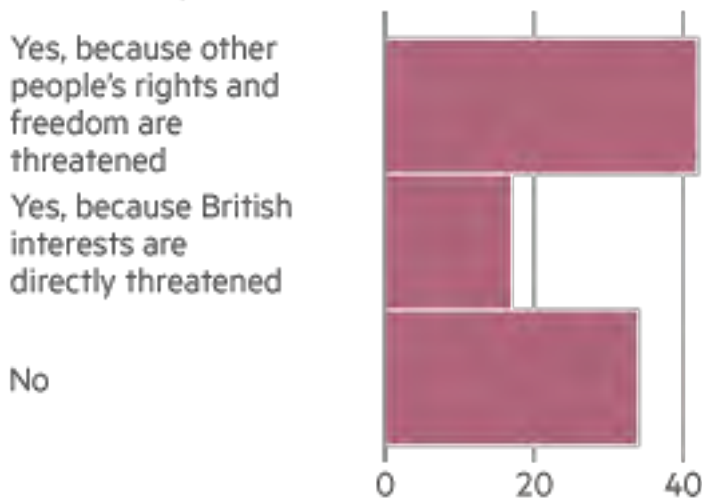
Switzerland, like Norway, is outside the EU but both countries admit far more migrants per head from elsewhere in Europe than Britain; they have to allow free movement to gain access to the 500m consumers in the single market.

Mats Persson, director of Open Europe, said: “It’s ironic that under Ukip’s flagship policy – to become like Switzerland – this would in fact mean accepting nearly 400,000 EU migrants a year to the UK.”

Mr Persson said the EU had told Switzerland that “free movement is the price that must be paid for access to the single market”. In 2013, 15.6 per cent of the Swiss population was born in an EU country, compared with 4.2 per cent from other countries in the bloc in the UK.

Should British forces intervene against the Islamic State?

Share of respondents (%)



Source: Ipsos MORI poll Oct 14-18

FT

Brussels has warned Switzerland that it could limit Swiss exporters' access to the single market if it imposed quotas on EU migrants; Norway applies the same rules on free movement as an EU member but has no vote on the rules.

Meanwhile it has emerged that British voters see the country's [most important foreign relationship as being with the rest of Europe](#), according to a poll by Ipsos Mori seen by the Financial Times.

The polling company found that nearly half the public say relations with other European countries are the most important to the UK, while a quarter believed it was with the Commonwealth. Only one in five said the "special relationship" with the US mattered most.

British attitudes to the US, in particular, have changed over the past decade. A similar poll in 2003 also found Europe at the top of voters' priorities but with the US much higher – one in three said it was the most important foreign relationship.

Last updated: October 23, 2014 6:53 pm

9. INDUSTRY RESPONSE TO EBOLA QUICKENS

Andrew Ward in London

Pharmaceutical executives and international donors were thrashing out details of a push to accelerate development of vaccines and treatments for [Ebola](#) on Thursday as the European Commission committed €24.4m to the effort.

One of the issues to be resolved at the talks in Geneva was reaching an agreement on indemnity to protect drugmakers from losses if any of the medicines or vaccines prove unsuccessful in clinical trials or if troublesome side-effects emerge in future.

- Governments have provided financial guarantees of this kind before to incentivise faster development of vaccines for avian flu and swine flu in the past decade.

However, Sir Andrew Witty, chief executive of GlaxoSmithKline, said his company's experimental Ebola vaccine – the most advanced of three in development – was being advanced at an unprecedented pace.

“We are literally doing in maybe five or six months what would normally take five or six years,” he told BBC radio.

“I think it is reasonable that there should be some level of indemnification because the vaccine is essentially being used in an emergency situation before we've all had a chance to confirm its absolute profile.”

The Geneva talks signal an intensification of research into ways of containing the virus ravaging west Africa, as the official death toll nears 5,000, while World Health Organisation officials say the true figure could be closer to 15,000.

More international funding commitments are expected in coming days on top of the money pledged by the European Commission to support drug and vaccine development. Meanwhile, pharmaceuticals companies are setting aside their usual rivalry to mount an increasingly co-ordinated industry response. GSK and Johnson & Johnson have said they are looking for ways to collaborate on their separate vaccine programmes, and Pfizer says it is exploring possible ways to help its competitors ramp up production.

Initial [human trials of GSK's vaccine](#) are under way in the US, UK and Mali to assess its safety, with initial results showing no signs of dangerous side-effects, according to people familiar with the data.

However, while at least three experimental vaccines have shown promise in animal trials, none has yet been proved effective in humans. Only once they start being tested in Ebola-affected communities will it be possible to gauge their potential to help bring the outbreak under control.

GSK is hoping to have the first doses ready for use in west Africa by the end of this year, while Johnson & Johnson and a Canadian biotech company called NewLink are a few months behind.

If they prove clinically effective, the next challenge will be to build the logistics operation needed to administer vaccines in a region where already-fragile health systems have been overwhelmed by the Ebola crisis. One of the obstacles would be establishing the “cold chain” distribution infrastructure needed to keep vaccines chilled. Medical experts say an effective vaccine would be among the best ways to contain the virus, but work is also pressing ahead on potential treatments for those infected. Almost €3m of the EU money committed on Thursday will be used by the Institute of Tropical Medicine in Antwerp to research so-called convalescent serum – blood and plasma from Ebola survivors – as a way of boosting the immune system against the virus.

During an Ebola outbreak in the Democratic Republic of Congo in 1995, seven of eight patients infused with convalescent serum survived.

Jeremy Farrar, director of the UK's Wellcome Trust, which is supporting the Antwerp trial, said: "Convalescent serum offers the best potential treatment for Ebola in the short term that could be scaled up if proven effective."

October 22, 2014 8:37 pm

10. UK TOPS LEAGUE OF NON-EU MIGRANT ARRIVALS

Duncan Robinson in Brussels and Gavin Jackson in London

The UK accepts almost three times more migrants from outside the EU than any other member state, as applications to enter Britain last year surged to their highest level since 2010.

Nearly 2.4m resident permits were granted by EU member states to non-EU citizens in 2013 – of which 30.7 per cent went to people heading to the UK, according to the latest figures from Eurostat, the statistical arm of the European Commission.

The UK is alone in the EU in not granting residence permits to new arrivals. Instead, the data were based on figures from the Home Office Statistical Bulletin. Eurostat, which compiled the data, said that although the figures for the UK were not exactly the same as for other European states, they were "highly comparable."

These figures include anyone granted the right to stay in an EU member state for more than three months, whether for education, work or family reasons.

More than 724,000 people from outside the EU were given permission to stay in the UK, according to Eurostat – up nearly 15 per cent from the year before. This was more than three times the number granted by Poland, which was the second most popular destination, with 273,900.

A Home Office spokesperson said that due to inconsistencies in the statistics, any comparison between the UK and other EU countries in immigration data was "profoundly misleading".

"These figures include people coming to the UK for less than a year - such as temporary workers and students, for example - and therefore do not towards the ONS's net migration statistics."

The Eurostat numbers come despite efforts from the Conservative party to [reduce net migration](#) to below six figures by the end of this parliament, as promised in the 2010 manifesto. This target is the "long-term" net migration figure, which includes only those staying in the UK for at least a year and Britons who move abroad, a narrower measure than those compiled by Eurostat.

Efforts to reach this figure have so far focused on reducing numbers coming from outside the EU, by tightening restrictions on economic migrants, and those coming to study or join their families. In recent weeks, the government has [widened its attention](#) to include migration from other EU member states, amid calls from eurosceptic MPs to curtail free movement within the economic bloc.

But Jean-Claude Juncker, the incoming European Commission president, said on Wednesday that he was “not willing to compromise” on this issue.

Roughly a quarter of the people who headed to the UK did so for educational purposes, while 108,552 – one in seven – came for work purposes. Just under half are part of an amorphous group including diplomats, consular officials, wealthy pensioners, some asylum seekers, and intra-company transfers spending short spells in Britain.

In total, the UK accepted 140,000 applications from Indian citizens, while US citizens accounted for 105,000. The third most popular origin country was the Philippines, with 86,801, or 12 per cent of all non-EU migrants.

The immigration figures came as a poll revealed support for staying in the EU is higher than any point since the Maastricht treaty was signed.

The findings, which were published on Wednesday, showed 56 per cent of Britons would vote in a referendum to stay in the EU, compared with 26 per cent who would vote to leave, according to a poll by Ipsos Mori. The last time it was that high was in December 1991, when 60 per cent said they would vote to stay in the European Community.

Support for Britain’s European membership has risen at the same time as backing for the UK Independence party. British prime minister David Cameron heads to Brussels on Thursday for the European Council, promising to tell fellow leaders to do more to combat Ebola and to help stop attempts by the European parliament to increase its budget.

16/oct

11. GREEK WOES NO SEQUEL TO EUROZONE CRISIS

Ralph Atkins

Several factors contribute to eurozone periphery sell-off

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reece’s gift to the world was the eurozone crisis, which erupted in 2010. Thursday came a mini-reprise – near the end of the most turbulent week in global financial markets since those crisis days. [Greek 10-year borrowing costs jumped above 9 per cent](#) for the first time in a year.

The worries stemmed from the country’s domestic politics and the threat of early elections bringing to power the reform-hostile Syriza leftwing opposition. But Greece did little to calm concerns of a malfunctioning eurozone economy acting as a drag on global growth. Reassurances by eurozone officials about Greece’s finances were eerily reminiscent of a few years ago.

Risk aversion again pushed investors into safe assets; German 10-year yields hit historic lows before rebounding. In contrast, bond yields for riskier eurozone countries jumped. Intraday swings in Spanish and Italian 10-year yields were some of the biggest since June 2013, when Europe was caught by the “taper tantrum” triggered when the US

Federal Reserve warned its quantitative easing programmes would be scaled back. Eurozone share prices are down 11 per cent this month – a serious correction. In the US, the equity sell-off has been on worries about growth slowing elsewhere; eurozone problems are on its doorstep.

But the impact of Greek stress should be kept in perspective. The best indicators of eurozone tensions are spreads between Spanish or Italian 10-year bond yields and German equivalents. During the eurozone crisis, the Spanish spread exceeded 6 percentage points. Last month, it fell to 1.2 points. On Thursday, it widened to 1.4 points.

Warning lights flash orange

10-year spreads over German 10-year Bunds

(% points)



Source: Thomson Reuters Datastream

FT

This is not the eurozone crisis all over again. The eurozone periphery sell-off highlighted global risk-aversion, caused by a combination of fears over low economic growth and inflation, worries about ECB ineffectiveness, and uncertainty over what happens when Fed QE ends later this month. Some add Ebola to that worry list.

For the first half of this year, eurozone periphery bond yields fell on hopes the eurozone crisis was contained – or that ECB action would keep yields in check. Eurozone shares rose largely on hopes the region's economic recovery would strengthen. To use a Greek word, those now seem halcyon days.

October 16, 2014 1:22 pm

12. THE MARKETS ARE RIGHT TO BE ANXIOUS

Stephen King

The US no longer controls its own destiny nor, indeed, the destiny of others, writes Stephen King

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he mood in Washington during the [weekend IMF meetings](#) was bad enough but the [mood in markets](#) now appears a lot worse. Last week the big issue was the eurozone. This week the big issue appears to be the US. Rapidly [declining US Treasury yields](#) and plunging equity markets are broadly consistent with a US economy that, one way or another, might be running out of steam.

Still, it is difficult to see why a clutch of moderately weak [US economic data](#) – of which retail sales is the most obvious culprit – would be enough on its own to trigger a major attack of the jitters.

There are other things happening too. [Ebola](#) has raised the anxiety levels. So too have [widening Greek bond spreads](#). There may also, belatedly, be a heightened sense that the US economy could be undermined by bad developments elsewhere in the world.

Most economists tend to think that where the US leads, the rest of the world follows. They regard the US as the locomotive of a train with other economies the carriages that follow. On that basis, a [recovery](#) that begins in the US will eventually pull the rest of the world along. That, broadly, was the consensus at the beginning of the year. The US was evidently doing better. It was only a matter of time before economic conditions in the rest of the world would also improve.

Admittedly, some worried that a US recovery would be followed by higher interest rates. But as Stanley Fischer, vice-chairman of the [Federal Reserve](#), noted over the weekend, “tightening should only occur against the backdrop of a [strengthening US economy](#) ... [which] should directly benefit our foreign trading partners by raising the demand for their exports, and perhaps also indirectly, by boosting confidence globally”. Sometimes, though, another analogy makes more sense. In this story, the US is the first to climb a cliff. Other countries are tethered to the US by ropes. The overall pace of ascent depends on the burden of debt each country has to carry. One false move by the US will wreck the entire enterprise. Yet the US will only get to the top if the others also make steady progress. At the moment, they are more in danger of losing their footing, thereby dragging down the US.

There are good reasons for thinking the cliff analogy is, today, a better bet. [Deleveraging](#) is a huge burden and there is no obvious end in sight given still remarkably [high debt levels](#). The US economy’s share of the global pie is shrinking and therefore it no longer exerts the same gravitational pull on the rest of the world. And,

increasingly, economic and financial developments elsewhere are reshaping US economic performance in ways that domestic policy makers cannot easily offset.

Think, for example, of the problems facing the eurozone: debt, deflation and – if the [recent German data](#) are anything to go by – a growing risk of a region-wide return to recession. The clarion [call for quantitative easing](#) may eventually be answered. The evidence from recent QE episodes – most obviously the UK in 2008-09 and Japan in 2012-13 – suggests that unconventional policies work largely by exporting deflation from one country to another thanks to major exchange rate shifts. A much stronger dollar – a plausible consequence of divergent monetary policies – might leave the US suddenly vulnerable to the chilling deflationary winds which, to date, have remained on the other side of the Atlantic.

In the new world order the US no longer is in control of its own destiny nor, indeed, the destiny of others. It may be further up the cliff than most but, as others try to rescue their own economies, the ropes that bind may ultimately leave the US economy tied up in knots. No wonder investors are worried.

Last updated: October 14, 2014 10:12 am

13. BURBERRY AND MULBERRY ADD TO LUXURY WOES

Andrea Felsted, Senior Retail Correspondent

A cautious outlook from [Burberry](#), a profit warning from [Mulberry](#) and the latest sales numbers from [LVMH](#) underscored growing concerns about the outlook for the luxury sector, as Asian demand for expensive bags, clothes and shoes wanes and geopolitical tensions elsewhere hurt sales.

[Mulberry](#), which has issued a string of profit warnings and parted company with its [chief executive](#), warned on Tuesday that pre-tax profit for the year to March 2015 was expected to be “significantly below current expectations” as it said that first-half sales fell 17 per cent to £64.7m, sending its shares down 10.1 per cent to 675p.

[Burberry](#) fared better as underlying first-half sales rose 14 per cent, but it said it was cautious about a more challenging environment, sending its shares down 3.7 per cent per cent to £14.25.

LVMH, the world’s largest luxury group by sales, said that revenue during the third quarter grew 4 per cent on a like-for-like basis compared with the same period last year. The Paris-based group said that improving growth in Europe and the US during the quarter compensated for the slowdown in Asia, reflecting the fall-off in what until recently was by far the most important growth market for the luxury sector.

Luca Solca, luxury analyst at Exane BNP Paribas, said the LVMH sales update “confirms a rather soft trading environment”.

Global [luxury](#) brands are being brought back [down to earth](#) with a bump after years of soaring revenues and profits. There are concerns that stalling demand from Chinese shoppers, due to a slowing domestic economy and a tough anti-corruption campaign, will be exacerbated by recent democracy protests in Hong Kong, which closed off main shopping districts on the island.

Falling demand is also being felt in the UK, a key shopping destination for Chinese and other foreign visitors.

Carol Fairweather, Burberry finance director, said the group had noticed weaker demand from Chinese travelling to London, but an uptick in continental Europe, possibly because of the strength of sterling.

Burberry said sales growth from stores open at least a year in Asia-Pacific and the Americas rose by double digit figures, with European like-for-like sales growth up by mid-single digits in the first half.

But sales to Chinese consumers both in the home and foreign markets slowed from a double-digit rate in the first quarter to high single-digits in the second.

Burberry's like-for-like sales growth across all markets slowed from 12 per cent in the first quarter to 8 per cent in the second.

But Ms Fairweather insisted Chinese consumers were still spending.

"We still see them as a travelling group of consumers that are still growing and travelling," she said.

Godfrey Davies, executive chairman of Mulberry, said full price sales to Chinese tourists in London were up, although sales through outlet centres were flat. Sales to travellers from other parts of Asia – Korea, Malaysia and Thailand – were down. "A number of people from some Asian markets have been travelling less," he said.

Mulberry does only a small amount of business with Russian tourists, but Mr Davies said the retailer's sales to Russians had halved. "People in our experience are not spending as much in the shops," he said. In contrast, tourist numbers to Paris had held up, he added.

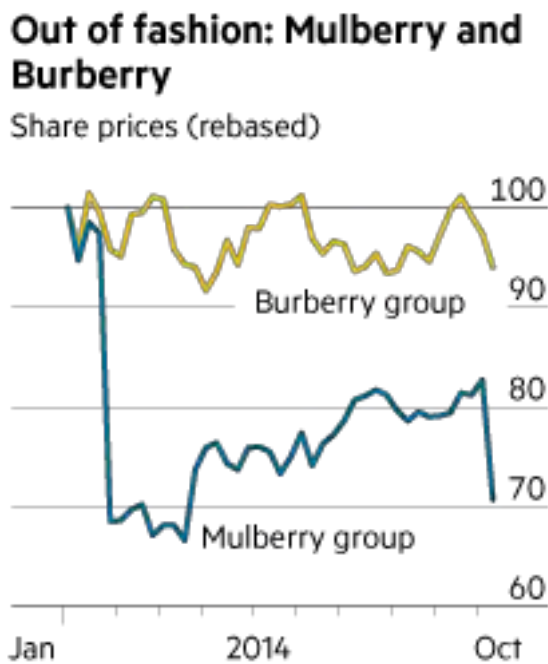
Both Burberry and Mulberry said wholesale buyers were being more cautious, and this would affect orders accordingly.

The industry is feeling the effects of EU and US sanctions against wealthy Russians, another key consumer group for purveyors of luxury goods, and concerns are growing over the possibility that the intensifying [conflict in Syria](#) and Iraq could affect demand from Middle Eastern shoppers.

Some investors are also concerned that the spread of the [Ebola](#) virus will hit luxury consumers travelling from Asia and also Africa.

It was not all bad news for Burberry, which said underlying sales rose 14 per cent to £1.1bn in the six months to September 30. Retail sales climbed 15 per cent to £748m, helped by demand for the ponchos that Burberry sent down the catwalk earlier this year. Sales of beauty products to third parties rose 55 per cent.

Mulberry's retail sales fell 9 per cent to £45.1m in the six months to September 30, with a decline in the UK offset by growth in international markets. Sales through outlets fell by 23 per cent.



Source: Thomson Reuters Datastream

Analysts at [Barclays](#), broker to Mulberry, cut their forecast of full-year pre-tax profit from £10m to £4m.

However, Mr Davies said the actions – primarily new handbag collections – taken to stabilise “shaky” domestic sales had “done the job” and “secured the ship”.

At Burberry, Ms Fairweather said the company was cautious given what was happening in the Middle East and Ukraine, and the protests in Hong Kong.

“The macro and general economic environment across the world may be slowing,” she said.

Analysts at JPMorgan Cazenove noted that Burberry's caution and second-quarter sales growth below expectations was “the first alarm bell for Burberry that no brand is immune”.

October 13, 2014 11:02 am

14. GERMANY'S WOES CENTRE OF ATTENTION AT IMF MEETINGS

By Claire Jones and Chris Giles in Washington

The [eurozone's woes](#) have again overshadowed optimism that the world economy is on the path to recovery, with fears over the region's stagnation a focus of discussion at the [International Monetary Fund's](#) annual meetings.

But whereas the European Central Bank was once viewed as the culprit for its reluctance to engage in large-scale [quantitative easing](#), global attention is now shifting to Berlin and the stuttering of the region's largest economy.

News last week of a [plunge in exports](#) and the biggest monthly drop in industrial production for five years have heightened fears that the German economy, which until recently was expected to spearhead the region's return to economic health, is [heading towards recession](#).

Two years after the worst of the sovereign debt turmoil, the currency area remains mired in weak growth, double-digit unemployment and low inflation. Pressure on Germany to spend more and ease its stance on the fiscal position of other member states will mount if data in the months ahead show growth failed to materialise in the third quarter and inflation remains subdued.

"Europe is the central risk," said Guntram Wolff, director of Bruegel, a Brussels think-tank. "European officials in Washington, particularly Germans, have come under a lot of pressure from the US to do more."

At an IMF event, Lawrence Summers, the former US Treasury secretary, attacked Berlin's unwillingness to allow member states to exceed the terms of the EU's budget rules. But Wolfgang Schäuble, Germany's finance minister, insisted on Saturday that governors and finance ministers trusted Berlin. "All our colleagues know that Germany is a responsible partner, that we are playing by the rules and that we are there when there's a need. As for example, when the eurozone was under pressure," he said.

Germany also found an ally in George Osborne, the UK chancellor, who agreed that countries needed to demonstrate fiscal prudence as well as promise it for the future.

Speaking about France's desire to have the flexibility to reduce its deficit more slowly, he said: "If you've created fiscal rules in the eurozone to demonstrate your fiscal discipline, you can't then go breaking the rules at their first test." Mr Osborne added: "Germany has been a very, very strong economy in the centre of Europe and without the strength of the German economy, the European situation would have been a lot worse".

But, while the German economy has outperformed other member states since the start of the crisis, it unexpectedly contracted between the first and second quarters. If growth

continues to suffer, attendees at the meeting are confident Berlin will relax its position on fiscal policy.

Mr Schäuble has said Berlin will prioritise investment spending, but warned this would take time.

Berlin insists most of its problems are not of its own making, blaming the sanctions on Russia, other geopolitical risks such as Ebola and crises in the Middle East, as well as slowdown in the parts of the eurozone nearest to Germany.

Others disagree. Philippe Legrain, an economist and former adviser to former European Commission president José Manuel Barroso, said Berlin had focused on trade at the expense of domestic demand.

“Berlin should stop obsessing about what it dubs as ‘competitiveness’ and encourage wages to rise,” Mr Legrain said. “It should take advantage of near-zero interest rates to invest in the country’s crumbling infrastructure and decaying education system. And it should practise what it preaches and enact reforms to boost competition and enterprise and hence productivity growth and investment.”

The IMF called on the currency area, which remains mired in weak growth and high unemployment, to boost spending on infrastructure and intensify structural reforms to avert what it estimates is a four-in-10 chance the region will suffer its third recession since the crisis began.

European and IMF officials maintain the region is likely to continue to recover, but at a slower pace than predicted earlier this year. Benoît Coeuré, a member of the ECB’s executive board, said on Friday the region’s economy was likely to grow in the third and fourth quarters but acknowledged “the sense that this recovery is losing momentum and is at risk of being even weaker than expected”.

October 10, 2014 7:04 pm

15. EBOLA VIRUS: ‘OUR PEOPLE ARE DYING’

By Clive Cookson and Shawn Donnan

Growing death toll in west Africa and cases in Europe and US drive home severity of threat

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homas Frieden, head of the US Centers for Disease Control and a 30-year veteran of public health work, can think of only one thing comparable with the [dangers of the current Ebola](#) epidemic: Aids.

Bruce Aylward, a fellow global health expert, likens the effort needed to deploy thousands of doctors and nurses in west Africa to the fight he led for the World Health Organisation against polio. With polio it took 10 to 20 years to mobilise medical staff; to respond to Ebola, the world has only “weeks”.

Drs Frieden and Aylward were voicing the alarm felt by medical and political leaders about the growing humanitarian crisis and the threat it poses to [stability in Africa and beyond](#). Those global fears over the spread of the disease have intensified with the revelation that a Spanish nurse fell ill after being infected in Madrid and a man who had picked up the virus in Liberia died in Texas. Within 24 hours the US and UK had announced plans to screen incoming travellers for signs of Ebola, while governments around the world tried to calm a public panic that has seen patients tested for the virus in numerous countries outside west Africa.

The presidents of the three west African countries at the centre of the epidemic pleaded at a Washington summit on Thursday for the international community to [speed up its response](#), warning that they needed far more medical assistance to contain the virus.

[Ernest Bai Koroma](#), president of Sierra Leone, put his country's needs in stark terms. To fight what he called an "evil virus", he told the World Bank meeting, 750 more doctors and 3,000 more nurses were needed. Dr Aylward, who is co-ordinating the WHO's Ebola campaign, said that was a reasonable assessment. The number of doctors in the country is "in double digits", he said, and yet dozens of new patients are appearing every day.

Official figures from the World Health Organisation show 8,399 cases, including 4,033 deaths. The real toll is much higher because accurate reporting is impossible as the health infrastructure collapses in the worst affected areas.

"The situation in Guinea, Liberia and Sierra Leone continues to deteriorate, with widespread and persistent transmission of [Ebola virus](#)," the WHO said in its latest report. "There is no evidence that the epidemic in west Africa is being brought under control."

A shockingly large number of health workers have been infected by patients: 401 have contracted Ebola and 232 have died. The EU and US recognise that an influx of western doctors and nurses will be essential to supplement local staff if the fight is to be won; to reassure potential recruits, they are planning a medical evacuation system to fly out health workers for treatment overseas.

Even in well-equipped western hospitals, mistakes have been made, as the cases of [Teresa Romero](#) and Thomas Eric Duncan illustrate. Ms Romero was infected while caring for a missionary who had been repatriated after contracting Ebola in Africa. Reports suggest that, although she was wearing protective clothing, she did not follow proper safety procedures. She was sent home when she sought medical assistance after her symptoms first appeared, increasing the risk that she would infect others. Something similar happened in Dallas. Mr Duncan, who died on Wednesday, was sent home by Texas Health Presbyterian Hospital when he went to its emergency room on September 25 with early Ebola symptoms, even though he said he had recently visited west Africa. He was eventually admitted when he returned in a worse condition three days later, having been in contact with friends and family.

[More video](#)

If such mistakes can happen in Europe and the US, the potential for things going wrong in the under- equipped chaos of west Africa is far greater. The WHO estimates that Guinea, Liberia and Sierra Leone – with a combined population of 20m people – need 4,300 beds to treat Ebola patients; they have fewer than 1,100.

The growing international concern over Ebola has largely been a public health debate but there is also anxiety over the broader economic fallout.

World Bank economists offer a grim view of what might happen over the next 15 months if the outbreak is not contained, with some calling for a “Marshall Plan” to help Guinea, Liberia and Sierra Leone recover once the immediate crisis is over.

Were [Ebola to spread to neighbouring countries](#), the economic impact could reach \$32.6bn in west Africa alone by the end of 2015, the economists wrote. Fear of the virus would cause workers to stay home and businesses to shut; transport costs would rise and trade slow; government revenues would dry up and a vicious economic cycle would render fragile governments even more so.

Everyone involved concedes that the international reaction has been far too slow and inadequate. “We are still way, way behind the curve,” said Jim Yong Kim, the infectious diseases specialist who is now the president of the World Bank. “We have to quickly speed up – scale up – the global response.”

Every dollar spent now may well be worth more than \$20 or \$30 spent in a few months’ time

The grim warnings appear to be prompting some action. The US, EU, China and others have pledged to speed up their response although the UN said on Friday it had only raised \$250m of its \$1bn target to combat the outbreak.

Jiayi Zou, director-general of China’s finance ministry, said Beijing had sent 200 medical workers to the affected countries and offered support and equipment worth \$200m. “China is ready to do more as needed,” she added. A 165-strong Cuban team has already arrived in Sierra Leone.

But the scale of the response needed remains daunting and the cost is rising daily. The epidemic “could have been prevented by spending less than 1 per cent of what is needed now”, said Dr Frieden. David Nabarro, the UN’s special co-ordinator for the international response to Ebola, said: “Every dollar spent now may well be worth more than \$20 or \$30 spent in a few months’ time.”

Outside Africa the latest developments have led to widespread public fear. Julian Hiscox, professor of infection and global health at Liverpool university, commented: “We shouldn’t panic as if it’s going to be Ebolageddon within 30 days.”

UK media reported a primary school headteacher in Manchester cancelled a placement for a boy from Sierra Leone even though officials insisted he posed no risk to pupils or staff. The decisions by the US and UK governments to introduce screening at some airports for signs of Ebola are seen by medical experts as a gesture to calm public fears.

“I don’t think there is a strong scientific case that airport screening will help keep Ebola out of the UK, but it’s a step that will reassure some people,” said Ben Neuman, a

virologist at Reading university. “Screening sounds like a good idea but most people who are well enough to travel on a plane would pass the new screening measures regardless of whether they were infected.”

The virus is spread mainly through physical contact with infected body fluids, particularly blood, faeces and vomit. It may also be picked up from contaminated surfaces and objects, although this low risk can be eliminated by cleaning and disinfection.

Virologists say Ebola cannot pass through the air in tiny particles or droplets, as the flu, measles and chickenpox viruses do. Although it is mutating constantly, like any pathogen passing from person to person, there is no precedent for any virus undergoing such a big genetic change as airborne transmission would require.

Most, if not all, of the Ebola outbreaks recorded in central Africa since the first one in 1976 are believed to have started when the virus moved into people from fruit bats, its animal host.

Peter Piot, head of the London School of Hygiene and Tropical Medicine, co-discovered the virus. He says the most likely change in the disease, if it becomes endemic in human populations is that it will become less virulent. Even a less lethal Ebola, however, would be a global health catastrophe if it becomes an endemic human disease.

But President Koroma has more urgent concerns. “Our people are dying,” he said in Washington. “Without you we cannot succeed.”

Pharma: A possible cure flowing through the veins

Has the cure for Ebola been under our noses for nearly 20 years? In June 1995, eight patients infected with the virus in the Democratic Republic of Congo – then known as Zaire – were transfused with blood from survivors of the disease. The fatality rate during the six-month outbreak was 80 per cent. But of those eight people who received survivors’ blood, only one died.

In an account of the case published in *The Journal of Infectious Diseases*, the authors speculated that the transfusions may have boosted patients’ immune response by exposing them to antibodies from those who fought off the disease.

Two decades later, their theory is being hurriedly put to the test as medics scramble for a response to the worst Ebola epidemic in history.

When Kent Brantly, right, a US aid worker, was flown back to Atlanta in June after contracting Ebola in Liberia, much of the focus was on his treatment with an experimental drug called [ZMapp](#). However, he also received blood donated by a 14-year-old male Ebola survivor he had cared for. Dr Brantly survived and has since donated his blood to two other infected Americans: Rick Sacra, a fellow aid worker, and Ashoka Mukpo, a photojournalist.

“We’re trying to jump-start the immune system, and hopefully just buy some time,” says Phil Smith, the lead doctor treating Mr Mukpo in a biocontainment unit at an Omaha hospital.

If all three men survive it will add to the evidence in support of using survivors' blood as a cure for Ebola. But it will be impossible to know for sure whether it was the transfusion, various experimental drugs or sheer good luck that saved them.

Carrying out clinical trials would be fiendishly difficult in a fast-moving Ebola outbreak in some of the world's poorest countries. That is why the World Health Organisation gave its blessing to experimental treatments, including transfusions, to be used without formal testing.

But such an approach is not without risks. There have been reports of a black market developing in the blood of Ebola survivors, opening a range of health risks if patients receive a type that is incompatible with their own or infected with another disease such as HIV. *Andrew Ward*

Last updated: October 9, 2014 7:20 pm

16. AFRICAN LEADERS PLEAD FOR MORE HELP TO FIGHT Ebola

By Shawn Donnan in Washington

The leaders of the three countries hit hardest by the [Ebola outbreak](#) pleaded on Thursday for the international community to speed up its response, warning that they needed thousands more medical workers and other resources to contain the virus.

"Our people are dying, children are being orphaned," Ernest Bai Koroma, president of Sierra Leone, told a special session convened on the sidelines of the annual IMF and [World Bank](#) meetings in Washington. "Without you we cannot succeed."

The plea from Mr Koroma, Ellen Johnson Sirleaf of Liberia and Alpha Condé of Guinea to the meeting convened by Jim Yong Kim, the World Bank president, came alongside stark assessments of the difficulty of the fight ahead.

According to the World Health Organisation the outbreak has killed more than 3,800 people and infected more than 8,000, almost all of them in the three African countries. But the death of a man infected in Liberia in Texas this week and the diagnosis of a [Spanish nurse](#) who was infected while treating an Ebola patient at a Madrid hospital have raised new fears in the developed world as well.

Mr Kim, who is an infectious diseases and public health expert, said the international community was "way, way behind the curve" in tackling the outbreak adding, "we have to quickly speed up, and scale up the global response."

The World Bank president called urgently for countries around the world to send additional medical staff to the three affected countries.

Tom Frieden, the head of the US Centers for Disease Control and Prevention, likened the fight against Ebola to that against Aids and said the world needed to mobilise quickly to prevent the outbreak in Africa spreading.

The [Ebola virus](#) was "changing quickly", Dr Frieden warned. "Speed is the most important variable here."

Bruce Aylward, the World Health Organisation's co-ordinator on Ebola, said the response needed was similar to that mobilised against polio, which took thousands of health workers around the world. While that fight took 10-20 years to establish, he told reporters after the meeting, the current one against Ebola needed to be done in "weeks". The virus, he said, was "accelerating in almost all of the settings" in west Africa while the international community was still "not at common purpose".

"We have to eliminate the virus but we [also] have to eliminate the excuses," said Dr Aylward.

Mr Koroma said Sierra Leone needed more than 5,000 medical workers, including 750 doctors and 3,000 nurses. The two treatment centres Sierra Leone had now were not enough and it needed 1,500 more beds just for Ebola patients. The four laboratories in the country were able to handle only 100 diagnostic samples a day, he said, and five more were urgently needed.

Ms Sirleaf, who like Mr Koroma addressed the meeting by videoconference, bemoaned what had been a "slow international response" and said her country still badly needed more help to treat the outbreak.

Mr Condé of Guinea said his government was still struggling to fight the virus with limited financial resources and technical skills.

"We need urgent funding," he told the meeting.

The pleas from the three presidents came as donors around the table including the US, EU, China and Japan vowed to step up their efforts and do whatever was needed to fight Ebola.

But those vows were also accompanied by their own expressions of frustration with the slow pace of the response and pleas for better co-ordination.

Masanori Yoshida, Japan's representative at the meeting, complained that Tokyo's efforts had been hit by bureaucratic delays in Africa. A batch of 20,000 protective suits for medical staff in affected countries had been sent from Tokyo almost a month ago and yet they were still stuck in the airport in Abidjan, the capital of the Ivory Coast, because of "quarantine issues", he said.

Justine Greening, the UK's development secretary, said while countries had committed in London last week to establish a trust fund to fight Ebola, the actual donations were still coming in too slowly. "We need much, much more and a much faster response from the international community," she told the meeting.

Christine Lagarde, the head of the International Monetary Fund, said the fund was prepared to do whatever was needed to help the affected countries and their neighbours fight the outbreak. Ms Lagarde said she was even encouraging the countries involved to run bigger budget deficits to respond to the crisis.

"The IMF doesn't say that very often," she said.

17. MINING STOCKS LIMIT LOSSES IN LONDON

By Michael Hunter

Mining stocks dug into the FTSE 100's leaderboard on Tuesday after confirmation of more recent bid activity in the sector, limiting the index's broad overall losses.

[Rio Tinto](#) made the best single gain, up 5.3 per cent at £31.57 after it confirmed it was approached about a [potential merger with Glencore](#) in July. Rio said its board decided against perusing the offer, adding: "The board's rejection was communicated to [Glencore](#) in early August and there has been no further contact between the companies on this matter."

Hopes for another spate of dealmaking in the sector sparked wider gains. [Anglo American](#) was 2.1 per cent higher at £13.76 and [BHP Billiton](#) was 1 per cent stronger at £16.92. Precious metals producers also rose. [Randgold Resources](#) gained 1.5 per cent to £42.17 and [Fresnillo](#) was up 0.7 per cent to 750p. Antofagasta picked up 1.4 per cent to 716p.

[Glencore](#) rose 0.6 per cent to 341½p.

Metals stocks made up the bulk of a thin-looking leaderboard, with only three stocks from outside the sector making gains. Overall, the FTSE 100 fell 0.7 per cent to 6,518.32, a loss of 45 points.

Sentiment across [global markets](#) took a hit after [German industrial output numbers for August](#) were much worse than expected and once again raised the prospect of a return to recession in the eurozone.

"EU economic sentiment might have become even bleaker following further dismay from Germany," said Jameel Ahmad, chief market analyst at FXTM.

"Not only does faint optimism that Germany could return to economic consistency continue to be quashed by poor data, but there are now concerns among economists that the German economy might contract again in the third quarter."

Airline stocks were at the forefront of the selling, as fears about the impact of a downturn added to existing concern about overcapacity in the industry. There were also some worries that the travel industry could potentially start to face disruption from the [spread of the Ebola virus](#).

[IAG](#), the parent of British Airways and Iberia fell 3.9 per cent at 356.8p. [EasyJet](#) was 3.6 per cent weaker at £14.14. [InterContinental Hotels](#) fell 2.2 per cent to 356.9p.

October 5, 2014 9:02 am

18. US AND EUROPE FIGHT BACK AS CHINA'S INFLUENCE GROWS IN AFRICA

By David White

African leaders have seen rather a lot of each other in western capitals in the past 12 months. They were invited to Paris for a France-Africa summit last December, to Brussels for an EU-Africa summit in April and then to Washington for a [first-ever US-Africa](#) summit in August.

The US has been a late convert to this kind of Africa-wide exercise, seeking to reaffirm its standing in a region where it and Europe face ever-increasing competition. Evidence of this fresh determination is the scaling-up of US resources sent to Liberia to help contain west Africa's Ebola outbreak, following criticism of the western response.

Rapid expansion of other interests across the continent – Chinese above all, but also Indian, Brazilian and others – has done much to make Africa's traditional partners refocus their approach.

"It has forced Europe and the US not to take Africa for granted," says Nick Westcott, the EU's top Africa diplomat.

China emphasised its rise as an economic power and financier in Africa with a landmark Beijing summit eight years ago, since when [it has almost quadrupled its African trade](#), overtaking first France, then the US.

Longstanding spheres of influence have eroded. Tanzania, for example, still relies on US, British and other European aid but has turned to China for roads, power plants, a gas pipeline and a huge new port. India and China have become leading investors and the country's top trading partners, selling everything from medicines to motorcycles.

Have Europe and the US lost [Africa](#)? Mzukisi Qobo, who teaches international political economy at the University of Pretoria, says they still carry weight. "It is just that they have not paid as much attention as was the case before," he says. "The vacuum has been filled by China."

While attracting their own portion of resentment, the Chinese are widely regarded as being more attuned to poor-country needs and are less inclined to interfere in countries' domestic arrangements. African governments, chafing at the perceived high-handedness of western donors and international institutions, are often adept at playing partners off against each other.

Mr Qobo notes a shift in emphasis by both the US and Europe "from political rhetoric to commercial diplomacy".

For Europe, Africa continues to matter because of its proximity, migration, the impact of instability and, of course, the chance to cash in on African growth. And Africa still looks largely to Europe for aid and markets. While China has surged ahead as Africa's

largest single commercial partner, registering \$210bn in two-way trade last year, that was only half as much as EU countries.

After growing unevenly over the past decade, however, EU members' trade with Africa still represented less than 4 per cent of their worldwide trade last year, Eurostat figures show. For the US, the share is even smaller, barely 2 per cent in 2013 and declining, according to the US Census Bureau.

The US shale oil boom has sharply reduced its requirements for oil. Total first quarter US imports from sub-Saharan Africa were down by a third compared to a year earlier, and from Nigeria, a long-time US supplier and customer, by two-thirds.

Two main themes – economic potential and security – have taken precedence in both the US and European approach to engaging with Africa.

Security is one of the areas in which China's involvement – other than as arms provider to client regimes – is low key, although it has joined UN peacekeeping missions and deployed warships on anti-piracy patrols.

India and China have become leading investors and top trade partners

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The US, which maintains an operational hub at a former French Foreign Legion base in Djibouti along with a scattering of drone bases, has been generally content to let France play the military lead role, concentrating more on counter-terrorism support and training.

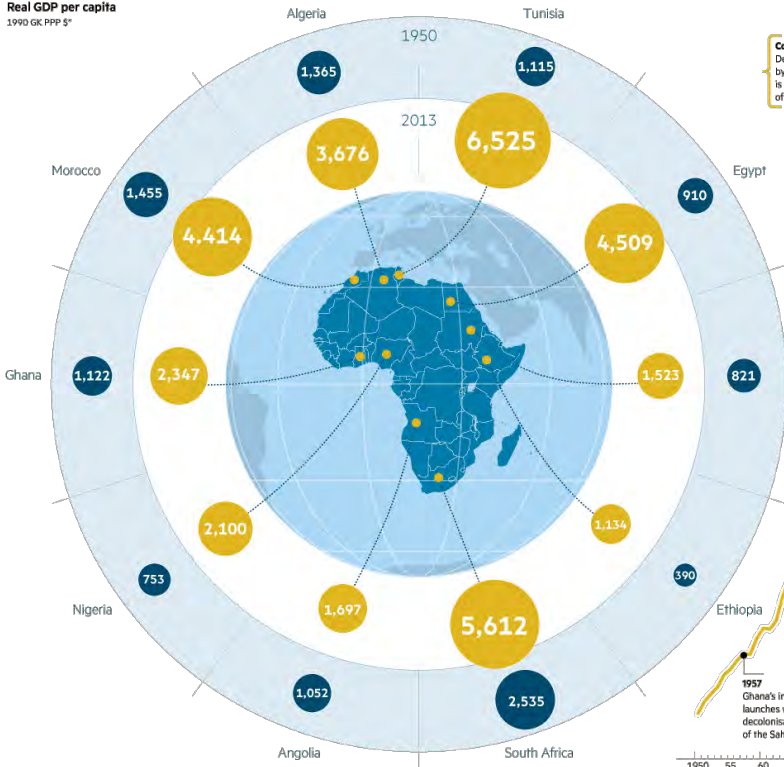
After years of questioning about its military role, France undertook interventions last year in [Mali and the Central African Republic](#). With forces stationed in eight former African colonies, it recently launched a wider operation to combat Islamist extremists across the Sahel zone. The EU has taken responsibility for a follow-up mission in the CAR, its seventh African military operation since 2003.

On the economic front, the US – with a big private-sector input – and the EU have each trumpeted figures in tens of billions of dollars for funding and investment. No less importantly, they offer Africa prospective markets for more than just raw materials.

A key issue is the renewal of the African Growth and Opportunity Act, which gives qualifying countries access to the US for many goods without duties or quotas and is due to expire next September. A long-term extension will be critical to US leverage on the continent.

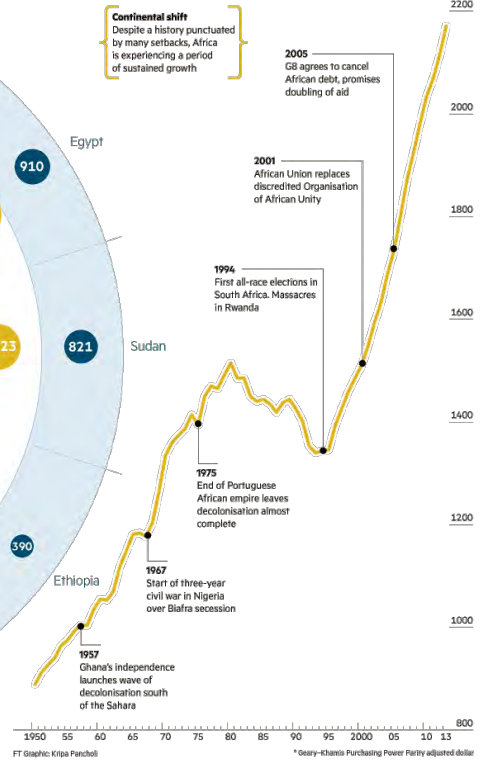
Growth accelerates

Real GDP per capita
1990 GK PPP \$*



Source: Angus Maddison, Conference Board

African real GDP per capita
1990 GK PPP \$*
2200



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1. EBOLA: EU HELPS DELIVER AID TO SIERRA LEONE

Medical equipment provided by the United Kingdom was ferried into Freetown, Sierra Leone in West Africa this weekend. The cargo included two ambulances, equipment for the construction and operation of a 92-bed treatment facility and four other vehicles.

The UK is the latest Member State to contribute vital assistance through the EU Civil Protection Mechanism (EUCPM). Previously, Austria, France and Belgium have made use of the EUCPM to deliver sanitation products, medical isolation equipment and experts to Liberia, Guinea and Sierra Leone in support of the international community's ongoing efforts to stop the spread of the Ebola epidemic.

"Ebola is taking an ever harsher toll in the West Africa region. Through the EU Civil Protection Mechanism, the Commission helps to deploy as rapidly as possible assistance provided by Member States to help stop the spread of this dreadful epidemic," said Kristalina Georgieva, European Commissioner for International Cooperation, Humanitarian aid and Civil Protection. *"Our job is to make sure that European aid reaches those who need it as fast as possible".*

Further assistance, including nutritional supplies, will be ferried from Europe to West Africa in the coming days as part of the coordinated EU response.

Background

The European Commission has been scaling up its response to the Ebola epidemic since **March 2014 and has until now pledged some €180 million to help the affected countries** (Guinea, Sierra Leone, Liberia, and Nigeria). This assistance comes on top of assistance offered by the EU Member States. Humanitarian experts, mobile laboratories and teams of specialists from the European Mobile Laboratory project for dangerous infectious diseases have been deployed in the region, providing diagnostic support, monitoring the situation and liaising with humanitarian partner organisations and local authorities.

The European Commission is also working closely with the EU Member States through the Health Security Committee (HSC) to share information about the latest developments and coordinate the collective European response. The HSC has also produced a travel advice leaflet, available in all EU languages.

The EU Civil Protection Mechanism (EUCPM) facilitates co-operation in disaster response, preparedness, and prevention among 31 European states (EU-28 plus the Former Yugoslav Republic of Macedonia, Iceland and Norway). The European Commission manages the Mechanism through the Emergency Response Coordination Centre. Operating 24/7, the ERCC monitors risks and emergencies around the world and serves as an information and coordination hub during emergencies. Through the EUCPM, the Commission also provides financial support to transport operations.

For more information:

Website of EuropeAid Development and Cooperation DG:

http://ec.europa.eu/europeaid/index_en.htm

The European Commission's humanitarian aid and civil protection:

http://ec.europa.eu/echo/index_en.htm

Factsheet on the EU response to the Ebola epidemic:

http://ec.europa.eu/echo/files/aid/countries/factsheets/thematic/wa Ebola_en.pdf

Factsheet on the Union Civil Protection Mechanism:

http://ec.europa.eu/echo/files/aid/countries/factsheets/thematic/civil_protection_en.pdf

The EU's response to the Ebola crisis (Speech by Commissioner Kristalina Georgieva at the European Parliament): http://europa.eu/rapid/press-release_SPEECH-14-609_en.htm

Brussels, 7 October 2014

2. EBOLA CRISIS: EU ORGANISES AIRLIFT OPERATION TO WEST AFRICA

The European Union is scaling up its response to the Ebola disease in West Africa with an airlift operation to the affected countries. The European Commission's Emergency Response Coordination Centre (ERCC) will facilitate the transportation of relief items to West Africa. In addition, the EU will fund and coordinate if necessary the evacuation of international staff from Liberia, Guinea and Sierra Leone.

A quarter of the new €4 million funding will be allocated to UNICEF, enabling three Boeing 747 cargo planes to transport vital material to Sierra Leone, Liberia and Guinea. The first plane will take-off on Friday, carrying 100 metric tons of emergency equipment from Amsterdam to Freetown, Sierra Leone. The supplies and equipment include personal protection equipment, including masks and gloves, as well as essential medicines and hygiene supplies.

In addition, the remaining €3 million will help in the setting up of a medical evacuation system, coordinated by the ERCC, that will enable international workers in West Africa diagnosed with the Ebola virus disease (EVD) to be evacuated in less than 48 hours by plane to hospitals within Europe that are equipped to deal with the disease.

This initiative is funded from €30 million in humanitarian aid announced by the President of the European Commission, José Manuel Barroso, in New York last month during a High Level Meeting in response to the Ebola Virus Disease Outbreak convened by UN Secretary-General Ban Ki Moon.

"We are in a race against time to fight Ebola," said Kristalina Georgieva, European Commissioner for International Cooperation, Humanitarian aid and Crisis Response. "The European Commission alone has so far pledged some €180 million to help the affected countries. Funding is crucial but far from enough. That is why, together with our member States, we have been mobilising in-kind assistance including medical equipment and personnel."

Tonio Borg, European Commissioner for Health, added: *"To strengthen Europe's preparedness to handle Ebola, we have been mobilising solidarity inside the EU. We are working closely so that patients can be treated in an appropriate healthcare facility."*

The ERCC is coordinating the transportation of aid, equipment and personnel to hotspots in the countries affected by the disease. European countries such as the UK, France, Austria and Belgium have already made use of the mechanism, providing field hospitals, ambulances, sanitation products, medical isolation equipment and experts to the affected region.

Background

The European Commission has been scaling up its response to the epidemic since March 2014 and has so far pledged €180 million to help the countries affected by the Ebola virus (Guinea, Sierra Leone, Liberia, and Nigeria). Humanitarian experts, mobile laboratories and teams of specialists from the European Mobile Laboratory project for dangerous infectious diseases have been deployed in the region, providing diagnostic support, monitoring the situation and liaising with partner organisations and local authorities. Funding will also cover the reinforcement of local and regional healthcare capacities and budget support to the affected countries.

The European Commission is also working closely with the EU Member States within the Health Security Committee to keep them informed about the latest developments and secure the synchronisation of measures. The Health Security Committee has produced advice for all travellers to the affected countries, available in all EU languages.

The European Union Civil Protection Mechanism (EUCPM) facilitates co-operation in disaster response, preparedness and prevention among 31 European states (EU-28 plus the Former Yugoslav Republic of Macedonia, Iceland and Norway). The European Commission manages the Mechanism through the Emergency Response Coordination Centre. Operating 24/7, the ERCC monitors risks and emergencies around the world and serves as an information and coordination hub during emergencies. Through the Civil Protection Mechanism, the Commission also provides financial support to transport operations.

For more information:

[MEMO/14/520](#): The EU's response to help fight the Ebola outbreak in West Africa
Factsheet on the EU response to the Ebola epidemic:

http://ec.europa.eu/echo/files/aid/countries/factsheets/thematic/wa_ebola_en.pdf

The European Commission's humanitarian aid and civil protection:

http://ec.europa.eu/echo/index_en.htm

Website of EuropeAid Development and Cooperation DG:

http://ec.europa.eu/europeaid/index_en.htm

The EU's response to the Ebola crisis (Speech by Commissioner Kristalina Georgieva at the European Parliament): http://europa.eu/rapid/press-release_SPEECH-14-609_en.htm

Factsheet on the Union Civil Protection Mechanism:

http://ec.europa.eu/echo/files/aid/countries/factsheets/thematic/civil_protection_en.pdf

Brussels, 15 October 2014

3. Q&A: EBOLA AND HEALTH IMPLICATIONS FOR THE EU

The current Ebola outbreak affecting the West Africa region is the worst such outbreak on record. The World Health Organisation (WHO) has declared it a Public Health Emergency of International Concern, calling for a coordinated international response. As of 10 October, there have been more than 8399 reported cases, including 4033 deaths from the disease (Source: WHO).

To date, 10 patients have been repatriated to the EU/EEA with confirmed or suspected Ebola and the first secondary case of Ebola in Europe has been confirmed on 6 October.

What is Ebola?

Ebola virus disease (EVD) is a severe, often fatal illness. EVD outbreaks occur primarily in remote villages in Central and West Africa, near tropical rainforests but in the current outbreak the disease has also spread to urban

places. Some Ebola outbreaks have a fatality rate of up to 90%. In the current outbreak EVD is fatal in 45-70 % (average 60 %) of the people who fall ill.

What are the symptoms?

Symptoms appear between two and 21 days following exposure to the virus, with the majority of patients developing them within one week. The first symptoms are, most commonly, a sudden fever, muscle aches, weakness, headache and a sore throat. As the virus develops, additional symptoms typically include vomiting, diarrhoea, rash and malfunction of the liver and kidneys. Some patients also have profuse internal and external bleeding and multi-organ failure.

How is Ebola transmitted?

Ebola is transmitted through direct contact with blood or other bodily fluids (e.g. saliva, urine, secretions, semen, stool, breast milk and organs) from infected people, dead or alive. It can also be transmitted via unprotected sexual contact. Humans can also catch the disease from direct contact with blood and other bodily fluids and organs from wild animals, dead or alive, such as monkeys, forest antelopes and bats.

However, Ebola is not transmitted by air and individuals do not transmit the virus before showing symptoms. Neither is there evidence that mosquitos transmit the virus.

What is the risk for European health workers in the affected areas? What help can they expect from the EU?

Ebola poses the greatest risk to the European citizens who are currently present in the affected countries, most notably to the health staff and volunteers helping to stop the spread of Ebola. In their case the European Commission, upon discussion in the European Health Security Committee (HSC), has agreed on the crucial importance of reliable systems of medical evacuation for humanitarian staff and medical workers in the affected countries to maintain an effective international response on the ground.

Accordingly, the Commission launched work to develop a European mechanism for medical evacuations. The European Commission's Emergency Response Coordination Centre (ERCC) facilitates the transport of relief items to West Africa and will, if necessary, fund and coordinate the evacuation of international staff from Liberia, Guinea and Sierra Leone. See [IP/14/1108](#).

Is the repatriation of Ebola patients a public health risk for the EU?

The first secondary case of Ebola in Europe was confirmed on 6 October 2014. The patient is a nurse who took care of an Ebola patient who had been repatriated to Spain for medical care after contracting the virus in Liberia, and subsequently died. This case demonstrates that bringing Ebola patients to the EU for treatment is not absolutely risk free. However, the risk of Ebola viruses spreading from an EVD patient who arrives in the EU as result of a planned medical evacuation is considered low by the European Centre for Diseases Prevention and Control.

Should there be obligatory screening tests for Ebola in European airports?

The possibility of a traveller with Ebola returning to the EU before becoming sick or while sick remains low, but cannot be excluded.

Exit screening is already in place in airports in the affected countries. Discussions are on-going on whether there is an added value in screening incoming travellers at EU borders. This issue is being discussed within the HSC with a view to exchanging information, ensuring that any national measures are complementary and co-ordinated. In the meantime, one Member State has introduced entry screening.

The Commission is also organising a high level co-ordination meeting in Brussels on 16 October 2014 focusing on entry screening.

Is the EU prepared for more Ebola cases in Europe?

The Commission has been working on preparedness and coordination of risk management together with Member States and with the support of the European Centre for Disease Prevention and Control (ECDC) and the World Health Organisation since the outbreak began. The EU Health Security Committee (HSC), established under the Decision of the European Parliament and of the Council on serious cross border threats to health is coordinating the exchange of information and coordination of preparedness, in response to Ebola in the EU.

So far, during the outbreak, the HSC has:

- activated networks for secure hospital facilities
- activated networks for high security laboratories to ensure all Member States can access such laboratories to diagnose EVD;
- endorsed information for travellers which is published in all EU languages;
- approved key media messages, which have been translated into all EU languages;
- undertaken work on procedures for airports and health authorities on handling possible cases of Ebola identified during a flight and on preparedness of health systems for treating Ebola cases; and
- endorsed a case definition allowing for identification of Ebola cases in the EU.

How well are individual EU countries equipped to treat a patient with Ebola?

According to the analysis by ECDC of the information provided by national authorities, most Member States seem to be well prepared. The most challenging issues concern the evacuation from affected countries and treatment in the affected countries.

There are potentially further challenges for some Member States in access to treatment facilities, transport of patients, availability of laboratories, expertise and resources. In the spirit of solidarity, the HSC is coordinating the sharing of certain key resources which Member States have offered to put at the disposal of other countries if required. These include offers of support on medical evacuation, treatment and diagnostic facilities.

Could Ebola reach the same proportions in Europe as in West Africa?

This would be highly unlikely, firstly, because of the specific conditions for transmission of the Ebola virus as described above, i.e. direct contact with a symptomatic patient's bodily fluids. Furthermore, it is important to consider that the EU has very high standards of healthcare and preventive care.

Is there a medicine or a vaccine for Ebola?

There is currently no authorised or proven treatment for Ebola. The WHO, together with regulatory partners, are urgently working to identify potential viable candidate treatments, as early supportive treatment is an important factor for the clinical outcome.

The European Medicines Agency stands ready to cooperate with the Commission and Member States to facilitate the availability of any treatment, either together with the WHO for use outside of the EU (so-called Article 58 procedure), or use within the EU through compassionate use or accelerated review procedures (with rapid prequalification from WHO).

On the research front, the Commission intends to quickly mobilise funds from Horizon 2020 via an emergency procedure to support clinical trials on candidate vaccines and therapies. The details are under discussion with the World Health Organisation and the European Medicines Agency in order to define the most appropriate research actions that could add value.

On 26 September 2014, the European Medicines Agency started to review available information on Ebola treatments currently under development. The goal is to provide an overview of the current state of knowledge about the various experimental medicines to support decision-making by health authorities.

Where can I find updates on the latest developments?

Updated figures on reported Ebola cases and deaths can be found on the WHO website: <http://www.who.int/csr/disease/ebola/situation-reports/en/>

All latest documents, including the latest ECDC risk assessment, traveller's advice leaflet, summaries of HSC meetings, and Member State-specific links and information, can be found on the Commission's website: http://ec.europa.eu/health/ebola/index_en.htm

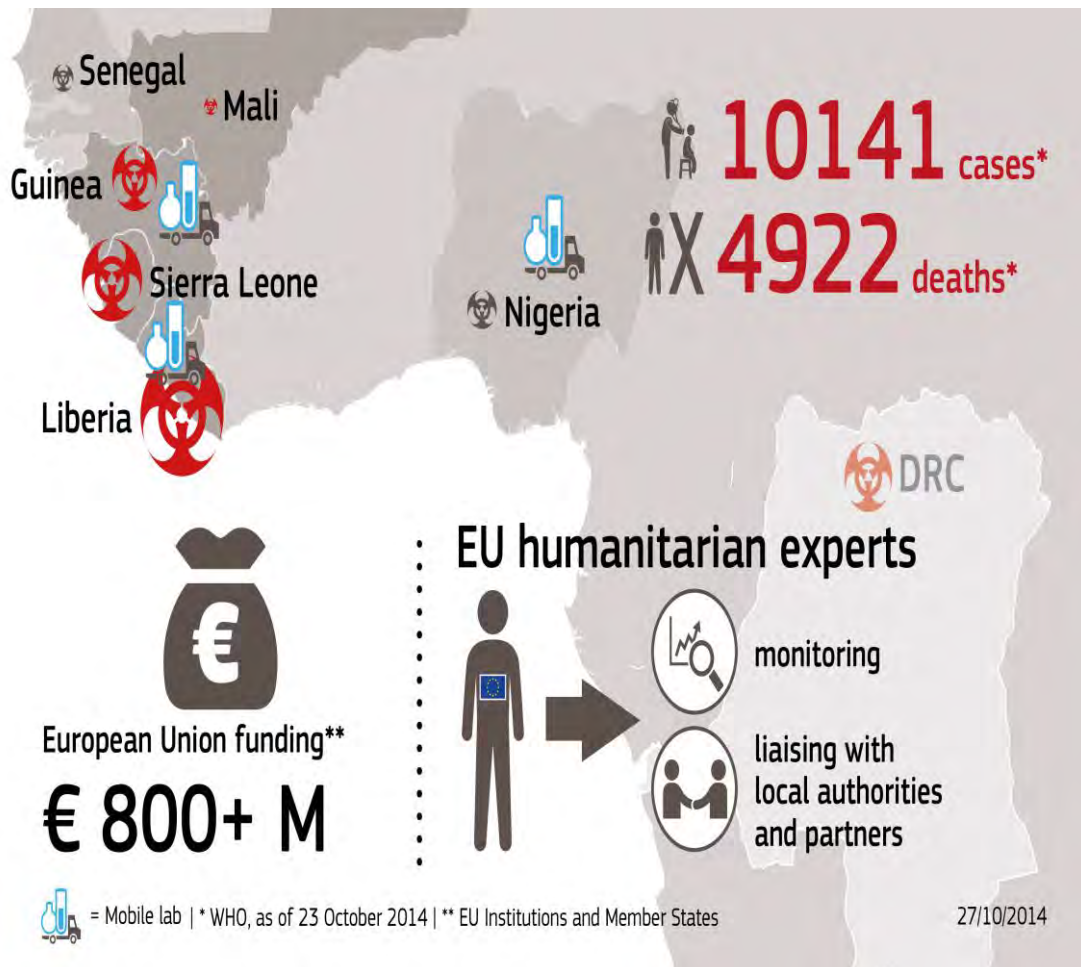
Other links of interest:

- **ECDC:** <http://www.ecdc.europa.eu/en/Pages/home.aspx>
- **WHO:** <http://www.who.int/csr/disease/ebola/en/>

Brussels, 27 October 2014

4. THE EU'S RESPONSE TO THE EBOLA OUTBREAK IN WEST AFRICA

The current Ebola outbreak is affecting the West Africa region: Liberia, Sierra Leone, Guinea and now Mali. By 23 October, there have been more than 10141 reported cases, including 4922 deaths from the disease, according to the World Health Organisation (WHO). The disease has already claimed the lives of more than 240 health workers.



What are the challenges and needs?

The Ebola epidemic presents major challenges related to transport, coordination, equipment, and the availability of trained medical staff.

Air transport (commercial air services, air ambulances, or even military airlift) is essential for tackling the epidemic, notably for the entry and circulation of health workers and supplies, medical evacuation and keeping EU diplomatic missions operational in the countries concerned. Closure of borders, suspension of flights and absence of traffic rights for air ambulances are all hampering efforts to solve the situation.

Limited access to some areas in the affected countries also complicates the registration and isolation of patients. Lack of medical equipment to isolate patients and protect medical staff is a further challenge.

The immediate needs include tracing of people in contact with Ebola patients, supplying treatment centres and equipment and secure transport for medical staff and supplies. A scaling up of the presence of trained medical staff is needed.

There are large associated needs, such as social mobilisation, basic health care and response to the growing food insecurity, especially in the quarantined areas.

What is the EU doing to help?

The European Union has contributed over 800 million EUR in financial assistance to the fight **against the epidemic. This includes funding from the European Commission (more than €200 million) and Member States.**

The Commission is active with financial aid, experts on the ground, supply of mobile laboratories, support to the local authorities, reinforcement of national health infrastructures, coordination for the delivery of supplies and medical evacuations.

The Commission's Emergency Response Coordination Centre (ERCC) has been monitoring developments since the outbreak started in March. An EU Ebola Task Force has been set up, bringing together Member States, Commission services, the European External Action Service (EEAS) and representatives of the UN and NGOs. The Task Force meets daily in the ERCC, which serves as a platform for coordination of the European response.

The European Council has appointed Commissioner-elect Christos Stylianides as EU Ebola Response Coordinator. His role is to reinforce the European response to the crisis.

Humanitarian aid

The European Commission has reacted to the epidemics from the outset. It is active with **humanitarian aid expertise** and international **coordination. Close to €42 million has been allocated by the Commission for humanitarian aid.**

This funding supports the provision for immediate healthcare and helps contain the spread of the epidemic. It is used by WHO, Médecins Sans Frontières and the International Federation of Red Cross and Red Crescent for the clinical management of cases, including the isolation of patients and their psychosocial support, the tracing of suspected cases, the supply of personal protective equipment, hygiene and disease awareness, transporting vital equipment to the affected region, as well as providing support to the national authorities.

EU humanitarian experts, including specialists in hazardous diseases, have been deployed to the affected countries. They are monitoring the situation and liaising with partners and the authorities.

The EU has set up **a humanitarian air bridge** to West Africa for the transportation of relief items. The EU Civil Protection mechanism has been activated for the provision of material assistance. France, Austria, Hungary, the Netherlands, Sweden, Slovakia, Norway, Finland,

Belgium and the United Kingdom have responded to the call, providing medical equipment, sanitation products and experts. The Commission supports the transport cost.

The EU has established a system for **medical evacuations** of international humanitarian workers diagnosed with the Ebola virus. It enables evacuation within 48 hours by plane to designated hospitals within Europe that are equipped to deal with the disease.

Diplomatic outreach is being done via the Delegations of the European Union and other channels in order to facilitate the humanitarian response in the countries concerned and to sensitize governments not to overreact to the crisis with regard to travel restrictions, trade impediments etc.

Help from the Member States

In addition to the collective work of the EU, Member States are providing considerable aid **directly to the affected region. So far, Member States have pledged more than € 600 million** and have provided in-kind assistance ranging from the provision of air lift capacities and personal protective equipment to vehicles and field hospitals.

Support for Ebola research

The European Commission has given €24.4 million for urgently needed Ebola research. The funding will go to five projects, ranging from a large-scale clinical trial of a potential vaccine, to testing existing and novel compounds to treat Ebola. The money from [Horizon 2020](#), the EU research and innovation programme, will be provided via a fast-track procedure in order to start work as soon as possible.

The Commission is also working with industry on the further development of vaccines, drugs and diagnostics for Ebola and other haemorrhagic diseases within the [Innovative Medicines Initiative](#).

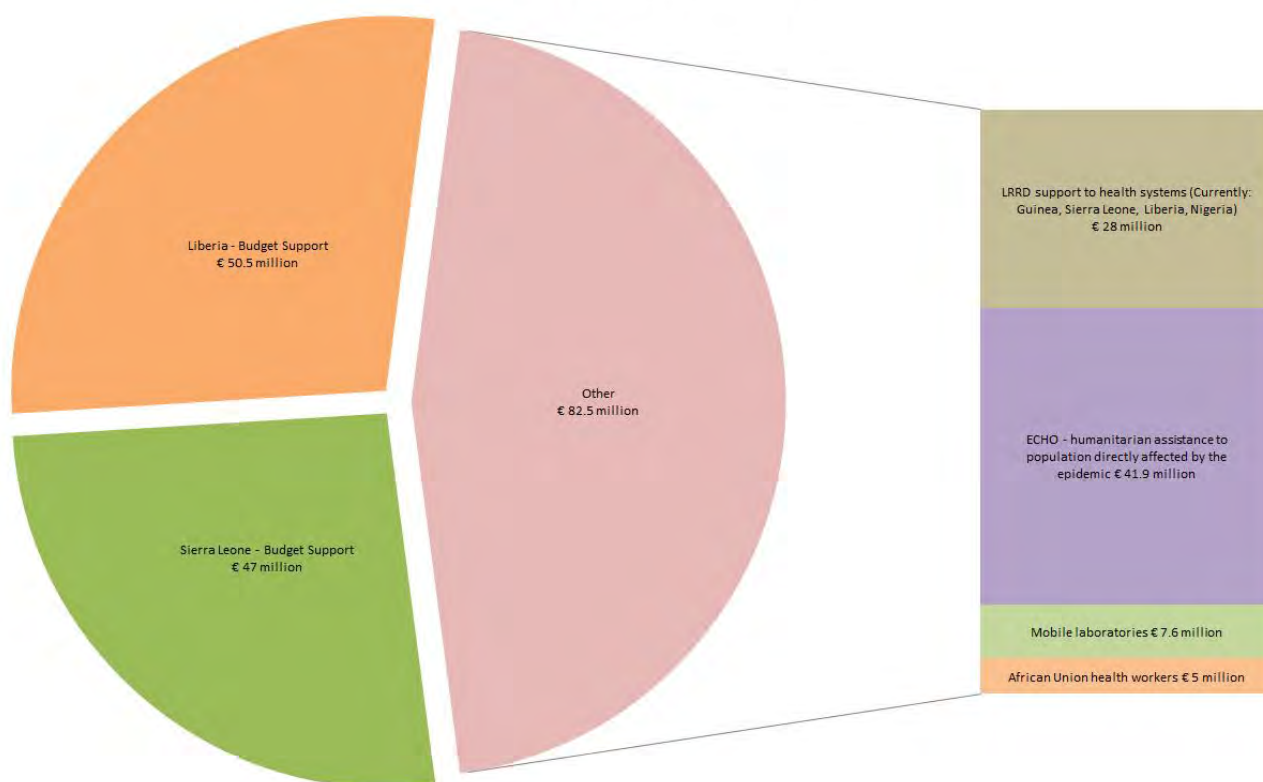
The Commission has also asked the European and Developing Countries Clinical Trials Partnership (EDCTP) to include emerging epidemics of concern to Africa, including Ebola, in its work plan. This will allow EDCTP to fund clinical trials on drugs, vaccines and diagnostics in upcoming calls.

Longer-term Development Assistance

The European Commission has mobilised over €137 million in development assistance for the countries currently affected by the Ebola virus in West Africa: Guinea, Sierra Leone and Liberia. This includes:

- €28 million to strengthen healthcare systems, including in the areas of healthcare provision, food security, water and sanitation through an LRRD (Linking Relief Rehabilitation and Development) approach
- €97.5 million will be spent by front loading Budget Support operations to Liberia and Sierra Leone to reinforce governments' capacity to deliver public services - in particular health care - and maintain macro-economic stability
- €5 million will be provided to the newly established mission of the African Union (AU) "Support to Ebola Outbreak in West-Africa" (ASEOWA). This will support some 100 AU health workers to practice in Sierra Leone and Liberia
- €7.6 million towards providing mobile laboratories for the detection of the virus and training health workers, in Guinea, Nigeria and Liberia.

EU EBOLA RESPONSE PACKAGE



Apart from this package, the EU has activities in the health sector under ongoing and future development programmes.

In **Guinea**, health is one of the focal sectors for EU development cooperation which is provided through the European Development Fund (EDF). A large-scale project was **launched at the end of last year to support the health sector in Guinea. Amounting to €29.5 million, it includes a €9.5 million contribution from the Agence Française pour le Développement.** The project aims to build the capacities of the Ministry of Health, improve access to quality basic health services and ensure the access to essential medicines. Health facilities are supported, among other activities, through the training of health workers (midwives, technicians, state-employed nurses) as well as the construction, expansion and rehabilitation of facilities and equipment. The Forest region has been identified as the main area of intervention.

The budget foreseen for health in the 11th EDF for the period 2014-2020 is **€40 million and €84 million for urban sanitation.**

Under the 11th EDF, the EU is also considering a State Building Contract for Guinea in 2015, if the conditions are met. This would also contribute to mitigating the negative economic effects of the crisis, e.g. by helping to reduce budgetary gaps.

The EU is also currently financing (as part of its €1 billion MDG initiative) a programme in **Sierra Leone that focuses on maternal health (€24.2 million).** This project, implemented by UNICEF, supports the Free Health Care Initiative of the government of Sierra Leone and community institutions to deliver better health services, especially to pregnant and lactating mothers and to children. It helps to provide drugs and medical supplies, as well as trained doctors and health workers, and deliver food products and micronutrients (such as vitamins), for treating malnutrition.

In **Liberia** there is an ongoing Health Sector Support programme to help the government to **deliver under the government's** wider health plan and assist progress towards MDG 5 on maternal health, and since 2012 the EU has supported the Government of Liberia, with **payments amounting to €19.8 million from an overall programme of €39.8**. The EU plans within the next month to pay the remaining amount to the Government of Liberia. The EU is also providing support to the governments of Sierra Leone and Liberia to deliver public services and macro-economic stability via general Budget Support.

In **Nigeria**, **€240 million of support to the** health, nutrition and resilience sectors is foreseen for the 2014-2020 period (part of the 11th European Development Fund). This support will focus on improving policy and institutional governance to enhance the health and nutrition and strengthen the resilience of Nigeria's most vulnerable households, with a specific focus on the North of the country.

Several European specialist teams of the European Mobile Laboratory (EMLab) project for dangerous infectious diseases have been dispatched to Guinea and Nigeria and Liberia, with three mobile laboratories to support with viral haemorrhagic fever diagnostics, rapid analyses of samples and confirmation of cases. The laboratories have tested over 5,000 samples in Guinea, Nigeria and Liberia, providing quick diagnosis in only 4 hours. Their processing capacity is of 70 samples a day and they have diagnosed over 1,000 cases. Further, a fourth mobile laboratory, more robust and self-sustained, will be sent to the region in early 2015 to reinforce diagnosis capacity for the outbreak and train local specialists.

For more information:

Ebola coordination site:

http://europa.eu/newsroom/highlights/special-coverage/ebola/index_en.htm

For information on Ebola & EU's public health preparedness, see MEMO/14/588: http://europa.eu/rapid/press-release_MEMO-14-588_en.htm

Website of the European Commission Health and Consumer DG:

http://ec.europa.eu/health/preparedness_response/risk_management/ebola/index_en.htm

Commissioner Georgieva's website:

http://ec.europa.eu/commission_2010-2014/georgieva/index_en.htm

The European Commission's work on humanitarian aid and crisis response:

<http://ec.europa.eu/echo/en>

Website of the European Commissioner for Development, Andris Piebalgs:

http://ec.europa.eu/commission_2010-2014/piebalgs/index_en.htm

Website of DG Development and Cooperation - EuropeAid:

http://ec.europa.eu/europeaid/where/index_en.htm

Tonio BORG

Commissioner for Health

5. OPENING SPEAKING NOTE AT THE EBOLA HIGH LEVEL CO-ORDINATION MEETING

Ebola: High Level Co-ordination Meeting – Borschette Centre

Brussels, 16 October 2014

Ministers, Secretaries of State,

Ladies and gentlemen,

Welcome to this high level co-ordination meeting.

Let me first warmly thank you – in particular all the Ministers and Secretaries of State who are present here - for coming to Brussels at such a short notice to discuss measures on Ebola.

The sheer fact that 21 Ministerial level representatives are here, on a 3-day notice testifies to your commitment and engagement to address Ebola.

Indeed, in the past few days we have seen rapidly growing concern amongst our citizens about Ebola – citizens fear that the virus could spread in Europe – and extensive media interest.

I believe it is important that we remain vigilant and consider all the means of preparedness to secure the health and safety of our citizens.

But let me make this absolutely clear; the decision of which measures to apply to guard one's borders against the Ebola virus disease remains exclusively within the remit of the sovereign states which form the Union.

However, as foreseen in the European Union Decision on Cross border health threats of 22 October 2013, there is a duty of the Commission to consult with Member States with a view to co-ordinate efforts "to develop, strengthen and maintain the Member States' capacities for monitoring, early warning, assessment and response to serious cross-border threats to health".

Article 11 of the same Decision further foresees that Member States shall consult each other within the Health Security Committee, in liaison with the Commission, with a view to co-ordinate national responses to cross-border health threats.

It is in this context that Minister Lorenzin and myself have invited you to this meeting today; so that we can exchange information and discuss possible entry measures at EU borders in response to the Ebola crisis.

One important clarification: We are meeting here as Commission and representatives of the EU Member States and countries of the European Economic Area to discuss an important issue that concerns us all.

As such, this is not in any way an extraordinary Council meeting; and we are not here to formally agree or adopt any conclusions. We are here to discuss possible options to address a very important issue.

I would like to stress that the European Commission is fully committed to helping the affected countries in every way we can; and to supporting international efforts aimed at bringing the Ebola epidemic to an end as soon as possible.

This epidemic is unprecedented in scale and is estimated to get worse before it gets better. The numbers of people who contract the virus are currently doubling every 3 to 4 weeks.

Ebola is a cause of massive suffering to tens of thousands of people in Guinea, Liberia and Sierra Leone.

I am sure you will join me in expressing condolences to the thousands of people – adults, children, health professionals – whose lives have been destroyed by the virus; and in saluting the great courage and determination shown by the people of those countries, and those working on the ground to fight the disease.

The commitment of the European NGOs in this respect deserves our special praise and recognition.

I believe that we need to redouble our efforts in Europe to assist them now and in the months ahead.

At the same time, I believe it is also our duty to ensure that Europe is prepared to deal with Ebola.

Indeed, we need to ensure that laboratories, primary care, hospitals and public health services stand ready to react rapidly and effectively to protect our citizens and stop Ebola from spreading if and when it arrives.

In addition, if we are to consider putting in place other measures at entry points, it is clear that such measures cannot be effective in isolation.

But borders are something that we share in the EU, in the European Economic Area and in the Schengen Area. The reduction in barriers to the movement of people and goods is, of course, a huge achievement of the EU. We can only recognise and support the economic and social value of reducing such barriers.

At the same time, we need to recognise that measures at borders can have a role to play in protecting public health.

All countries present here today, whether or not part of Schengen, have a common interest to co-ordinate the most appropriate measures at our common borders to protect the health of our citizens.

Any such measures would need to be complementary in nature.

Following the announcement from the United States of the introduction of additional screening measures at five International airports for travellers arriving from the affected countries, the European Commission asked the European Centre for Disease Prevention and Control for its scientific assessment of exit and entry screening measures.

I understand the ECDC concludes that such screening, from a scientific point of view, would have limited effectiveness; and would not detect all the possible people infected with the virus.

For me however, as European Commissioner for Health, every person with the virus we detect through screening is one life saved; potentially many lives saved.

Every person we can treat and cure because we could detect this person through entry screening justifies considering entry screening.

I therefore see added value in entry screening; in terms of providing information to travellers, providing information to the crew, reassuring our citizens; and possibly identifying infected passengers.

I am informed that on Tuesday this week, the Commission Services discussed with the EU Health Security Committee some options for possible additional measures at entry.

At that meeting, most of the Committee members who spoke did not favour introducing entry screening.

Instead, they favoured reinforcing measures to ensure that travellers entering Europe coming from the affected countries have appropriate information on Ebola and on what to do should they develop symptoms of the disease.

This could be complemented by enhanced information for crew, airport staff and front line healthcare providers.

However, some countries are clearly still considering how best to proceed. Furthermore, the situation continues to evolve. The interest in considering further this question is clear from your participation here today.

My hope for this meeting is that we can agree to exchange information and co-ordinate national measures.

Before I pass the floor to Beatrice Lorenzin, Minister of Health of Italy, let me present our suggested agenda (which you have received some days ago):

After the Minister, we planned that the Commission makes a short presentation on options for entry measures; and that afterwards we have an open discussion about such options.

I would like to ask if everyone agrees with the proposed agenda – or whether anyone wishes to suggest any changes.

Thank you – I will now hand over to Beatrice Lorenzin.

Brussels, 23 October 2014

6. EUROPEAN UNION TO BOOST EBOLA RESEARCH WITH €24.4 MILLION

The European Commission has today announced €24.4 million from the EU budget for urgently needed Ebola research. The funding will go to five projects, ranging from a large-scale clinical trial of a potential vaccine, to testing existing and novel compounds to treat Ebola. The money from [Horizon 2020](#), the EU research and innovation programme, will be provided via a fast-track procedure in order to start work as soon as possible. The Commission is also working with industry on the further development of vaccines, drugs and diagnostics for Ebola and other haemorrhagic diseases within the [Innovative Medicines Initiative](#).

The President of the European Commission, José Manuel Barroso said: *"We're in a race against time on Ebola, and we must address both the emergency situation and at the same time have a long term response. I am therefore happy to announce that additional funding of €24.4 million will be made available which will speed up some of the most promising research to develop vaccines and treatments."*

"With the WHO bringing the international community together in Geneva today, one of the most important messages is that we need to step up medical research on Ebola," said EU Research, Innovation and Science Commissioner Máire Geoghegan-Quinn. *"These projects enlist the best academic researchers and industry to take the fight to this deadly disease."*

The funding will be provided following proposals from teams across the EU and in numerous 3rd countries, which were evaluated by an independent group of experts (see annex for chosen projects).

Professor Peter Piot, Director of the London School of Hygiene and Tropical Medicine, and one of the discoverers of Ebola, reacted to the funding announcement: *"I very much welcome the Commission's decisive action to support a series of clinical trials and studies on the Ebola virus as part of Europe's contribution to end the Ebola crisis, which has already cost the lives of so many people."*

The Commission has also asked the [European and Developing Countries Clinical Trials Partnership \(EDCTP\)](#) to include emerging epidemics of concern to Africa, including Ebola, in its work plan. This will allow EDCTP to fund clinical trials on drugs, vaccines and diagnostics in upcoming calls.

The announcement comes as the WHO hosts a high level meeting in Geneva today, involving the international community and industry representatives. The meeting is to discuss access to near-term vaccines, the financing of vaccine and immunisation campaigns and the design, production capacity, regulation and indemnity of clinical trials.

Background

The European Union has been active from the early stages of the crisis. The European Commission alone has so far pledged €180 million of humanitarian and development aid to help the countries affected by the epidemic. This is done, for instance, by providing immediate healthcare to the affected communities and helping contain the spread of the epidemic through rapid diagnosis and disease awareness campaigns. Besides financial aid, the EU is also contributing to fight the epidemic with experts' presence on the ground and coordination for the delivery of supplies and possible evacuations.

The Commission is already funding research addressing Ebola under the EU's Seventh Framework Programme (FP7) for Research and Development: on the development of new antiviral drugs, on linking up high-security laboratories, on the clinical management of patients particularly in Europe, and on solutions to ethical, administrative, regulatory and logistical bottlenecks that prevent a rapid research response.

For more information

Ebola coordination site:

http://europa.eu/newsroom/highlights/special-coverage/ebola/index_en.htm

Factsheet on EU response to Ebola:

http://europa.eu/rapid/press-release_MEMO-14-599_en.htm

Horizon 2020 website: <http://ec.europa.eu/programmes/horizon2020/>

Brussels, 24 October 2014

7. STATEMENT BY EU EBOLA COORDINATOR AND COMMISSIONER-ELECT CHRISTOS STYLIANIDES

Upon his appointment by the European Council as the European Union's Ebola response coordinator, at the initiative of President-Elect Jean-Claude Juncker, Christos Stylianides has made the following statement:

"I have been entrusted with an immensely challenging task. The Ebola epidemic, which is ravaging lives and societies in West Africa, is putting the entire international community to the test. We need to act with determination, swiftly and in a coordinated manner to save lives and turn the tide in the fight against Ebola.

In Europe, we are well equipped to stand up to this enormous challenge. We have the knowledge and the assets to make a difference. Our Member States are doing a fantastic job in sending medical personnel and equipment and helping the victims of the disease on the ground. What we also need to do now is to act as one. We must use all the tools at our disposal in a concerted manner: what the EU has to offer and what the Member States can bring to the table.

As European Union – Member States and Commission – we have to date mobilized over 600 million euros to fight the epidemic. We have sent medical and humanitarian experts to the affected countries, and deployed mobile laboratories. We are getting vital supplies shipped to the region. We are supporting local authorities and reinforcing national health infrastructures. And we have set up a system for the evacuation of medical workers from the region.

We have also been acting to protect European citizens, in close cooperation with the health authorities of the Member States.

We now need to shift into high gear and make sure these elements work as a common European response.

As EU Coordinator, I will draw on the European Commission's Emergency Response Coordination Centre. It will act as a clearing house for transport, equipment and medical personnel, and bring together all those in Europe – Member States and EU institutions – who are working on the fight against Ebola.

I intend to travel to the affected region early November. This will allow me to better assess the needs and gaps in our efforts and help decide our next steps. I will work closely with our Member States, with my

colleagues in the Commission and the European External Action Service. And I will make sure our response is joined up with our international partners and the UN. An advance team of senior EU experts is being deployed to the region already this weekend."

Brussels, 06 November 2014

8. EBOLA RESPONSE: EUROPE SCALES UP AID ON SEVERAL FRONTS

A new European aid operation is being launched today to deal with the Ebola epidemic in West Africa. Luxembourg was the first EU member state to commit an aircraft for medical evacuation operations; furthermore, a Dutch ship left today from the port De Helder in The Netherlands, carrying ambulances, laboratories, mobile hospitals and other facilities. It is the largest transport operation organised by Europe and coordinated by the European Commission. In addition, the Commission and the European pharmaceutical industry are boosting European research on the Ebola virus with € 280 million. This funding from Horizon 2020 and industry will allow Europe to step up vaccine and medication development on Ebola. With this announcement, a total of more than € 1 billion has been pledged by Member States and the European Commission for the Ebola crisis. The European Coordinator in the fight against Ebola, Christos Stylianides and the European Commissioner Vytenis Andriukaitis will visit Sierra Leone, Liberia and Guinea from November 12 to 16 to assess the situation and demonstrate European solidarity with the victims and aid workers on the ground. All these concerted actions are obviously positively welcomed by the President of the European Commission, Jean-Claude Juncker. *(for more information: Catherine Ray – Tel.: +32 229 69921; Lucia Caudet – Tel.: +32 229 56182)*

Other News

Mergers: Commission clears acquisition of Linpac by SVP

The European Commission has approved under the EU Merger Regulation the acquisition of Linpac Packaging Limited (Linpac) by Strategic Value Partners LLC (SVP). Linpac is a European supplier of plastic packaging for food. SVP is a global investment firm headquartered in the US that manages hedge funds and private equity funds. The Commission concluded that the proposed transaction would not raise competition concerns as the activities of Linpac and SVP do not overlap and the vertical relationship between them is limited. The operation was examined under the simplified merger review procedure. More information is available on the Commission's [competition](#) website in the public [case register](#) under the case number [M.7412](#). *(for more information: Ricardo Cardoso – Tel.: +32 229 80100)*

Mergers: Commission opens in-depth investigation into proposed acquisition of Greek gas transmission system operator DESFA by SOCAR

The European Commission has opened an in-depth investigation to assess whether the proposed acquisition of the Greek gas transmission system operator DESFA by the State Oil Company of Azerbaijan Republic (SOCAR) is in line with the EU Merger Regulation. The Commission aims to ensure that the sale of DESFA will not result in competitive harm and ultimately higher gas prices for consumers in Greece. The opening of an in-depth inquiry does not prejudice the outcome of the investigation. The transaction was notified to the Commission on 1 October 2014. The Commission now has 90 working days, until 23 March 2015, to take a decision. [Full press release is available online](#). *(for more information: Ricardo Cardoso – Tel.: +32 229 80100)*

Statements

Commissioner Hill on Capital Markets Union: Finance serving the economy

Today, in Brussels, Commissioner Hill opened the [High Level conference Finance for growth – Towards a Capital Markets Union](#) by presenting his priorities as Commissioner responsible for Financial Stability, Financial Services and Capital Markets Union. The conference addresses the following issues: how to kick-start growth, how to bring together public and private funding, how to increase the options businesses have for financing and how to get our economies back on track for the longer term. C said: "Good regulation underpins financial stability. It was a lack of regulation that contributed to the financial crisis. But right now, there is something else that threatens financial stability:

lack of growth. President Juncker has rightly put jobs and growth at the top of his priorities. Therefore, as Commissioner, I will be looking at everything I do through the prism of jobs and growth. [...] It is in all our interests to have a successful, competitive financial services sector. We do not make our economy stronger by making our financial services weaker. I want financial services to be seen as part of the economic mainstream, not cut off from society at large. [...] I will be bringing forward proposals to deliver a Capital Markets Union; a project for all 28 EU Member States. [...] My ambition is clear: to help unlock the capital around Europe that is currently frozen and put it to work in support of Europe's businesses, particularly SMEs. And that is where the Capital Markets Union, a new frontier of Europe's single market, comes in." [The full speech is available online.](#) (for more information: *Margaritis Schinas – Tel.: +32 22960524; Audrey Augier – Tel.: +32 229 71607*)

Statement by Vice-President Maroš Šefčovič, responsible for Energy Union, following the announcement by Naftogaz to transfer the first tranche of 1.45 bn USD to Gazprom

"I am delighted to hear that Ukraine's Naftogaz has kept its end of the bargain and paid the first tranche of its debt to Russian's Gazprom as the result of successful negotiations between Kiev and Moscow moderated by the European Commission. With winter at the doorstep it is essential that gas flow from Russia to Ukraine can be restarted. This is an important step in order to secure gas flows for citizens and business in Ukraine and in the European Union alike. The recent positive developments prove that with extensive cooperation of the European Commission with our partners in Ukraine and Russia as well as with International financial bodies solutions can be found even to the most difficult problems." Watch the [recorded statement on EBS](#).

Statement by the European Commission and the European Central Bank following the first post-programme surveillance mission to Portugal

A staff team from the European Commission, in liaison with staff from the European Central Bank, undertook the first visit to Portugal in the context of the post-programme surveillance (PPS) on 28 October to 4 November. This was coordinated with the IMF's first post programme monitoring (PPM) mission. Overall, the economic and financial conditions in Portugal have improved since the end of the EU/IMF supported programme in June. This statement presents the progress made and the remaining challenges for the Portuguese economy. In addition, an assessment of the Portuguese banking sector and of Portugal's structural reforms complements the observations of the post-programme surveillance mission. The full statement is available online in [English](#) and [Portuguese](#). (for more information: *Margaritis Schinas – Tel.: +32 229 60524; Audrey Augier – Tel.: +32 229 71607*)

Announcements

Moldova: Commissioner Hahn on his first mission to a partner country

Commissioner Johannes Hahn is visiting Moldova today on his first mission as the new Commissioner for Neighbourhood Policy and Enlargement Negotiations. During his visit he will be meeting President Nicolae Timofti, Prime Minister Iurie Leancă and Chairman of Parliament Igor Corman. On this occasion Commissioner Hahn and Prime Minister Leancă will be signing the Memorandum of Understanding on the Single Support Framework for EU support to the Republic of Moldova for the period of 2014-2017 together with a financing agreement to support the implementation of the Deep and Comprehensive Free Trade Area with Moldova. The Single Support Framework aims at providing the necessary assistance for the implementation of the commitments and policy objectives defined in the EU-Republic of Moldova Association Agreement and Agenda. Upon arrival Commissioner Hahn said: 'Moldova is a European country and its efforts to implement the European values make it an important partner for the EU and a frontrunner of the Eastern Partnership. As Moldova and the EU come closer, the benefits and opportunities from embracing the European values will become more visible and more tangible. I am here today to confirm that Moldova can count on the EU.' (for more information: *Maja Kocijancic - Tel. +32 229 86570; Anca Paduraru – Tel.: +32 229 66430*)

High Representative/Vice President Federica Mogherini travels to the Middle East from 7 to 9 November

High Representative of the European Union for Foreign Affairs and Security Policy/ Vice President Federica Mogherini will be travelling to the Middle East from Friday 7 to Sunday 9 November. She will be visiting Tel Aviv – Jerusalem – Gaza and Ramallah where she will be meeting with Israel Prime Minister Benjamin Netanyahu and Foreign Minister Avigdor Lieberman as well as Palestinian President Mahmoud Abbas Prime Minister Rami Hamdallah. This first visit of Federica Mogherini as High Representative/Vice president in the region is a signal of the priority given to the Middle East by the EU and her will to play a role in the stabilization, reconstruction and revival of the peace process. The [Middle East Peace Process](#) is the key issue for EU and our relation with the immediate

neighbourhood. (for more information: Maja Kocijancic - Tel. +32 229 86570; Nabila Massrali – Tel.: +32 229 69218)

Commissioner Cecilia Malmström travels to Berlin on Monday 10 November

Commissioner Cecilia Malmström will be traveling to Berlin in one of her first trips of her new mandate as Commissioner for Trade. During this visit she will be meeting Minister for Economic Affairs and Energy and Vice Chancellor of Germany Sigmar Gabriel and Reiner Hoffman, the President of the German Confederation of Trade Unions (DGB). (for more information: Daniel Rosario – Tel.: +32 229 56185)

9. EBOLA RESPONSE: EU SCALES UP AID WITH PLANES, MATERIAL AID AND RESEARCH SUPPORT

Brussels, 06 November 2014

The European Union and its Member States have now pledged more than €1 billion in response to the Ebola crisis in West Africa. This means the Union has already gone beyond the target set by the European Council on 24 October for €1 billion in assistance to stem the epidemic.

The EU is boosting its investment in Ebola research, sending more material aid and providing new capacity for medical evacuations of international aid workers.

This announcement comes just ahead of the mission of the European Union's Ebola Coordinator and Commissioner for Humanitarian Aid and Crisis Management Christos Stylianides and the Commissioner for Health, Vytenis Andriukaitis to the Ebola-affected countries in West Africa,

The European Commission, together with the European pharmaceutical industry, is launching a €280 million call for proposals to boost research on Ebola. This will help address the current epidemic and manage future outbreaks.

The European Commissioner for Research, Science and Innovation Carlos Moedas said: *"The EU is determined to help find a solution to Ebola. We are putting our money where our mouth is and boosting EU research on Ebola with an additional €280 million. With this funding from Horizon 2020 and our industry partners, we are stepping up the development of new vaccines and medications to help save lives around the world"*.

The EU is also beginning its biggest single operation of transporting material assistance to the affected countries. A Dutch ship is sailing today from the Netherlands, loaded with ambulances, mobile hospitals, laboratories and other equipment. The cargo has been provided by nine Member States (AT, BE, CZ, FI, HU, NL, RO, SK, UK) and UNICEF. The EU Civil Protection Mechanism is coordinating the operation.

"By pooling our resources, Europe's efforts make a much bigger difference on the ground. At a moment when the availability of medical evacuations is such a crucial factor for encouraging more medical workers to join the Ebola response, I particularly welcome Luxembourg's leadership on this priority with the contribution of specially equipped planes," said Commissioner Stylianides.

Luxembourg has become the first EU Member State to commit aeroplanes for European medical evacuation operations of international humanitarian workers diagnosed with Ebola. The two planes are retrofitted for the purpose with co-funding by the European Commission which will also finance the bulk of the transport costs for evacuations under the EU Civil Protection Mechanism.

Background

The European Union has been active in the response to the Ebola emergency from the start. With today's announcement, more than € 1 billion has been pledged by Member States and the European Commission for this crisis. On 24 October 2014 the European Council appointed Christos Stylianides as the EU Ebola Coordinator.

Mobile laboratories, humanitarian experts, and specialists in dangerous infectious diseases have been deployed to the region. Material assistance: from protective medical equipment through ambulances to field hospitals, has been provided by Member States under the coordination of the European Commission. The Commission is supporting the building and recovery of the health services of the affected countries and is funding research into Ebola vaccines.

The €280 million call for proposals, launched today by the European Commission and the European pharmaceutical industry, is under the Innovative Medicines Initiative (IMI). €140 million will come from Horizon 2020, the EU's framework programme for research and innovation, and €140 million from the

pharmaceutical companies which are members of the European Federation of Pharmaceutical Industries and Associations (EFPIA).

The call for proposals will use a new fast-track procedure to get successful projects up and running early next year. The research will involve large-scale clinical trials of new vaccines in the Ebola-affected countries as well as the development of fast diagnostic tests and new approaches to manufacture and distribute vaccines.

For more information

EU websites on Ebola response:

http://europa.eu/newsroom/highlights/special-coverage/ebola/index_en.htm

http://ec.europa.eu/health/ebola/index_en.htm

Factsheet on EU response to Ebola:

http://europa.eu/rapid/press-release_MEMO-14-599_en.htm

Factsheet on ERCC

http://ec.europa.eu/echo/files/aid/countries/factsheets/thematic/ERC_en.pdf

IMI website

www.imi.europa.eu

Horizon 2020 website

<http://ec.europa.eu/programmes/horizon2020/>

10. WEDNESDAY 12 NOVEMBER TO SUNDAY 16 NOVEMBER: COMMISSIONERS STYLIANIDES AND ANDRIUKAITIS VISIT EBOLA-AFFECTED COUNTRIES IN WEST AFRICA

The news:

Less than two weeks into the Commission's mandate, Commissioner Christos Stylianides and Commissioner Vytenis Andriukaitis are going to travel to the epicentre of the Ebola crisis. Commissioner for Humanitarian aid and Crisis Management Stylianides, who is also the EU Coordinator for Ebola, and Commissioner for Health Andriukaitis will visit Liberia, Guinea and Sierra Leone.

The purpose of the mission is for the two Commissioners to see where the needs are greatest, how European assistance is making a difference, how the priorities of the response on the ground are evolving and how Europe can continue to deal with the Ebola challenge in a well-coordinated way

The Commissioners will meet with government representatives and members of the humanitarian community leading the international response on the ground.

The background:

The Ebola virus outbreak has seen more than 13,567 cases and has claimed more than 4900 lives. The affected countries are Liberia, Sierra Leone, Guinea, Nigeria, Senegal and Mali. The World Health organization has declared Senegal and Nigeria Ebola-free.

The European Union has engaged in the response to the Ebola emergency from its start. Collectively, Member States and the European Commission have mobilized **more than €1 billion in assistance.**

Mobile laboratories, humanitarian experts and specialists in dangerous infectious diseases have been deployed to the affected region. Material assistance has been

provided by Member States under the coordination of the European Commission. The Commission is supporting the building and recovery of the health services of the affected countries and is funding research into Ebola vaccines. The European Council of 24 October 2014 appointed Commissioner Christos Stylianides as EU Ebola Coordinator.

The event:

12 and 13 November 2014: Commissioners Stylianides and Andriukaitis visit Sierra Leone;

14 November 2014: the two Commissioners visit Liberia

15 November 2014: they visit Guinea Conakry.

Press events are to be confirmed. Press material about the EU's Ebola response will be available during the trip.

- Available on EbS

The sources:

Ebola response on the website of the European

Commission: http://europa.eu/newsroom/highlights/special-coverage/ebola/index_en.htm

Latest press release on EU assistance: http://europa.eu/rapid/press-release_IP-14-1462_en.htm

11. EU BOOSTS ANTI-EBOLA AID AFTER COMMISSIONERS' MISSION TO WORST-HIT COUNTRIES

Brussels, 17 November 2014

The European Union is continuing to scale up its response to the Ebola epidemic as its Coordinator for the emergency, Commissioner Christos Stylianides together with Vytenis Andriukaitis, Commissioner for Health, return from a four-day mission to the affected countries.

New funding of €29 million will be made available by the European Commission:

- **€17 for transporting vital aid supplies and equipment to the affected countries**, evacuation of infected international aid workers to hospitals in Europe and training and deploying health workers to the ground. Money will also reinforce local health facilities.
- **€12 million in assistance to the neighbours of the affected countries**, to help them prepare for the risk of an Ebola outbreak through early detection and public awareness measures.

The new aid was announced by Christos Stylianides, EU Ebola Coordinator and Commissioner for Humanitarian Aid and Crisis Response upon his return from Sierra Leone, Liberia and Guinea where he gathered first-hand knowledge of the challenges and considered the next steps in the EU response.

"I have seen for myself how much is being done on the ground, in very difficult circumstances, and how much more needs to be done to stop Ebola's spread. I was impressed with the bravery of humanitarian workers in Liberia, Sierra Leone and Guinea. More of them are needed and we must intensify our joint efforts to contain, control, treat and ultimately defeat this virus," said Christos Stylianides. Today he is briefing EU Foreign Affairs Ministers on the Ebola response.

Sweden has announced that it will deploy, via the EU Civil Protection Mechanism, 42 doctors, nurses and other health personnel who will run a treatment centre on the ground. Following his call for more medical

workers where they are needed the most, Commissioner Stylianides welcomed this announcement and commended Sweden on acting decisively and making good use of the EU's coordination assets.

Both Commissioner Stylianides and Commissioner Andriukaitis paid tribute to the European countries who are contributing experts, aid, and equipment in the fight against Ebola.

"We will not give up until Ebola is defeated. I saw great suffering and enormous needs during this trip: there are not enough doctors and nurses and I am appealing to all Health Ministers to send more medical staff to West Africa. I witnessed great need for equipment, medicines, transport means, water, sanitation. Europe is here to help put an end to Ebola now and to help long-term recovery required to address these needs", said the EU Health Commissioner, Vytenis Andriukaitis.

The new funding brings the European Commission's assistance for this emergency to €373 million. The European Union's total contribution is close to €1.1 billion. This financial aid is in addition to essential equipment, medical personnel from Member States and coordinated delivery of support.

Background

Commissioner Stylianides and Commissioner Andriukaitis visited Guinea, Sierra Leone and Liberia. During their mission, they discussed the challenges with the national authorities, representatives of EU Member States and humanitarian organisations. They met with Ebola survivors and European aid workers.

They also discussed procedures for exit screening of travellers flying to Belgium, France and other countries and the progress on the development of vaccines and treatment for Ebola. The EU is providing support for the testing of one candidate vaccine. First results are expected in December and if successful, more extensive "Phase 2" studies will begin early in 2015.

The European Union has been active in the response to the Ebola emergency from the start. In addition to funding, the EU has deployed mobile laboratories, humanitarian experts and specialists in infectious diseases to the region. Coordinated by the European Commission, the Member States are providing aid supplies, medical equipment, ambulances and field hospitals. The Commission is also supporting the building and recovery of the health services of the affected countries. Moreover, together with the European pharmaceutical industry, the Commission has made available €280 million for research in vaccines and medication.

For more information:

Video of press conference with Commissioners Stylianides and Andriukaitis:

<http://ec.europa.eu/avservices/video/player.cfm?ref=1095320>

The European Union's response to Ebola emergency:

http://europa.eu/rapid/press-release_MEMO-14-1903_en.htm

Ebola coordination site:

http://europa.eu/newsroom/highlights/special-coverage/ebola/index_en.htm

Factsheet on EU response to Ebola:

http://europa.eu/rapid/press-release_MEMO-14-599_en.htm

The European Commission's humanitarian aid and civil protection:

http://ec.europa.eu/echo/index_en.htm

European Commission's Public health website:

http://ec.europa.eu/health/ebola/index_en.htm

12. THE EUROPEAN UNION'S RESPONSE TO EBOLA EMERGENCY

Brussels, 18 November 2014

West Africa is currently facing the largest and most complex Ebola epidemic on record. Guinea, Liberia and Sierra Leone are the most affected countries. The disease has already claimed nearly 5,000 lives and has seen over 13,000 cases.

The European Union has been monitoring its spread and taken collective action at home and abroad. It has mobilised political, financial and scientific resources to help contain, control, treat and ultimately

defeat Ebola. On 24 October 2014 the European Council appointed Christos Stylianides, EU Commissioner for Humanitarian Aid and Crisis Management, as EU Ebola Coordinator. Between 12 and 16 November, he travelled to the three most affected countries together with the EU Commissioner for Health Vytenis Andriukaitis.

Financial assistance

The EU's total financial contribution to fight the epidemic is over **€1 billion**. This includes funding from the Member States and the European Commission.

The Commission has given €373 million to fight the disease - covering emergency measures and longer-term support.

These funds contribute to epidemic surveillance, diagnostics, treatment and medical supplies; they enable deployment of doctors and nurses and training of health workers; they raise awareness about the disease among the population and promote safe burials.

In addition to existing EU and bilateral development partnerships, the Commission is also providing some **€138 million in development and early recovery assistance**. The funds are thus being delivered now and into 2015. The objectives are to reinforce the capacity of governments to deliver vital public services, notably health care, and maintain macro-economic stability. These funds are also used to strengthen food security and improve water and sanitation. Mobile laboratories for the detection of the virus and training health workers is also funded through the development assistance. Furthermore, the EU supports the African Union's medical mission in West Africa.

To reduce the risk of further spread of Ebola, EU funding has also been allocated to countries neighboring the affected region where we support early detection and awareness building.

Emergency supplies and expertise

The EU is also sending emergency supplies and experts. The EU Civil Protection Mechanism facilitates the coordinated delivery of material support from the Member States through the Emergency Response Coordination Centre (ERCC).

EU Member States have provided mobile laboratories, treatment centers, ambulances and field hospitals. The EU has organized logistical support including multiple airlifting operations and supports the deployment of navy ships to transport emergency supplies provided by the Member States, such as food aid, medical kits, clean blankets and chlorine for sanitation. EU humanitarian experts, including specialists in hazardous diseases, have been deployed to the three most affected countries.

Medical evacuation

International health workers operating directly on the ground are the backbone of the response to the Ebola epidemic. **More health workers are needed**. To support their mobilization, a European medical evacuation system has been established to ensure they would get appropriate treatment and would be transported to hospitals in Europe in case of an infection. Member States are making capacity available for this. The medevac system ensures **evacuation within 48 hours** to an equipped hospital in Europe for international health workers and other EU nationals diagnosed with the virus. Evacuation requests are received through the ERCC and assessed by the World Health Organisation (WHO).

Research

There is currently **no specific treatment or vaccine available** against Ebola. Standard treatment is limited to supportive therapy. With over €160 million in EU funds and a similar commitment from the pharmaceutical industry, the **Commission is funding an accelerated multisectoral research programme** under Horizon 2020 to address Ebola-related challenges such as vaccines development, clinical trials, storage and transport, as well as diagnostics and treatments to tackle both the current and future Ebola outbreaks. The first projects are expected to **begin in early 2015**; they will assess the safety of several potential vaccines and the level of protection they offer against the disease.

Preparedness

The risk of Ebola to the general public in the EU is very low. Transmission of the virus, requires direct contact with a symptomatic patient's body fluids. Furthermore, the **EU has very high standards of healthcare** infrastructures and preventive care. Nevertheless, there is a small possibility of individuals arriving in the EU with potential Ebola virus infection.

Since the outbreak of the Ebola virus disease, the Commission and the Member States have also been working **on preparedness and coordination of risk management** in close cooperation with of the European Centre for Disease Prevention and Control (ECDC) and the WHO.

The Health Security Committee (HSC), bringing together EU Member States and the Commission, meets regularly to coordinate Ebola prevention and readiness. It surveys Member States' preparedness and has established a list of available Ebola assets which could be shared, including high security laboratories, hospital capacity and medical evacuation equipment. The EU's Early Warning and Response System for

medical emergencies has been activated. HSC is also providing information for travellers in all EU languages and establishing procedures for airports and health authorities on handling possible Ebola cases.

In addition, the Commission has launched the 'Ebola Communication Platform for Clinicians' - an online platform enabling the rapid exchange of information on the treatment and prevention of the Ebola disease. The platform brings together EU hospitals and physicians recognised as reference centres for the treatment of Ebola patients. This network further boosts the level of preparedness and response against Ebola by linking together expertise on treatment of Ebola patients between health care specialists.

Exit screening

The WHO has recommended **exit screening** of travellers leaving the affected countries in order to reduce the risk of spread of Ebola. Since the disease's incubation period is up to 21 days, it is widely recognised that such screening can be only partially effective.

The Commission in partnership with the WHO has proposed to carry out an audit of the exit screening measures in the three most affected countries. Its goal is to assess current exit screening practices and identify any gaps. The audit report is due at the beginning of December.

Advocacy and diplomatic outreach

From the outset of the crisis, the EU has been supporting and calling for a strong international response coordinated by the United Nations. The EU is in constant contact with the governments of the region through its Delegations as well as with regional organizations such as the African Union and ECOWAS.

The appointment by the European Council of an **EU Ebola Coordinator**, Commissioner Christos Stylianides, aims to ensure that EU institutions and Member States act in coordination with each other and with international partners. To this end, an EU Ebola Task Force has been set up, bringing together Member States, Commission services, the European External Action Service (EEAS) and representatives of the UN, the Red Cross and NGOs. The Task Force meets daily in the Commission's ERCC, which serves as a platform for coordination of the European response.

For more information:

Video to press conference with Commissioners Stylianides and Andriukaitis:

<http://ec.europa.eu/avservices/video/player.cfm?ref=I095320>

EU boosts anti-Ebola aid after Commissioners' mission to worst-hit countries:

http://europa.eu/rapid/press-release_IP-14-1862_en.htm

Ebola coordination site:

http://europa.eu/newsroom/highlights/special-coverage/ebola/index_en.htm

Factsheet on EU response to Ebola:

http://europa.eu/rapid/press-release_MEMO-14-599_en.htm

The European Commission's humanitarian aid and civil protection:

http://ec.europa.eu/echo/index_en.htm

European Commission's Public health website:

http://ec.europa.eu/health/ebola/index_en.htm

Brussels, 02 December 2014

13. EUROPE AND AFRICA AGREE ON €2BN RESEARCH FUNDING TO TACKLE AIDS, EBOLA AND OTHER INFECTIOUS DISEASES

A new partnership of EU and African countries launched today in Cape Town, South Africa will aim to develop new and better medicines for infectious diseases like AIDS, tuberculosis, malaria, hookworms and Ebola. Building on the success of an earlier programme, the second European and Developing Countries Clinical Trials Partnership programme (EDCTP2) will work with a budget of €2 billion over the next ten years to develop new and better medicines for the poverty-related diseases that affect sub-Saharan Africa in particular. Carlos **Moedas**, European Commissioner for Research, Science and Innovation, said: "Infectious diseases like AIDS, Ebola or malaria are a major global threat, but they hit

poor communities hardest. The latest Ebola outbreak reminds us that more research is needed to find new medicines and vaccines that will help save millions of lives. Today, Europe and Africa are stepping up their efforts to fight the spread of infectious diseases together." [A press release](#) is available online. *(for more information: Lucia Caudet – Tel.: +32 229 56182; Mirna Bratoz – Tel.: +32 229 87278)*

Transport Council

European Union Transport Ministers will meet in Brussels on Wednesday 3 December 2014 under the Italian Presidency of the EU. Commissioner Violeta **Bulc**, responsible for Transport and Mobility, will represent the European Commission. The main agenda items for Transport Ministers are: Single European Sky 2+, 4th Railway Package and the Danube Minister Meeting. A [fact sheet](#) is available online. *(for more information: Jakub Adamowicz – Tel.: +32 229 50595; Joshua Salsby – Tel.: +32 229 72459)*

OTHER NEWS

Eurostat – Industrial producer prices down by 0.4% in euro area

In October 2014, compared with September 2014, industrial producer prices fell by 0.4% in the euro area (EA18) and by 0.5% in the EU28, according to estimates from Eurostat, the statistical office of the European Union. In September prices rose by 0.2% in the euro area and by 0.1% in the EU28. In October 2014, compared with October 2013, industrial producer prices decreased by 1.3% in the euro area and by 1.5% in the EU28. "A [press release](#) is available online. *(for more information: Lucia Caudet – Tel.: +32 229 56182)*

Eurostat – Situation of people with disabilities in the EU: Fewer than 1 in 2 disabled adults were in employment in the EU28 in 2011

Around 44 million people aged 15 to 64 in the European Union (EU28) have reported a disability, often preventing them from taking part fully in society and the economy. Whether in the labour market, in the education system or for social inclusion indicators, the situation of disabled persons in the EU28 is less favourable than that of non-disabled people. "A [press release](#) is available online. *(for more information: Tove Ernst - Tel.: +32 229 86164)*

European Commission to reduce payments to Greece under the CAP

The European Commission has today reduced the reimbursement of CAP payments to Greece because of continued administrative problems in the management of the so-called Land Parcel Identification System (LPIS). "It is the first time that the Commission has used this new budget management option, but it is very important that our budget rules are respected", according to EU Commissioner for Agriculture & Rural Development Phil **Hogan**. Greece has made considerable progress in recent years in addressing the shortcomings for this very important element for managing CAP Direct Payments. However, several Commission audits carried out in the last 3 years have shown that the Greek LPIS is still not in compliance with the EU rules. As a consequence, the maximum eligible area recorded in the LPIS is overstated, which has led to irregular payments being made to beneficiaries under the single payment scheme. Despite the action plan set up by the Greek authorities and the efforts made to remedy the situation, an audit carried out beginning of November 2014 confirmed that the objectives of the action plan were still not met and could not be achieved in the immediate future, i.e. for the payments relating to claim year 2014. The Commission has therefore taken the precautionary measure for the first time of reducing the reimbursement of payments to Greece. The amount of the reduction corresponds to the amount considered at risk for the fund (which is estimated at around 17 EUR million). *(for more information: Daniel Rosario, Tel: +32 229 56185; Justyna Milanowska, Tel: +32 22994246)*

Cape Verde: EU helps volcano eruption response

The EU Civil Protection Mechanism has been activated upon the request of Cape Verde due to the volcano eruption on the island of Fogo. Portugal offered in-kind assistance through the Mechanism. A navy vessel with specialized telecommunications equipment, a helicopter and relief items such as beds, blankets and disposable respiratory protection masks is on its way. The European Commission is supporting the transport costs. In addition, two civil protection experts are being deployed through the Mechanism to support The United Nations Disaster Assessment and Coordination mission to Cape Verde. The European Commission's Emergency Response Coordination Centre (ERCC) is in close contact with the Cape Verde authorities and participants in the EU Civil Protection Mechanism. Lava flows and eruptions have intensified in recent days. The national authorities have ordered the evacuation of several hundreds of residents. *(for more information: Maja Kocijancic – Tel.: +32 229 86570; Irina Novakova – Tel.: +32 229 57517)*

STATEMENTS

Statement by Commissioner Karmenu Vella on the occasion of the European Business Awards for the Environment 2014-2015

European Commissioner for Environment, Maritime Affairs and Fisheries Karmenu **Vella** announced the winners of the European Business Awards for the Environment 2014-15 last night. The awards recognise companies that combine competitiveness with respect for the environment.

Commissioner **Vella** congratulated the participants: "Growing numbers of businesses realise that protecting the environment is vital for maintaining Europe's competitiveness. The Commission's European Business Awards for the Environment recognise the best of these pioneers, singling out leaders and companies at the forefront of eco-innovation. My warm congratulations to all these winners." (*for more information: Enrico Brivio – Tel.: +32 229 56172; Iris Petsa – Tel.: +32 229 93321*)

Speech by Violeta Bulc - Investment Plan for Europe: what are the investment needs for transport?

EU Commissioner for Transport, Violeta **Bulc** delivered a speech at the Committee on Transport at Tourism at the European Parliament: "The investment needs in transport are huge: according to studies conducted on the 9 European corridors, more than 75 billion euros of investment is needed every year, just on the Corridors which are part of the TEN-T network. Firstly, investments needs are particularly high for the cleaner modes of transport — rail and inland waterways — where missing links and bottlenecks must be solved, notably at the borders, in order to have a unified and more efficient transport system. The necessary infrastructure for cleaner power for transport — such as the installation of fast electric charging points along the motorways or in city centers, the deployment of LNG infrastructure in ports — must be rolled out at European level to break the chicken-and-egg vicious circle. Secondly, investment needs in urban mobility are massive since they are generating most of the traffic and most of the emissions. The infrastructure and the fleets for new collective transport systems, to make our cities smarter, need to be put in place. Thirdly, important investments are needed to adapt the European transport system to the 21st Century. Intelligent Transport Systems should be deployed at European level to make the best use of the existing and future infrastructure, and to develop a transport system which is at the service of the users — citizens and companies." The full speech is [available online](#). (*for more information: Jakub Adamowicz – Tel.: +32 229 50595; Joshua Salsby – Tel.: +32 229 72459*)

ANNOUNCEMENTS

Commissioner Günther H. Oettinger receives the Minister-President of the German Land Baden-Württemberg

Commissioner Günther H. **Oettinger** receives today Winfried Kretschmann, Minister-President of the German Land Baden-Württemberg to discuss the digitalisation of the region and of Europe. A press point will be held after the meeting at 18.45 at the VIP-corner in the Berlaymont building. (*for more information: Mina Andreeva +32 229 91382; Marie Frenay +32 229 64532*)

EU-US Energy Council to discuss energy and climate policies on 3 December in Brussels

The 6th EU-US Energy Council will take place in Brussels in the afternoon of Wednesday 3 December 2014. The EU side will be represented by High Representative/Vice-President Federica **Mogherini**, together with Energy Union Vice-President **Šefčovič**, Commissioner **Arias Cañete** as well as the Italian Presidency of the Council. US Secretary of State John Kerry and Secretary of Energy Ernest Moniz will lead the US delegation. The main issues on the agenda are: energy security and diversification, Ukraine, energy research and technology as well as energy and climate policies on the road to the UN climate conference in Paris next year. The Energy Council will be followed by a bilateral meeting between Vice-President **Šefčovič** and US Energy Secretary Moniz and a joint press point at the EEAS press room at 17:20 CET. As space will be limited, accreditation will be given on a "first-come, first-served basis".

Please confirm interest to Alceo.SMERILLI@ec.europa.eu. The joint press point will be available via [Europe by Satellite](#). A [press advisory](#) is available online. (*for more information: Catherine Ray – Tel.: +32 229 69921; Eamonn Prendergast – Tel.: +32 229 98851; Anna-Kaisa Itonen - Tel.: +32 229 56186; Nicole Bockstaller – Tel.: +32 229 52589*)

14. EUROPE AND AFRICA DOUBLE RESEARCH EFFORTS TO TACKLE AIDS, EBOLA AND OTHER INFECTIOUS DISEASES

02 December 2014

Cape Town, South Africa

The EU and Africa are today doubling the research efforts to develop new and better medicines for poverty-related diseases affecting sub-Saharan Africa such as AIDS, tuberculosis, malaria, hookworms and Ebola.

Building on the success of the first programme, the second European and Developing Countries Clinical Trials Partnership programme(EDCTP2) will work with a budget of €2 billion over the next ten years to fight infectious diseases in developing countries. For this, the EU will contribute €683 million from Horizon 2020, the EU's research and innovation programme, and around €1.5 billion will come from European countries. EDCTP2 heralds a new era of cooperation between Europe and Africa in medical research with countries from both continents working as equal partners.

Carlos Moedas, European Commissioner for Research, Science and Innovation, said: *"Infectious diseases like AIDS, Ebola or malaria are a major global threat, but they hit poor communities hardest. The latest Ebola outbreak reminds us that more research is needed to find new medicines and vaccines that will help save millions of lives. Today, Europe and Africa are stepping up their efforts to fight the spread of infectious diseases together. With the investment of EUR 700 million from Horizon 2020, the EU will boost research efforts to prevent new epidemics in the future."*

Prof. John Gyapong, Board Member of the EDCTP Association said: *"The birth of EDCTP2 is very timely. Neglected Infectious Diseases and Implementation Science Research are now covered. This presents a great opportunity for African countries to improve their health care delivery systems through good science. The prospects are indeed very bright."*

The EDCTP Association now includes 13 European countries (Austria, Denmark, Finland, France, Germany, Ireland, Italy, Luxembourg, the Netherlands, Norway, Portugal, Spain, and the United Kingdom) and 11 African countries (Cameroon, the Republic of the Congo, the Gambia, Ghana, Mozambique, Niger, Senegal, South Africa, Tanzania, Uganda, and Zambia). Mali, Burkina Faso, Sweden and Switzerland are about to join as well.

The main features of the EDCTP2 programme are:

- **increased budget: from €1 billion in EDCTP1 to €2 billion in EDCTP2. The EU has increased its contribution from €200 to €683 million.**
- extended scope: EDCTP2 does not only cover HIV/AIDS, malaria and tuberculosis but also emerging epidemics of particular relevance to Africa, such as Ebola, as well as some neglected infectious and parasitic diseases. It can now support all stages of clinical development and testing, from phase I to phase IV. This gives the potential to fund a new treatment from the moment it leaves the laboratory bench right up to its full regulatory approval and subsequent surveillance.
- stronger engagement of external funders: investment from other **private and public funders will be increased. €70 million were raised** from the private sector in EDCTP1, but the aim for EDCTP2 is to reach

€500 million. The EU has already signed a Memorandum of Understanding with the Bill and Melinda Gates Foundation, and is about to sign a similar agreement with the Calouste Gulbenkian Foundation.

Background

Infectious and parasitic diseases such as HIV/AIDS, tuberculosis, malaria, hookworms and Ebola are widespread in sub-Saharan Africa where they affect in particular the poor, impoverished and malnourished population. Almost one billion people, many of whom are children, suffer from these diseases and each year they cause millions of deaths. HIV/AIDS alone kills more than 1.5 million people every year, while malaria and tuberculosis together kill an estimated 2.1 million people. In 2013, an estimated 6 million people were living with HIV in South Africa, which represented 17% of the people infected globally.

The problem cannot be solved by the market alone – businesses are often not willing to take the risk and invest in the development and production of medicines most needed by the poor but with uncertain returns on the research and development costs.

The EDCTP partnership corrects this market failure and is needed to develop and test new medicines in the population that will ultimately use them. By the end of 2012, EDCTP had funded 246 projects involving researchers from 259 institutions in 30 sub-Saharan African and 16 European countries.

For more information:

EDCTP: <http://www.edctp.org>

Horizon 2020: <http://ec.europa.eu/programmes/horizon2020/>

European Union to boost Ebola research with €24.4

million http://europa.eu/rapid/press-release_IP-14-1194_en.htm

Launch of the € 280 million EBOLA+ programme by the Innovative Medicines

Initiative: <http://www.imi.europa.eu/content/ebola-programme-launch>

15. EU EBOLA RESPONSE: MEMBER STATES SEND ADDITIONAL HEALTH PERSONNEL TO THE REGION

Brussels, 06 December 2014

The European Union and its Member States continue to mobilise all available resources to help contain the largest Ebola epidemic on record.

In response to the EU's call for the mobilisation of qualified, trained and experienced health workers, Greece will send a team of six medical personnel - four doctors, a nurse and a paramedic- to the affected countries of West Africa through the Union Civil Protection Mechanism, as well as contributing to the funding of much-needed material. This was announced in a joint statement by EU Ebola Coordinator Christos Stylianides and the Greek Minister of Health, Mavroudis Vouridis, on Saturday 6 December, in Athens.

"We welcome and applaud Greece's decision to deploy medical staff to the most affected countries, only the second Member State to do so. The European Union will provide all necessary support for this initiative," said Christos Stylianides, EU Ebola Coordinator and Commissioner for Humanitarian Aid and Crisis Response, who recently visited the three most affected countries Sierra Leone, Guinea and Liberia. *"I call on all Member States to mobilise additional resources. More health personnel, more trainers for health workers, more epidemiologists are urgently needed on the ground."*

Several Member states have already responded to the Commissioner's call. France, for instance, recently offered two additional medical teams who work in Guinea and Mali, and Sweden deployed 42 doctors, nurses and other health personnel via the EU Civil Protection Mechanism, who currently run a treatment centre in Liberia.

To support the mobilisation of international humanitarian aid workers, the EU member States' contributions are also strengthening the capacities to evacuate international aid staff who contract Ebola. Following Luxembourg which announced the availability of two planes for this purpose in November, Germany has now made available an airplane fully equipped for the treatment of severe Ebola cases.

To stop the epidemic from spreading further, mobile laboratories for early detection of the virus are deployed in the affected region. The most recent contribution was offered by Belgium on Friday; a mobile laboratory will be deployed to Guinea shortly with support via the EU Civil Protection Mechanism.

A coherent European response

The European Union has been active in the response to the Ebola emergency from the start. The total EU contribution to the fight against Ebola is over EUR 1.1 billion of which over EUR 374 million has been provided by the European Commission for humanitarian and development aid, early recovery assistance as well as medical research. The EU has also deployed humanitarian experts and specialists in infectious diseases to the region and coordinates the Member States' contributions in aid supplies, medical equipment, ambulances and field hospitals.

Background

West Africa is currently facing the worst Ebola epidemic on record. More than 17 000 people have been infected and more than 6 000 people have died in the affected countries.

The unprecedented scale of the Ebola epidemic requires a robust and effective coordinated international response. Beyond the human tragedy, the disease is having devastating effects on the security and economy of the whole region, including the collapse of health systems in Liberia and Sierra Leone as well as shortcomings in the food security and nutrition, governance, agriculture, security and other key areas.

For more information

The European Union's response to Ebola emergency:

http://europa.eu/rapid/press-release_MEMO-14-1903_en.htm

The European Commission's humanitarian aid and civil protection:

http://ec.europa.eu/echo/index_en.htm

Brussels, 08 December 2014

16. NEW EU SUPPORT TO FIGHT EBOLA

EU Commissioner for International Cooperation and Development, Neven **Mimica**, has [today announced](#) €61 million of new support in response to the Ebola crisis in the affected countries of West Africa, during a visit to Guinea. This will include direct support to the governments of Guinea and Liberia to help them cushion the impact of the economic effects of the outbreak, as well as measures to address security issues in affected countries. In response to the EU's call for the mobilisation of qualified health workers, Greece is sending a team to West Africa, including doctors, a nurse and a paramedic, through the EU Civil Protection Mechanism. Greece is also funding much-needed material in the epidemic response. [This was announced](#) by the EU Ebola Coordinator Christos **Stylianides** and the Greek Minister of Health, Mavroudis Vouridis, on Saturday 6 December, in Athens. Read more on the [EU's response to Ebola emergency](#) and the [EU's medium/long term support through development cooperation](#). (for more information: Catherine Ray – Tel.: +32 229 69921; Irina Novakova – Tel.: +32 2 295 75 17; Sharon Zarb - Tel.: +32 229 92256)

17. EU EBOLA RESPONSE: MEDIUM/LONG TERM SUPPORT THROUGH DEVELOPMENT COOPERATION

Brussels, 08 December 2014

West Africa is currently facing the largest and most complex Ebola epidemic on record. Guinea, Liberia and Sierra Leone are the most affected countries. The European Union has been monitoring its spread and taken collective action at home and abroad. It has mobilised political, financial and scientific resources to help contain, control, treat and ultimately defeat Ebola.

The EU's total financial contribution to fight the epidemic is over **€1 billion**. This includes funding from the Member States and the European Commission. The Commission has given more than €434 million to fight the disease - covering emergency measures and longer-term support.

These funds contribute to epidemic surveillance, diagnostics, treatment and medical supplies; they enable deployment of doctors and nurses and training of health workers; they raise awareness of the disease among the population and promote safe burials; they support the preparedness of other countries in the region and they aim to help stabilise the affected countries and assist them in their recovery.

West Africa is among the world's least developed regions; Ebola is hitting countries that are already fragile and for which the broader impact of the epidemic is potentially disastrous. Consequences could be:

- a breakdown of economic activities, such as in agriculture or trade, risks of harming food security and driving up prices
- children missing out on education because of school closures
- a breakdown of health systems
- destabilisation of countries' political systems

The European Commission is therefore providing some €210 million of support in development cooperation to those countries that are affected by Ebola. Most of this money is provided successively over a period of months, in late 2014 and early 2015, to stabilise the countries and assist them in recovering from the crisis and beyond.

In addition, the EU was already helping to strengthen health systems in the affected countries before the outbreak, as part of its long term support, and is now redirecting existing programmes towards the Ebola efforts and crisis context.

Some €122 million are being given to the governments of **Guinea, Liberia and Sierra Leone** in the form of budget support. This will help them deliver urgently needed public services - in particular health care – and also cushion the economic impact of the epidemic. The timing of payments is spread over late 2014 and early 2015 to give governments resources on a predictable schedule in the acute emergency phase and beyond.

Disbursed so far: €29 million to Liberia, €22 million to Sierra Leone

€28 million will be invested in the affected countries to strengthen healthcare, food security, water and sanitation and the resilience of vulnerable households. The idea is to facilitate a smooth transition from the humanitarian phase to recovery through what is known as a "Linking Relief, Rehabilitation and Development" (LRRD) approach.

In **Guinea**, health is one of the focal sectors for EU development cooperation which is provided through the 10th European Development Fund (EDF). A large-scale project was launched at the end of last year to support the health sector in Guinea, which is now also used to address the Ebola crisis.

Amounting to €29.5 million, it includes a €9.5 million contribution from the Agence Française pour le Développement. The project aims to build the capacities of the Ministry of Health, improve access to quality basic health services in Forestry Guinea. Health facilities are supported, among other activities, through the training of health workers as well as the rehabilitation of facilities and equipment.

The EU is helping neighbouring countries which are at risk of an Ebola outbreak to prepare, so they can react swiftly if the virus spreads.

Making sure that countries are prepared for a possible outbreak is essential for stopping the spread. The EU is working to strengthen preparedness against the epidemic in close dialogue with partners in West Africa, and in close coordination with the World Health Organisation and other international donors. This includes identifying financing gaps and exploring if and how upcoming EU funding can be channelled

towards supporting preparedness plans. The EU has supported national plans in six countries with a total of €11 million so far; it has, for example:

- Helped to refurbish and equip an Ebola treatment unit at the central hospital in Ivory Coast
- Helped to provide a water and sanitation programme with hygiene messages on Ebola prevention in Guinea Bissau
- Set up a facility in Burkina Faso to support the national preparedness plan
- Decided to provide funding for a preparedness plan for Mali

Through the crisis response component of the Instrument contributing to Stability and Peace (IcSP) the EU is providing €12 million to support high-risk neighbouring countries for early detection of Ebola, timely response and public awareness measures. A further €4.5 million will help support measures to prevent violence and reduce and mitigate tensions that may arise from the outbreak in border areas of the affected countries.

Ongoing work of the EU to ensure crisis preparedness is paying off with the European Mobile Laboratories, which have been rapidly deployed in affected countries.

Financed with €7.6 million, three European Mobile Laboratories (EMLabs) are deployed in the affected region for the detection of the virus and training of health workers: in Guinea (since March 2014), Nigeria (since August 2014) and Liberia (since September 2014).

The three labs are part of a project that predates the outbreak and has established a collaborative network of EU and African institutions that can to operate in common mobile laboratory units during outbreaks of health-threatening pathogens. Financing comes from the Instrument contributing to Stability and Peace.

The **Guinea unit** was among the first laboratories to reach the Ebola outbreak region. 10 teams staffed with 3-5 EU specialists have been deployed so far (teams are changed every 3 weeks maximum). The unit has provided diagnosis for over 3000 samples, identifying more than 1000 positive cases. Up to 70 samples are being processed each day, seven days a week. Diagnosis is provided within 4 hours.

The **Liberia unit** has helped to clean the region where it is located from Ebola and will soon be moved to a county where the epidemic is still acute.

The **mobile lab** in Nigeria, based in Port Harcourt is used for diagnosis of suspected cases: the laboratory has tested about 150 people who were in contact with infected persons (tracing). Additional Nigerian staff is being trained. It will be redeployed in mid-December to Sierra Leone to assist a new Médecins Sans Frontières treatment centre.

A **new (fourth) mobile laboratory**, EUWAM-Lab, (EU West African Mobile Laboratory), more robust and self-sustaining than the 3 EMLab units, is being acquired. The training of the staff has started and the lab should be operational in early 2015. The World Health Organisation will decide on the location of its deployment.

The EU has a longstanding and close partnership with the African Union and supports its recently established Ebola mission of health experts.

The mission "Support to Ebola Outbreak in West-Africa" (ASEOWA) has been deployed since mid-September in Liberia, as of 2 October to Sierra Leone and a third team deployed on 9 November to Guinea. €5 million of EU support contributes to paying civil, military and medical staff. This has allowed to cover the costs of the first 90 medical professionals and support staff, and to subsequently increase the total number of staff to about 150 people.

18. THE EUROPEAN UNION'S RESPONSE TO EBOLA EMERGENCY

Brussels, 08 December 2014

West Africa is currently facing the largest and most complex Ebola epidemic on record. Guinea, Liberia and Sierra Leone are the most affected countries. The disease has already claimed more than 6 000 lives and has seen over 17 000 cases.

The European Union has been monitoring its spread and taken collective action at home and abroad. It has mobilised political, financial and scientific resources to help contain, control, treat and ultimately defeat Ebola. On 24 October 2014 the European Council appointed Christos Stylianides, EU Commissioner for Humanitarian Aid and Crisis Management, as EU Ebola Coordinator. Between 12 and 16 November, he travelled to the three most affected countries together with the EU Commissioner for Health Vytenis Andriukaitis. On 5-7 December EU Commissioner for International Cooperation and Development, Neven Mimica, followed up with a visit to Guinea Conakry to reaffirm the EU's medium and long term support to affected and at-risk countries.

Financial assistance

The EU's total financial contribution to fight the epidemic is over **€1.1 billion**. This includes funding from the Member States and the European Commission.

The Commission has given €434 million to fight the disease - covering emergency measures and longer-term support.

Since March 2014, the European Commission has allocated close to EUR 60 million in humanitarian funding to address the **most urgent needs**. These funds are channelled through humanitarian **partner organisations**, such as MSF, the International Federation of the Red Cross and Red Crescent societies, IMC, Save the Children, IRC, Alima, WFP's Humanitarian Air Service, UNICEF and WHO. EU aid contributes to epidemic surveillance, diagnostics, treatment and medical supplies; deployment of doctors and nurses and training of health workers; **raising awareness** among the population and promotion of safe burials.

In addition to existing EU and bilateral development partnerships, the Commission is also providing some **€210 million in development and early recovery assistance**. The funds are thus being delivered now and into 2015. The objectives are to reinforce the capacity of governments to deliver vital public services, notably health care, and maintain macro-economic stability. These funds are also used to strengthen food security and improve water and sanitation. Mobile laboratories for the detection of the virus and training of health workers are also funded through the development assistance. Furthermore, the EU supports the African Union's medical mission in West Africa.

To reduce the risk of further spread of Ebola, EU funding has also been allocated to countries neighboring the affected region where we support early detection and awareness building.

Emergency supplies and expertise

The EU is also sending emergency supplies and experts. The EU Civil Protection Mechanism facilitates the coordinated delivery of material support from the Member States through the Emergency Response Coordination Centre (ERCC).

EU Member States have provided mobile laboratories, treatment centers, ambulances and field hospitals. The EU has organized logistical support including multiple airlifting operations and supports the deployment of navy ships to transport emergency supplies provided by the Member States, such as [food aid](#), [medical kits](#), [clean blankets and chlorine for sanitations](#). EU humanitarian experts, including specialists in hazardous diseases, have been deployed to the three most affected countries.

Medical evacuation

International health workers operating directly on the ground are the backbone of the response to the Ebola epidemic. **More health workers are needed**. To support their mobilization, a European medical evacuation system has been established to ensure they would get appropriate treatment and would be transported to hospitals in Europe in case of an infection. Member States are making capacity available for this. The medevac system ensures **evacuation within 48 hours** to an equipped hospital in Europe for international health workers and other EU nationals diagnosed with the virus. Evacuation requests are received through the ERCC and assessed by the World Health Organisation (WHO).

Research

There is currently **no specific treatment or vaccine available** against Ebola. To address the urgent need for research into new treatments, the EU has been stepping up its efforts to look for new effective vaccines and medication. Through a partnership with the European pharmaceutical industry under the Innovative Medicines Initiative, a **€280 million** call for proposals has been launched to support research projects involving clinical trials of new vaccines in Ebola-affected countries, the development of fast diagnostic tests and new approaches to manufacture, store and transport vaccines. The call, to which the Commission has contributed half of the budget, will use a new fast-track procedure to get successful projects up and running early next year.

This comes on top of the previously mobilised **€24.4 million** from Horizon2020 that will fund five projects ranging from large-scale clinical trials to tests of existing and new Ebola compound treatments.

The EU is also helping to fight infectious diseases in sub-Saharan Africa, including Ebola, within the European and Developing Countries Clinical Trials Partnership programme (EDCTP2). This partnership will work with a budget of **€2 billion** over the next ten years, with nearly € 700 million coming from Horizon2020 and a €1.5 billion contribution from EU countries.

Preparedness

The risk of Ebola to the general public in the EU is very low. Transmission of the virus requires direct contact with a symptomatic patient's body fluids. Furthermore, the **EU has very high standards of healthcare** infrastructures and preventive care. Nevertheless, there is a small possibility of individuals arriving in the EU with potential Ebola virus infection.

Since the outbreak of the Ebola virus disease, the Commission and the Member States have also been working **on preparedness and coordination of risk management** in close cooperation with of the European Centre for Disease Prevention and Control (ECDC) and the WHO.

The Health Security Committee (HSC), bringing together EU Member States and the Commission, meets regularly to coordinate Ebola prevention and readiness. It surveys Member States' preparedness and has established a list of available Ebola assets which could be shared, including high security laboratories, hospital capacity and medical evacuation equipment. The EU's Early Warning and Response System for medical emergencies has been activated. HSC is also providing information for travellers in all EU languages and establishing procedures for airports and health authorities on handling possible Ebola cases.

In addition, the Commission has launched the 'Ebola Communication Platform for Clinicians' - an online platform enabling the rapid exchange of information on the treatment and prevention of the Ebola disease. The platform brings together EU hospitals and physicians recognised as reference centres for the treatment of Ebola patients. This network further boosts the level of preparedness and response against Ebola by linking together expertise on treatment of Ebola patients between health care specialists.

Exit screening

The WHO has recommended **exit screening** of travellers leaving the affected countries in order to reduce the risk of spread of Ebola. Since the disease's incubation period is up to 21 days, it is widely recognised that such screening can be only partially effective.

The Commission in partnership with the WHO has proposed to carry out an audit of the exit screening measures in the three most affected countries. Its goal is to assess current exit screening practices and identify any gaps. The audit report is due at the beginning of December.

Advocacy and diplomatic outreach

From the outset of the crisis, the EU has been supporting and calling for a strong international response coordinated by the United Nations. The EU is in constant contact with the governments of the region through its Delegations as well as with regional organizations such as the African Union and ECOWAS.

The appointment by the European Council of an **EU Ebola Coordinator**, Commissioner Christos Stylianides, aims to ensure that EU institutions and Member States act in coordination with each other and with international partners. To this end, an EU Ebola Task Force has been set up, bringing together Member States, Commission services, the European External Action Service (EEAS) and representatives of the UN, the Red Cross and NGOs. The Task Force meets daily in the Commission's ERCC, which serves as a platform for coordination of the European response.

19. EU COMMISSIONER MIMICA ANNOUNCES NEW SUPPORT FOR FIGHTING EBOLA DURING VISIT TO GUINEA

Brussels, 08 December 2014

EU Commissioner for International Cooperation and Development, Neven Mimica, has announced €61 million of new support in response to the Ebola crisis in the affected countries of West Africa, during a visit to Guinea. This will include direct support to the governments of Guinea and Liberia to help them cushion the impact of the economic effects of the outbreak, as well as measures to address security issues in affected countries. In addition, existing health and awareness programmes will be refocused to specifically tackle the challenge of Ebola. Commissioner Mimica also launched the overall EU funding for Guinea for the years 2014- 2020.

Commissioner Mimica commented: *“Our new pledge will help the countries affected by Ebola to better deal with the multiple challenges that arise from this crisis. The EU stands firmly side by side with the*

people of Guinea, Liberia and Sierra Leone; both in overcoming Ebola, as well as over the medium and long term. We need to make sure that the countries can quickly recover from this crisis and get back on a path of sustainable development."

He added: *"With the overall support for Guinea that we have now launched up to 2020, we will respond to the important needs of the people. Reinforcing the health system is an absolute priority but we also need to address development needs on a broader scale."*

During his visit to Guinea (5-7th December), the Commissioner met President Alpha Condé, met Foreign Affairs Minister, François Loulency Fall, and Minister of Economy and Finance, Mohamed Diare. Discussions with government representatives covered, among other topics, the country's needs arising from the Ebola crisis, as well as its longer term development. The Commissioner also visited sanitation and health projects.

The joint signature of Commissioner Mimica of the National Indicative Programme (NIP) for Guinea with Minister of Economy and Finance, Mohamed Diare, paved the way for overall EU funding from the so-called 11th European Development Fund (EDF) for the period 2014-2020. EU cooperation during this period will amount to €244 million, focusing on health, urban sanitation and the rule of law. The signature reaffirms the EU's commitment, beyond Ebola, to contributing to the eradication of the root causes of the country's fragility, which allowed the epidemic to take hold and spread.

Background

The **new Ebola pledge** of development support contains the following elements:

- **Budget support for Guinea (€11million) and Liberia (€14 million) to help cushion the economic effects of the outbreak**
- **Redirecting a health project launched in late 2013 in Guinea (€20 million) to address the Ebola crisis.** Activities include improving access to quality basic health services in Forestry Guinea, one of the areas particularly affected by Ebola. Health facilities are supported, among other activities, through the training of health workers as well as the rehabilitation of facilities and equipment.
- **Ebola preparedness support (€11 million) in Mali, Burkina Faso, Guinea Bissau, Togo, Ivory Coast, Mauretania**
- **Measures to prevent violence and reduce and mitigate tensions that may arise from the outbreak in border areas of the affected countries (€4.5 million).**

The EU's overall Ebola response

To ensure an efficient and coherent EU response as part of the larger international action, the European Council appointed Commissioner for Humanitarian Aid and Crisis Response, Christos Stylianides, the EU's Ebola Coordinator. The EU's total financial contribution to fight the epidemic is over **€1.1 billion**. This includes funding from the Member States and the European Commission. The Commission has given more than €434 million to fight the disease - covering emergency measures and longer-term support.

These funds contribute to epidemic surveillance, diagnostics, treatment and medical supplies; they enable deployment of doctors and nurses and training of health workers; they raise awareness about the disease among the population and promote safe burials; they support the preparedness of other countries in the region and they aim to help stabilise the affected countries and assist them in their recovery.

A fact sheet on development cooperation support for the medium and long term in response to Ebola can be found at: http://europa.eu/rapid/press-release_MEMO-14-2463_en.htm

More information on the EU's overall response to Ebola can be found at: http://europa.eu/rapid/press-release_MEMO-14-2464_en.htm

National Indicative Programmes

NIPs represent an important step in the programming of EU aid under the EDF, which covers development cooperation of the EU with 78 African, Caribbean and Pacific countries.

NIPs are prepared in close cooperation with the partner country so as to ensure that they support national priorities where the EU has an added value. They are based on the government's own policies and strategies reflecting its analysis of needs. At the same time they are in line with the EU's vision for future

development cooperation, the “Agenda for Change”, which calls for resources to be targeted where they are most needed and can be the most effective.

20. EU ACTS TOGETHER TO STOP EBOLA

Brussels, 12 December 2014

A new batch of urgently needed medical and relief supplies is leaving to the Ebola-affected region in West Africa today on board of the Dutch ship "Karel Doorman".

For the second time, as part of the coordinated European response to the Ebola outbreak, **the Netherlands** has offered to transport vital supplies free of charge. The vessel is carrying 1,500 tons of food for the World Food Programme (WFP) in addition to more than 50 vehicles, medical supplies and protective clothing for health personnel offered by **Belgium, France, Germany and the UK**.

In addition to shipping equipment, the EU has facilitated more than sixty airlifts of material offered by its Member States to the affected region.

"In addition to our intensive political efforts, we have mobilised logistical, financial and scientific resources to help contain, control and ultimately defeat Ebola - but the epidemic is far from being over," underlines Christos Stylianides, EU Ebola Coordinator and Commissioner for Humanitarian Aid and Crisis Response, who recently visited the affected region. *"We are at a decisive stage in the fight against the disease and more is needed – more health workers, more access, more efforts to improve the response on the ground and the healthcare systems of the affected countries."*

Scaling up the medical response

A number of Member States have mobilised medical workers, equipment and hospital beds.

The United Kingdom has set up two field hospitals with more than 90 beds and 126 personnel in Sierra Leone, as well as five treatment centres with 100 beds each. Two mobile hospitals offered by the **Netherlands** are now operational in Sierra Leone and Guinea.

France recently offered two medical teams who will work in Guinea and Mali, in addition to 57 health workers already deployed. **Sweden** deployed 42 doctors, nurses and other medical personnel via the EU Civil Protection Mechanism: they currently run a treatment centre in [Liberia](#). **Greece** will send a team of six medical personnel - four doctors, a nurse and a paramedic - to the affected countries.

To support the mobilisation of international humanitarian aid workers, the EU is also strengthening the capacities to evacuate international aid personnel who contract Ebola. Following **Luxembourg**, which is preparing two planes for medical evacuations, **Germany** has now made available an airplane fully equipped for the transportation of severe Ebola cases.

Joint efforts for a more efficient response

To ensure a robust and effective European response, the EU is coordinating contributions in aid supplies, medical equipment, ambulances, field hospitals, Ebola treatment centres and medical staff. So far, **Norway** and 13 EU Member States - **Austria, Belgium, the Czech Republic, Denmark, Finland, France, Germany, Hungary, the Netherlands, Romania, Slovakia, Sweden and the UK** – have sent assistance through the EU Civil Protection Mechanism, which facilitates the rapid deployment of emergency supplies and experts. In addition, six of them as well as **Italy, Luxembourg and Spain** have offered logistical help, medical equipment and personnel on a bilateral basis.

Early detection and prevention

Three European Mobile Laboratories (EMLabs) have been deployed to the affected region for the detection of the virus and training of health workers; an additional one will be operational in early 2015. Mobile laboratories can be quickly deployed to the areas where an outbreak of the virus has been detected, speed up diagnosis and thus limit the transmission of infection.

In a joint effort to prevent the epidemic from spreading further, **Belgium, the Netherlands, Italy, France, Germany and the UK** have sent additional mobile laboratories equipped for diagnostics to all affected countries.

Background

The Ebola epidemic in West Africa is entering its 10th month and has taken a devastating toll. More than 17 900 people have been infected, 6 300 of whom deceased. Beyond the immense need in immediate healthcare, the epidemic also generates shortages in food, clean water and sanitation and heavily impacts the economies of the concerned countries. The lack of healthcare services for non-Ebola cases remains another major concern.

The European Union has been active in the response to the Ebola emergency from the start. So far, the EU has contributed to the fight against Ebola with over EUR 1.1 billion funding for humanitarian and development aid, early recovery assistance and medical research, has sent experts as well as emergency supplies and provided evacuation means for international health workers.

MORE INFORMATION 1 – EU EBOLA

En este documento dejamos a su disposición los documentos adjuntos a aquellos que se encuentran en las bases de datos de la UE que tienen por objeto ampliar la información¹

¹ Existen documentos que se repiten, no los hemos eliminado con el fin de mostrar la bucle constante de documentos que se mencionan entre sí y el desorden que esto supone.

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1. PUBLIC HEALTH

(15-12-2014)

Ebola: Review of exit screening procedures at international airports in affected countries

Following the World Health Organisation's recommendation, exit screening of travellers leaving the Ebola affected countries was put in place in August, to reduce the risk of spread of Ebola. These exit screening procedures have been implemented at the airports of the affected countries with support from the US Centre of Disease Control (CDC).

Between 19 and 23 November 2014, the Commission, in partnership with the WHO, organised a review visit to the airports of the affected countries. The aim of the visit was to give assurance on actual compliance with the existing exit screening guidelines, the effectiveness of their design and their level of implementation.

The evaluation team was composed of eight participants from the European Commission, WHO-Euro, the European Centre for Disease Prevention and Control (ECDC) and four EU Member States. On-site support was provided by the authorities in the West African countries, the EU delegations in the region, WHO and US CDC staff.

The evaluation team found a very high level of implementation of the guidelines in all three airports, and assessed the probability of a passenger boarding a plane without having been screened as close to nil. The team concluded that the measures in place are likely to detect travellers with fever and to prevent persons with symptoms consistent with Ebola virus disease (EVD) from boarding a plane.

However, the evaluation team also expressed concerns about the long term sustainability and long term planning of resources, which will need further support. A [summary report \(FR version\)](#) was presented to the Health Security Committee, the Ebola Task Force and to the EPSCO Council at the beginning of December, and a full technical report is currently under development.

2. EU EBOLA RESPONSE: MEMBER STATES SEND ADDITIONAL HEALTH PERSONNEL TO THE REGION

Brussels, 06 December 2014

The European Union and its Member States continue to mobilise all available resources to help contain the largest Ebola epidemic on record.

In response to the EU's call for the mobilisation of qualified, trained and experienced health workers, Greece will send a team of six medical personnel - four doctors, a nurse and a paramedic- to the affected countries of West Africa through the Union Civil Protection Mechanism, as well as contributing to the funding of much-needed material. This was announced in a joint statement by EU Ebola Coordinator Christos Stylianides and the Greek Minister of Health, Mavroudis Vouridis, on Saturday 6 December, in Athens.

"We welcome and applaud Greece's decision to deploy medical staff to the most affected countries, only the second Member State to do so. The European Union will provide all necessary support for this initiative," said Christos Stylianides, EU Ebola Coordinator and Commissioner for Humanitarian Aid and Crisis Response, who recently visited the three most affected countries Sierra Leone, Guinea and Liberia. *"I call on all Member States to mobilise additional resources. More health personnel, more trainers for health workers, more epidemiologists are urgently needed on the ground."*

Several Member states have already responded to the Commissioner's call. France, for instance, recently offered two additional medical teams who work in Guinea and Mali, and Sweden deployed 42 doctors, nurses and other health personnel via the EU Civil Protection Mechanism, who currently run a treatment centre in Liberia.

To support the mobilisation of international humanitarian aid workers, the EU member States' contributions are also strengthening the capacities to evacuate international aid staff who contract Ebola. Following Luxembourg which announced the availability of two planes for this purpose in November, Germany has now made available an airplane fully equipped for the treatment of severe Ebola cases.

To stop the epidemic from spreading further, mobile laboratories for early detection of the virus are deployed in the affected region. The most recent contribution was offered by Belgium on Friday; a mobile laboratory will be deployed to Guinea shortly with support via the EU Civil Protection Mechanism.

A coherent European response

The European Union has been active in the response to the Ebola emergency from the start. The total EU contribution to the fight against Ebola is over EUR 1.1 billion of which over EUR 374 million has been provided by the European Commission for humanitarian and development aid, early recovery assistance as well as medical research. The EU has also deployed humanitarian experts and specialists in infectious diseases to the region and coordinates the Member States' contributions in aid supplies, medical equipment, ambulances and field hospitals.

Background

West Africa is currently facing the worst Ebola epidemic on record. More than 17 000 people have been infected and more than 6 000 people have died in the affected countries.

The unprecedented scale of the Ebola epidemic requires a robust and effective coordinated international response. Beyond the human tragedy, the disease is having devastating effects on the security and economy of the whole region, including the collapse of health systems in Liberia and Sierra Leone as well as shortcomings in the food security and nutrition, governance, agriculture, security and other key areas.

3. EU BOOSTS ANTI-EBOLA AID AFTER COMMISSIONERS' MISSION TO WORST-HIT COUNTRIES

Brussels, 17 November 2014

The European Union is continuing to scale up its response to the Ebola epidemic as its Coordinator for the emergency, Commissioner Christos Stylianides together with Vytenis Andriukaitis, Commissioner for Health, return from a four-day mission to the affected countries.

New funding of €29 million will be made available by the European Commission:

- €17 for transporting vital aid supplies and equipment to the affected countries, evacuation of infected international aid workers to hospitals in Europe and training and deploying health workers to the ground. Money will also reinforce local health facilities.
- €12 million in assistance to the neighbours of the affected countries, to help them prepare for the risk of an Ebola outbreak through early detection and public awareness measures.

The new aid was announced by Christos Stylianides, EU Ebola Coordinator and Commissioner for Humanitarian Aid and Crisis Response upon his return from Sierra Leone, Liberia and Guinea where he gathered first-hand knowledge of the challenges and considered the next steps in the EU response.

"I have seen for myself how much is being done on the ground, in very difficult circumstances, and how much more needs to be done to stop Ebola's spread. I was impressed with the bravery of humanitarian workers in Liberia, Sierra Leone and Guinea. More of them are needed and we must intensify our joint efforts to contain, control, treat and ultimately defeat this virus," said Christos Stylianides. Today he is briefing EU Foreign Affairs Ministers on the Ebola response.

Sweden has announced that it will deploy, via the EU Civil Protection Mechanism, 42 doctors, nurses and other health personnel who will run a treatment centre on the ground. Following his call for more medical workers where they are needed the most, Commissioner Stylianides welcomed this announcement and commended Sweden on acting decisively and making good use of the EU's coordination assets.

Both Commissioner Stylianides and Commissioner Andriukaitis paid tribute to the European countries who are contributing experts, aid, and equipment in the fight against Ebola.

"We will not give up until Ebola is defeated. I saw great suffering and enormous needs during this trip: there are not enough doctors and nurses and I am appealing to all Health Ministers to send more medical staff to West Africa. I witnessed great need for equipment, medicines, transport means, water, sanitation."

Europe is here to help put an end to Ebola now and to help long-term recovery required to address these needs", said the EU Health Commissioner, Vytenis Andriukaitis.

The new funding brings the European Commission's assistance for this emergency to €373 million. The European Union's total contribution is close to €1.1 billion. This financial aid is in addition to essential equipment, medical personnel from Member States and coordinated delivery of support.

Background

Commissioner Stylianides and Commissioner Andriukaitis visited Guinea, Sierra Leone and Liberia. During their mission, they discussed the challenges with the national authorities, representatives of EU Member States and humanitarian organisations. They met with Ebola survivors and European aid workers.

They also discussed procedures for exit screening of travellers flying to Belgium, France and other countries and the progress on the development of vaccines and treatment for Ebola. The EU is providing support for the testing of one candidate vaccine. First results are expected in December and if successful, more extensive "Phase 2" studies will begin early in 2015.

The European Union has been active in the response to the Ebola emergency from the start. In addition to funding, the EU has deployed mobile laboratories, humanitarian experts and specialists in infectious diseases to the region. Coordinated by the European Commission, the Member States are providing aid supplies, medical equipment, ambulances and field hospitals. The Commission is also supporting the building and recovery of the health services of the affected countries. Moreover, together with the European pharmaceutical industry, the Commission has made available €280 million for research in vaccines and medication.

4. PUBLIC HEALTH

(12-11-2014)

Ebola: Commission organises meeting with European health professionals

The Commission has invited European health and other professionals likely to enter into contact with Ebola patients to a meeting in Luxembourg tomorrow. The aim is to identify gaps and challenges for organisations and their members in the context of Ebola, and to identify areas for EU support and discuss possible joint activities.

Invitees include European groups of medical specialists such as doctors, nurses and hospital pharmacists, patients' groups such as the European Patients' Forum, and border organisations such as Airports Council International and the European Sea Ports Association.

The meeting will provide a forum to exchange information on Ebola. The Commission will inform participants about activities to tackle Ebola at EU level, and learn how organisations of health professionals inform their clients/target groups about Ebola.

Background

The current Ebola outbreak is affecting the West Africa region: Liberia, Sierra Leone and Guinea. It is the worst outbreak of the epidemic ever on record. The World Health Organization (WHO) has declared it a Public Health Emergency of International Concern, calling for a coordinated international response.

The European Commission and EU Member States are closely collaborating within the [Health Security Committee \(HSC\)](#) to manage the latest developments and to coordinate approaches on prevention and preparedness for Ebola.

The European Centre for Disease Prevention and Control (ECDC) and the World Health Organisation (WHO) are producing [risk assessments](#), [epidemiological updates](#), [advice to travellers](#) and [other information](#) about the emergency.

MIDDAY EXPRESS News from the Press and Communication Service's midday briefing
Nouvelles du rendez-vous de midi du Service Presse et Communication 11/11/2014 Ebola experts supported by EU-wide platform: a new initiative on Ebola, as Commissioners prepare to

visit affected region EU Ebola Coordinator Christos Stylianides and Commissioner for Health, Vytenis Andriukaitis will start their four-day visit to the countries most affected by the Ebola epidemic. This is a sign of the political commitment of the European Commission to help bring to an end the Ebola epidemic which has already claimed more than 5000 lives. Just ahead of the mission, today Commissioner Andriukaitis launched a new platform enabling the rapid exchange of information on the treatment and prevention of the Ebola virus disease. The online platform 'Ebola Communication Platform for Clinicians' brings together the hospitals and physicians, recognised as reference centres for the treatment of Ebola patients, from across the European Union. The aim of this network is to support preparedness and response against Ebola by linking together expertise on treatment of Ebola patients between health care specialists. This will be of particular value in sharing experience in case persons suffering from Ebola are hospitalised in the European Union. The World Health Organization is associated with this platform which was developed by the European Centre for Disease Prevention and Control. The setting up of this network was endorsed by the Foreign Affairs Council on the 20th of October. Between 12 and 16 November, the Commissioner for Humanitarian aid and the Commissioner for Health will visit Sierra Leone, Liberia and Guinea. The purpose of the mission is to get first-hand assessment of the greatest needs, see how priorities need to be adjusted and determine how Europe can continue to deal with the Ebola challenge in a coordinated way. In their meetings with national leaders, aid agencies, humanitarian workers and Ebola survivors, Commissioner Stylianides and Commissioner Andriukaitis are expected to reconfirm the EU's commitment to a strong, coordinated action in the fight against the deadly disease.

Brussels, 15 October 2014

5. Q&A: EBOLA AND HEALTH IMPLICATIONS FOR THE EU

The current Ebola outbreak affecting the West Africa region is the worst such outbreak on record. The World Health Organisation (WHO) has declared it a Public Health Emergency of International Concern, calling for a coordinated international response. As of 10 October, there have been more than 8399 reported cases, including 4033 deaths from the disease (Source: WHO).

To date, 10 patients have been repatriated to the EU/EEA with confirmed or suspected Ebola and the first secondary case of Ebola in Europe has been confirmed on 6 October.

What is Ebola?

Ebola virus disease (EVD) is a severe, often fatal illness. EVD outbreaks occur primarily in remote villages in Central and West Africa, near tropical rainforests but in the current outbreak the disease has also spread to urban places. Some Ebola outbreaks have a fatality rate of up to 90%. In the current outbreak EVD is fatal in 45-70 % (average 60 %) of the people who fall ill.

What are the symptoms?

Symptoms appear between two and 21 days following exposure to the virus, with the majority of patients developing them within one week. The first symptoms are, most commonly, a sudden fever, muscle aches, weakness, headache and a sore throat. As the virus develops, additional symptoms typically include vomiting, diarrhoea, rash and malfunction of the liver and kidneys. Some patients also have profuse internal and external bleeding and multi-organ failure.

How is Ebola transmitted?

Ebola is transmitted through direct contact with blood or other bodily fluids (e.g. saliva, urine, secretions, semen, stool, breast milk and organs) from infected people, dead or alive. It can also be transmitted via unprotected sexual contact. Humans can also catch the disease from direct contact with blood and other bodily fluids and organs from wild animals, dead or alive, such as monkeys, forest antelopes and bats.

However, Ebola is not transmitted by air and individuals do not transmit the virus before showing symptoms. Neither is there evidence that mosquitos transmit the virus.

What is the risk for European health workers in the affected areas? What help can they expect from the EU?

Ebola poses the greatest risk to the European citizens who are currently present in the affected countries, most notably to the health staff and volunteers helping to stop the spread of Ebola. In their case the European Commission, upon discussion in the European Health Security Committee (HSC), has agreed on the crucial importance of reliable systems of medical evacuation for humanitarian staff and medical workers in the affected countries to maintain an effective international response on the ground.

Accordingly, the Commission launched work to develop a European mechanism for medical evacuations. The European Commission's Emergency Response Coordination Centre (ERCC) facilitates the transport of relief items to West Africa and will, if necessary, fund and coordinate the evacuation of international staff from Liberia, Guinea and Sierra Leone. See [IP/14/1108](#).

Is the repatriation of Ebola patients a public health risk for the EU?

The first secondary case of Ebola in Europe was confirmed on 6 October 2014. The patient is a nurse who took care of an Ebola patient who had been repatriated to Spain for medical care after contracting the virus in Liberia, and subsequently died. This case demonstrates that bringing Ebola patients to the EU for treatment is not absolutely risk free. However, the risk of Ebola viruses spreading from an EVD patient who arrives in the EU as result of a planned medical evacuation is considered low by the European Centre for Diseases Prevention and Control.

Should there be obligatory screening tests for Ebola in European airports?

The possibility of a traveller with Ebola returning to the EU before becoming sick or while sick remains low, but cannot be excluded.

Exit screening is already in place in airports in the affected countries. Discussions are on-going on whether there is an added value in screening incoming travellers at EU borders. This issue is being discussed within the HSC with a view to exchanging information, ensuring that any national measures are complementary and co-ordinated. In the meantime, one Member State has introduced entry screening.

The Commission is also organising a high level co-ordination meeting in Brussels on 16 October 2014 focusing on entry screening.

Is the EU prepared for more Ebola cases in Europe?

The Commission has been working on preparedness and coordination of risk management together with Member States and with the support of the European Centre for Disease Prevention and Control (ECDC) and the World Health Organisation since the outbreak began. The EU Health Security Committee (HSC), established under the Decision of the European Parliament and of the Council on serious cross border threats to health is coordinating the exchange of information and coordination of preparedness, in response to Ebola in the EU.

So far, during the outbreak, the HSC has:

- activated networks for secure hospital facilities
- activated networks for high security laboratories to ensure all Member States can access such laboratories to diagnose EVD;
- endorsed information for travellers which is published in all EU languages;
- approved key media messages, which have been translated into all EU languages;

- undertaken work on procedures for airports and health authorities on handling possible cases of Ebola identified during a flight and on preparedness of health systems for treating Ebola cases; and
- endorsed a case definition allowing for identification of Ebola cases in the EU.

How well are individual EU countries equipped to treat a patient with Ebola?

According to the analysis by ECDC of the information provided by national authorities, most Member States seem to be well prepared. The most challenging issues concern the evacuation from affected countries and treatment in the affected countries.

There are potentially further challenges for some Member States in access to treatment facilities, transport of patients, availability of laboratories, expertise and resources. In the spirit of solidarity, the HSC is coordinating the sharing of certain key resources which Member States have offered to put at the disposal of other countries if required. These include offers of support on medical evacuation, treatment and diagnostic facilities.

Could Ebola reach the same proportions in Europe as in West Africa?

This would be highly unlikely, firstly, because of the specific conditions for transmission of the Ebola virus as described above, i.e. direct contact with a symptomatic patient's bodily fluids. Furthermore, it is important to consider that the EU has very high standards of healthcare and preventive care.

Is there a medicine or a vaccine for Ebola?

There is currently no authorised or proven treatment for Ebola. The WHO, together with regulatory partners, are urgently working to identify potential viable candidate treatments, as early supportive treatment is an important factor for the clinical outcome.

The European Medicines Agency stands ready to cooperate with the Commission and Member States to facilitate the availability of any treatment, either together with the WHO for use outside of the EU (so-called Article 58 procedure), or use within the EU through compassionate use or accelerated review procedures (with rapid prequalification from WHO).

On the research front, the Commission intends to quickly mobilise funds from Horizon 2020 via an emergency procedure to support clinical trials on candidate vaccines and therapies. The details are under discussion with the World Health Organisation and the European Medicines Agency in order to define the most appropriate research actions that could add value.

On 26 September 2014, the European Medicines Agency started to review available information on Ebola treatments currently under development. The goal is to provide an overview of the current state of knowledge about the various experimental medicines to support decision-making by health authorities.

GRAPHICS

(http://ecdc.europa.eu/en/healthtopics/ebola_marburg_fever/Pages/Infographics.aspx)

<http://www.ecdc.europa.eu/en/Pages/home.aspx>

6. EPIDEMIOLOGICAL UPDATE: OUTBREAK OF EBOLA VIRUS DISEASE IN WEST AFRICA

30 Dec 2014



On 29 December 2014 the Scottish government announced a case of EVD in a returning health care worker, the case returned to Scotland from Sierra Leone late Sunday night via Casablanca and London Heathrow, arriving into Glasgow Airport on a British Airways flight at around 11:30 pm on 28 December 2014. [1]

She was admitted to a specialist Brownlee Unit for Infectious Diseases on the Gartnavel Hospital campus hospital early Monday morning after feeling unwell and was placed into isolation at 7:50 am. All possible contacts with the patient are now being investigated and anyone deemed to be at risk will be contacted and closely monitored. However, having been diagnosed in the very early stages of the illness, the risk to others is considered extremely low.

Following procedures in the UK and Scotland, anyone diagnosed with Ebola will be transferred to the high level isolation unit in the Royal Free hospital, London.

The eighth update of the ECDC Rapid Risk Assessment [2] provides options for risk reduction and underlines the need to prepare for the early detection and appropriate management of cases who may arise among returning travellers after an asymptomatic incubation period of up to three weeks.

The probability of sustained chains of EVD transmission in the EU is low due to the capacity of Member States to identify suspected cases, perform laboratory testing, isolate and treat EVD patients and to conduct contract tracing.

1. The Scottish Government. Confirmed Ebola case in Glasgow 2014, 29 December 2014. Available from: <http://news.scotland.gov.uk/News/Ebola-case-1414.aspx>

2. European Centre for Disease Prevention and Control. Outbreak of Ebola virus disease in West Africa- rapid risk assessment- Eighth update, 18 November 2014. Available from: <http://www.ecdc.europa.eu/en/publications/Publications/Risk-assessment-Ebola-haemorrhagic-fever-Zaire-ebolavirus-Sierra-Leone-Liberia-Guinea-Spain-United-States.pdf>

MORE INFORMATION 2 – EU EBOLA

En este archivo dejamos a su disposición los documentos adjuntos a aquellos que ya se encuentran adjuntos a los documentos de las bases de datos de la UE que tienen por objeto ampliar la información¹

¹ Existen documentos que se repiten, no los hemos eliminado con el fin de mostrar la bucle constante de documentos que se mencionan entre sí y el desorden que esto supone.

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1. EUROPEAN COMMISSION GATHERS HIGH LEVEL STAKEHOLDERS TO DISCUSS PREVENTION, PREPAREDNESS AND RESPONSE TO HEALTH CRISES

The European Commission hosted a conference on December 2 on 'Health Crisis Prevention, Preparedness and Response', to explain the first results of the Union's long-term strategy in this area, including the deployment of EU Mobile Laboratories to combat the ongoing Ebola outbreak in Western Africa.

“Public opinion in the EU and throughout the world is increasingly concerned about preparedness and response in the public health sector and the Ebola outbreak in Western Africa has really brought this issue into the spotlight. This current epidemic is something from which we all need to learn” said Klaus Rudischhauser, Deputy Director General of EuropeAid, as an introductory remark to the conference.

This event gathered high level experts of health crisis management from EU institutions, the World Health Organization and public health institutes such as Institut Pasteur (Paris) or Istituto Superiore de Sanita (Rome), among other stakeholders. It provided an opportunity for the European Commission to present and explain its overall long-term strategy to address potential and bursting health crises.

The conference was also the occasion to announce the deployment of a new generation mobile laboratory, more robust and self-sustained, to be mobilised by the European Commission in Western Africa in early 2015 in order to address the ongoing Ebola outbreak by reinforcing diagnosis capacity and by training more local specialists.

The panel was chaired by Ms. Ana Gomes, Member of the European Parliament, who pointed out the necessity to learn the lessons from the Ebola outbreak and to address health crises as a priority at EU level, including in financial terms.

Ms. Isabelle Nuttall, Director for Global Capacities Alert and Response at the World Health Organization (WHO) highlighted the role of facilitator of WHO. "We cannot work alone" she declared, stressing the crucial work accomplished in common with the European Commission.

She also insisted in the necessity to substantially invest in prevention: "Investing is the key today; investing in capacity building is much more cost-effective than investing in responding to a crisis. (...) The focus is currently on Ebola, but let's invest in every crisis that may come, that will come". She also spoke in favour of additional capacities at ports of entry, referring to an ongoing joint EU-WHO project.

Mr. Christian Bréchet, Director General of Institut Pasteur (Paris), also advocated for investing in health crises prevention: "It's about sensing the emergencies", he declared, further developing on the crucial role to be played by Institut Pasteur and its solid worldwide network

Brussels, 5 December 2014

of Health Institutes. Institut Pasteur has also been for long a solid partner of the European Commission to address health crises.

Background information

Among its main achievements, this Instrument contributing to Stability and Peace (IcSP) instrument of EU's development cooperation permitted the mobilisation in Guinea, Liberia and Nigeria, from the onset of the Ebola crisis, of three EU financed mobile laboratories aiming at diagnosing the Ebola virus among patients of affected regions and at training local medical staff.

These mobile laboratories come fully equipped, with staff. They work twelve hours a day, seven hours a week. They can process up to 80 samples a day and results are available within four hours. Since their deployment in March 2014, EU mobile labs contributed to detect a significant share of positive Ebola cases.

Beyond the Ebola outbreak in Western Africa, the EU remains mobilised in order to develop further measures to prevent potential future outbreaks.

Find out more on the long-term component of the Instrument contributing to Stability and Peace (IcSP):

http://ec.europa.eu/europeaid/sectors/human-rights-and-governance/peace-and-security/funding/instrument-contributing-stability-and_en

Find out more on the EU CBRN risk mitigation Centres of Excellence (CoE) initiative:

<http://www.cbrn-coe.eu/>

Find out more on the EU Mobile Labs mobilised in Western Africa against the ongoing Ebola outbreak: <http://capacity4dev.ec.europa.eu/emlabproject-ebola/>

EUROPEAN COMMISSION PRESS RELEASE

2. FIGHTING EBOLA: EUROPEAN COMMISSION SENDS REPRESENTATIVES TO SIERRA LEONE AND LIBERIA TO COORDINATE EU SUPPORT

The European Commission is continuing its active participation in the efforts to contain the outbreak of Ebola which has already claimed 2811 lives in Guinea, Liberia, Sierra Leone and Nigeria. Two high-level officials from the Commission have visited Sierra Leone (Freetown) and Liberia (Monrovia) last week to discuss the coordinated response to the epidemic and to confirm continued European Union support to the affected countries.

Marcus Cornaro, Deputy Director General of the Commission's Directorate General for Development and Cooperation (EuropeAid) and Philippe Maughan, Head of Sector for Southern Africa and the Indian Ocean at the Directorate General for Humanitarian Aid and Crisis Response (ECHO) met with President Ernest Bai Koroma of Sierra Leone and President Ellen Johnson Sirleaf of Liberia. They also held meetings with the national authorities (including the Minister of Health and Finance) and international organisations operating on the ground in response to the emergency. They also had exchanges with representatives of the US Army and the African Union who had just arrived to set up their respective missions.

On his return, Marcus Cornaro said: "The situation in the two countries is extremely serious and the international community must increase its support to fight the epidemic. In my meetings I confirmed that the EU has put a comprehensive range of support measures in place. We are determined to help the countries and the many victims with immediate support through humanitarian aid, but will also give development assistance to the region to strengthen health

systems, as well as budget support to Sierra Leone and Liberia to cushion the severe macroeconomic impact of the crisis.”

Philippe Maughan added: "As a medical doctor and emergency healthcare expert, I commend the healthcare professionals working around the clock to contain the spread of the disease, often at risk for their own lives. The capacity of first responders is stretched. The surge of the international response in recent weeks is welcome, but it urgently needs to be translated to concrete action on the ground".

Background

The EU has increased its response on several occasions since the outbreak of the epidemic and has so far pledged almost €150 million to help the affected countries. €11.9 million has been targeted at the most urgent humanitarian needs through Medecins Sans Frontieres, the World Health Organisation and the Red Cross. The Commission' assistance includes ensuring treatment for infected patients and measures to contain the epidemic, as well as strengthening health care systems and improving food security, water and sanitation.

Brussels, 24 September 2014

3. THE EU IS SUPPORTING THE RECENTLY ESTABLISHED AU MISSION "SUPPORT TO EBOLA OUTBREAK IN WEST- AFRICA" WITH €5 MILLION.

The Commission has dispatched humanitarian health experts to each of the three most affected countries and on the UN's assessment team in the region. In Brussels, the Emergency Response Coordination Centre (ERCC) is also part of the coordination effort, facilitating the exchange of information and hosting numerous intra-EU coordination meetings since the crisis broke this spring.

Three EU mobile laboratories are deployed in the region to help with the diagnostics and confirmation of cases and train laboratory technicians. Furthermore, Liberia and Sierra Leone will receive financial assistance through budget support to help them deliver health care services and bolster macro-economic stability in response to wider economic challenges arising from the crisis. For more detailed information on the EU's response to help fight the Ebola outbreak, see [MEMO/14/520](#).

On 15 September, the European Commission hosted a high-level meeting to promote stronger international coordination of the response to the crisis.

For more information:

Website of EuropeAid Development and Cooperation DG:

<http://ec.europa.eu/europeaid/>

The European Commission's humanitarian aid and civil protection:

http://ec.europa.eu/echo/index_en.htm

Factsheet on the EU response to the Ebola epidemic:

The EU's response to the Ebola crisis (Speech by Commissioner Kristalina Georgieva at the European Parliament): http://europa.eu/rapid/press-release_SPEECH-14-609_en.htm

4. EU RESEARCH EFFORTS AT FRONT LINE OF FIGHT AGAINST EBOLA

Brussels, 16 January 2015

The EU has acted decisively since the early stages of the current Ebola crisis and is today announcing its latest actions in the field of research. Support to research is part of the EU's response, together with humanitarian aid, expertise, international coordination and longer-term development assistance.

The European Commission is today announcing eight research projects into Ebola that will be funded with a total of €215 million. These projects will develop in particular vaccines and rapid diagnostics tests, which are key to overcoming the current Ebola crisis. In parallel, another project is now on site in Guinea to monitor the ongoing Ebola crisis with the aim to improve preparedness and planning, operational effectiveness of future interventions in case of similar outbreaks or pandemics.

The eight projects working on vaccine and diagnostics are run under the new Ebola+ programme of the Innovative Medicines Initiative (IMI) and funded jointly by the European Commission and the European pharmaceutical industry. €114 million come from Horizon 2020, the EU's research funding programme, and the remaining €101 million from the pharmaceutical companies involved in the projects^[1]. The announcement comes shortly before the start of the World Economic Forum in Davos, where the Ebola crisis is expected to feature high on the agenda.

European Commissioner for Research, Science and Innovation Carlos Moedas said: *"There is no vaccine or treatment against Ebola as yet, so we must urgently step up our efforts in Ebola research. With this funding from Horizon 2020 and our industry partners, we are speeding up the development of an Ebola vaccine as well as rapid diagnostic tests to aid heroic health workers. These are the tools we need to defeat Ebola once and for all."*

The projects include partners from around the world (mainly Europe, Africa, and north America) and address the following aspects (see Annex for more details). The topics are among the key priorities set out by the World Health Organization in the current Ebola crisis:

- **Development of Ebola vaccines (3 projects)**

There are currently no licensed vaccines for Ebola. Three projects will advance the development of such vaccines by assessing the safety and efficacy of different vaccine candidates.

- **Scaling up vaccine manufacture (1 project)**

Ebola vaccines can be manufactured in facilities with a higher biosafety rating. This project will establish a platform capable of rapidly producing sufficient quantities of the vaccine, while adhering to stringent quality and safety requirements.

- **Compliance with vaccine regimens (1 project)**

For a vaccine to have a real impact on an outbreak, high levels of vaccination coverage are essential. In addition, for lasting protection, two doses of the vaccine may be needed. The project will raise awareness of vaccination campaigns and aim to secure patient compliance for vaccines that require two doses.

- **Rapid diagnostic tests (3 projects)**

There is currently no fast, reliable test to determine if someone has Ebola or not. Three projects will pave the way for rapid diagnostic tests capable of delivering reliable results in as little as 15 minutes.

In addition to these, the Miracle project (Mobile Laboratory Capacity for the Rapid Assessment of CBRN Threats Located within and outside the EU) has developed a “Biological scenario” which closely mimics the current Ebola crisis situation and its rapid spread in West Africa, and how it can be addressed. This scenario is currently being implemented in real life operational conditions: An in-field laboratory in the immediate vicinity of an Ebola treatment centre located in the outskirts of Nzere Kore, Guinea, close to the borders of Liberia, Ivory Coast and Sierra Leone. In addition to helping identify Ebola patients quickly, this laboratory will also support new clinical research into one of the most promising drugs for the treatment of Ebola patients. Lessons learned from this deployment will also help refine the analysis of gaps, technological or logistical improvements and missing technologies for mobile laboratories.

To reinforce EU efforts to help fight Ebola in rural communities of Guinea, under the leadership of the Commission, the European Centre for Disease Prevention and Control is deploying in the next few days four teams of French-speaking epidemiologists to support surveillance and response at community level.

Background

The European Commission has already mobilised **€24.4 million** from Horizon 2020, the EU's framework programme for research and innovation, that will fund five projects ranging from large-scale clinical trials to tests of existing and new Ebola compound treatments ([IP/14/1194](#)).

It also worked with the industry partners within IMI to launch the Ebola+ programme, a multi-million euro programme on Ebola and related diseases such as Marburg haemorrhagic fever, in November 2014 ([IP/14/1462](#)). The eight projects announced today were selected following the first call for proposals under this programme.

IMI is a partnership between the EU and the European pharmaceutical industry, represented by the European Federation of Pharmaceutical Industries and Associations (EFPIA), to speed up the development of medicines. IMI was launched in 2007 and had a budget of €2 billion in its first phase until 2013. IMI2 has a budget of €3.3 billion for the period 2014-2024. Half of the funding comes from the EU, the other half from large companies, mostly from the pharmaceutical sector. These do not receive any EU funding, but contribute to the projects ‘in kind’, for example by donating their researchers’ time or providing access to research facilities or resources.

The EU is also helping to fight infectious diseases in sub-Saharan Africa, including Ebola, within the European and Developing Countries Clinical Trials Partnership programme (EDCTP2). This partnership works with a budget of €2 billion over the next ten years, with nearly €700 million coming from Horizon2020 ([IP/14/2273](#)).

The Miracle project operates with a budget of €1.4 million, co-funded by the Security research programme of the European Commission. The project is coordinated by the Université Catholique de Louvain and runs from 1 December 2013 to 31 May 2015.

For more information

Annex: [List of selected IMI projects](#)

[EU research on Ebola](#)

EU response to Ebola: [website](#) and [factsheet](#) (MEMO/14/2464)

[Horizon 2020](#)

[Innovative Medicines Initiative](#)

[Miracle project](#)

[1] The Grant Agreements for some projects selected under the first call of the some Ebola+ programme are still being finalised. Final information on all selected projects, including budget details, will be published once the Grant Agreements have been signed.

West Africa is currently facing the largest and most complex Ebola epidemic on record. Guinea, Liberia and Sierra Leone are the most affected countries. The European Union has mobilised political, financial and scientific resources to help contain, control, treat and ultimately defeat Ebola. The EU's total financial contribution to fight the epidemic is over €1.1 billion. This includes funding from the Member States and the European Commission. The Commission has provided more than €434 million to fight the disease - covering emergency measures and longer-term support.



The Development and Cooperation- EuorAid Directorate-General provides assistance to mitigate the effects of the epidemic and help the region on its road to recovery. This comes in addition to the on-going programmes in the countries concerned.

DG EuorAid is delivering some €194 million in development assistance:

Just over €122 million are being given to the governments of Liberia, Sierra Leone and Guinea in the form of budget support. This will help them deliver urgently needed public services-in particular health care-and also cushion the economic impact of the epidemic.

€28 million will strengthen healthcare systems, including in the areas of healthcare provision, food security, water and sanitation through a Linking Relief Rehabilitation and Development LRRD approach.

€5 million are provided to the African Union AU mission Support to Ebola

Outbreak in West Africa ASEOWA, to allow some 100 health workers to practice in affected countries.

Some €8 million finance mobile laboratories to detect the virus and train health workers. Under WHO advice, two mobile lab units are now being re-deployed from Nigeria and Liberia to Sierra Leone (Freetown), where the situation is getting all the more critical with cases still increasing. The third mobile unit remains in Guinea (Gueckedou) where it first arrived in March. All placed near treatment units ran by Médecins Sans Frontières, the European Mobile Labs can provide sample diagnosis with 3-4 hours. The laboratories are run by teams of EU and African specialists trained under the European Mobile Labs initiative.

€11 million towards Ebola preparedness has been allocated to six high risk neighbouring countries to support their national preparedness plan.

A further €20 million has been retargeted of an on-going health project launched in late 2013 in Guinea to address the Ebola crisis. Activities include improving access to quality basic health services and the training of health workers as well as the rehabilitation of facilities and equipment.

€65 million of this total development assistance package will be delivered in 2014 the remaining in 2015.

EU Commissioner for International Cooperation and Development, Neven Mimica, announced a new pledge of €61 million in development assistance (included in list above) in response to the Ebola crisis in the affected countries of West Africa, during a visit to Guinea in early November.

Humanitarian Aid and Health Protection (<http://ec.europa.eu/echo/>)

5. COUNCIL CONCLUSIONS

Brussels, 17 November 2014

Council conclusions on Ebola

Foreign Affairs Council meeting Brussels, 17 November 2014

The Council adopted the following conclusions:

"1. The European Union (EU) remains deeply concerned about the spread of the Ebola virus that is continuing to take lives in Guinea, Sierra Leone and Liberia, and having profound effects across the West Africa region and beyond. It also expresses its concern about the new confirmed cases in Mali. It acknowledges the unprecedented comprehensive national, regional and international effort aimed at fighting the disease and reaffirms its strong commitment to step up even further its response in containing, combatting and eventually controlling the epidemic.

2. The EU recognises the heroic efforts of both national and international health responders, pays tribute to those who have sacrificed their lives in the effort to stem the disease and underlines the importance of avoiding stigmatisation of returning health personnel. The Council stresses that health responders have to be supported at all levels, by public institutions, societies and private entities, to make sure they can operate effectively in the affected countries and upon their return.
3. The Council continues to recognise that a united, coordinated and increased effort is needed in order to contain the outbreak and provide the necessary and appropriate assistance to the countries affected and the neighbouring countries.

4. The European Union fully supports the Governments of the countries concerned, as well as the overall co-ordinating role of the United Nations (UN) with regard to international assistance in response to the Ebola crisis, including the role of France, the United Kingdom and the United States for the three countries most affected. It also welcomes the growing mobilisation of African countries and organisations. The EU welcomes the endorsement by Heads of State and Government of the Economic Community of West African States' (ECOWAS) Regional Integrated Operational Plan for Response to the Ebola Virus Disease during the Extraordinary Summit held in Accra on 6 November. The EU looks forward to its early implementation and stands ready to support an enhanced role of the region in the fight against the epidemic by reinforcing its coordination with ECOWAS and its member states, under the wider UN led effort. It also welcomes the renewed efforts by the African Union to deal with the crisis. In this respect, the EU welcomes the G20 Brisbane Statement on Ebola.

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5. The Council recalls its conclusions and the European Council conclusions of August and October 2014, and in light of the continued deterioration of the Ebola epidemic, the October European Council appointed Commissioner Stylianides as EU Ebola Coordinator, pledged to provide 1 billion euro for short and medium term efforts, and to increase the number of international health responders assisting the countries of the region in tackling the virus. In this respect, the Council takes note of progress achieved in response to these commitments and the implementation of the Comprehensive Response Framework.
6. The Council welcomes in particular the rapid increase in the total pledges for funding from the European Union and its Member States and the swift attainment of the 1 billion euro target set by the European Council, now collectively placing the European Union as the prime donor amongst the international community. The Council welcomes the offers of key capabilities and in-kind donations, including the ongoing joint effort of the EU and Member States to secure delivery of support by maritime means. It recalls the need to continue providing such support to the Ebola response, including strategic airlift capacities, and encourages Member States to use existing mechanisms in this regard.
7. The Council applauds the increasing number of European health workers arriving in the field. It reaffirms the importance of additional and rapid deployment of appropriately qualified, trained and experienced medical and support staff to the region. It also underlines the need for coordinating approaches regarding the mobilisation of volunteers on the basis of best practices. It invites Member States, in direct cooperation with the EU Ebola Coordinator, and with the support of services concerned, to take all appropriate steps in securing the rapid deployment of such staff on a voluntary basis and to use the Emergency Response Coordination Centre as the clearing house.
8. The Council invites the Commission, together with Member States, to further explore the establishment of a reserve pool of health experts from Member States on a voluntary basis for rapid and targeted deployment taking into account the experience of the current crisis and taking note of efforts by the World Health Organisation (WHO). Detailed work should start once the acute phase of the crisis has been overcome.
9. Recalling its conclusions from October, the Council stresses the need to fully implement the guarantee of appropriate care for international health responders, within available resources in order to ensure their treatment on the most appropriate basis. It recalls the importance of further enhancing the existing capabilities for medical evacuation of international health responders at the European Union and, on a case by case basis, at the Member States' level. The Council welcomes the first commitments announced by Member States in this regard.

10. The Council further welcomes the reinforcement of preparedness in the EU, and the improvement of internal EU coordination in the formulation of medical evacuation related procedures. It also welcomes the additional support being provided by the Commission and Member States to develop new vaccines and treatments, including the 280 million euro investment announced on 6 November for a joint EU-pharmaceutical industry initiative to boost research into Ebola and protocols for hospital infection control.
11. The Council agrees to strengthen coordination and information sharing on regional preparedness gaps via existing platforms to prioritise key risks, in close coordination with WHO and other international actors.

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12. The Council takes note of the work undertaken by the European External Action Service (EEAS) and the Commission in identifying and filling gaps in our response and in assessing the wider political, security and economic implications of Ebola. In this respect, it underlines the importance of urgent support in rebuilding the health systems of these countries.
13. Furthermore, the Council stresses the importance to address longer term issues regarding resilience, poverty reduction, social impact, capacity in the education sector, the broader peace building agenda, as well as the need to implement the International Health Regulations (IHR).
14. The Council welcomes the determination shown by the EU Ebola Coordinator, to strengthen the European Union's collective response and coordination and facilitate the close cooperation with the United Nations, regional organisations and other key partners. It takes note of his priorities, as presented to the Council, and the findings and recommendations of the situation on the ground following the mission of the EU Ebola Coordinator Stylianides and of the Health Commissioner Andriukaitis to Guinea, Liberia and Sierra Leone, from 12 to 16 November, notably the urgent need to deploy additional medical and epidemiological personnel, to adapt the response flexibly to the changing dynamic of the epidemic in some parts of the region, and to ensure efficient operational coordination among key actors at country level. It also takes note of the Coordinator's willingness to take forward preparatory work for a high-level international meeting, involving the UN, prepared together by the concerned Commission and EEAS services as well as Member States.
15. The Council invites the EU Ebola Coordinator to report back and to present further recommendations at its next meeting, in preparation for the discussion at the December European Council."

6. COUNCIL CONCLUSIONS

[Luxembourg, 20 October 2014](#)

Council conclusions on Ebola

Foreign Affairs Council meeting Luxembourg, 20 October 2014

The Council adopted the following conclusions:

1. "Recalling its conclusions and the European Council conclusions of August 2014, the Council remains deeply concerned about the ongoing spread of the Ebola virus in West Africa and the increasing number of people being infected and dying from it. The number of deaths in the region has exceeded 4500 and the epidemic continues to grow

- exponentially in Liberia, Sierra Leone and Guinea. In addition, the first cases among health workers being infected outside Africa were recently confirmed.
2. The Council renews its deepest condolences, of Member States and European Union citizens, to all those affected by the outbreak, governments and citizens. The Council also expresses its deep appreciation to all humanitarian and health workers in the front line and reaffirms its readiness to examine further ways of assisting them in their efforts.
 3. The Council welcomes the efforts of Governments of affected and neighbouring countries, regional organisations and the international community at large in ensuring that victims receive adequate treatment, that support is provided to their families and that all actors involved, including international organisations and relevant non-governmental organisations (NGOs) are given safe and unhindered access to all affected areas. The Council commends the mobilisation of the African Union, its efforts at regional coordination and its solidarity with the countries affected by the outbreak. The humanitarian corridor from Dakar and the coming resumption of regional air services from Abidjan are important steps.
 4. The Council recognises that a united, coordinated and increased effort is needed in order to contain the outbreak and provide the necessary and appropriate assistance to the countries affected and also to the neighbouring countries. In this respect, it stresses the importance of reinforcing regional and international cooperation at appropriate levels, as well as providing assistance to lead nations, NGOs and the United Nations (UN), particularly the World Health Organisation (WHO). The EU also looks forward to the quick implementation of the regional operational plan on the fight against Ebola by the Economic Community of West African States. The Council underlines the importance of all actors working together under the UN umbrella and coordinating assistance with the wider UN led effort. It also notes the need to include measures to create resilience in the assistance efforts.

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5. The Council welcomes the UN Secretary General's decision to establish the first-ever UN emergency health mission, the UN Mission for Ebola Emergency Response (UNMEER), based in Accra as an important step in the global efforts to contain the outbreak, to assist with the management and coordination of the international response and take a strong leadership role at national levels. It also welcomes the appointment of David Nabarro, as Special Envoy on Ebola, and Anthony Banbury as his Special Representative and Head of UNMEER. The European Union will continue the close cooperation with both of them and coordinate its operational response to the epidemic with UNMEER.
6. The Council recognises that measures to contain the epidemic and to support the affected countries also require urgent additional assistance. In this regard, it calls on all international donors to respond to the UN appeal for \$ 987.8 million, including through the UN Ebola Trust Fund bearing in mind the important needs in the short and medium term. The EU is committed to play an active role in enhancing the international response and, respecting the overall coordinating role of the UN, is ready to coordinate with other international partners the organisation of a High Level Conference on Ebola with wide participation.
7. The European Union and its Member States have already committed over half a billion Euro to provide urgent medical care to those infected by the virus, to help contain the epidemic and to support governments of affected countries in mitigating the effects of the outbreak on their economies and essential services; the European Union is also contributing financially to the African Union ASEOWA mission (AU Support to Ebola Outbreak in West-Africa). Member States have also been providing substantive

assistance, including the secondment of specialists, building of hospitals and availability of air lift capacities, and are mobilising resources in the field of medical research. In this regard, the Council welcomes the role of France, the UK and the US in mounting the response in the affected countries. The Council also welcomes the continued airlinks to and from the countries affected and in this respect it urges all countries to follow the relevant WHO guidelines. The European Union will continue to examine needs and provide further assistance to the countries of the region in countering the epidemic, mitigating its short and long-term effects, and enhancing the preparedness of countries in the wider region.

8. The Council fully shares the assessment of UN Security Council Resolution 2177 (2014) that the Ebola outbreak is a threat to international peace and security. The Council will examine at its next meeting the wider political, security and economic implications of Ebola on the most affected and neighbouring West African countries. The Council encourages the EEAS, in cooperation with the Commission and the Member States, to intensify its ongoing diplomatic outreach to African countries and organisations and reiterate the need to isolate the disease but not to isolate countries.
9. The Council welcomes the close coordination of the assistance provided by the Member States and the EU institutions and the establishment of the Task Force on Ebola within the Emergency Response Coordination Centre (ERCC). Ensuring synergies in our common response is of the highest priority. The Council also encourages the involvement of the private sector as part of the international health community as exemplified by the on-going works of World Health Summit (Berlin, 19-22 October). The Council underlines also the importance of continuous consultations and information sharing, at the appropriate level, on issues and measures to be taken to protect the EU and its citizens from potential contamination. The EU underlines the need for continuous objective public information on the Ebola virus to prevent possible stigmatisation.

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10. The Council welcomes agreement amongst Member States and the Commission to guarantee appropriate care for international health responders within available resources to receive the treatment they need, in line with clinical advice, via treatment in country to an appropriate standard or medical evacuation supported by means of a specialized commercial aircraft or member states capabilities on a case by case basis. This will be coordinated through the EU Emergency Response Coordination Centre. The evacuation operation is eligible for financing of up to 100% from the EU budget. The Council also calls for an increase in EU Medevac capacity.
11. The Council takes note of the Commission/EEAS EU Comprehensive Response Framework for the Ebola Virus Outbreak in Western Africa as requested by the European Council in its conclusions of 30 August. It invites the Commission and the EEAS to pursue their cooperation on this issue and to inform rapidly the Council of the progress made in the implementation of the Comprehensive Response Framework. The Council also takes note of the ongoing work in enhancing the collective EU response to the Ebola crisis, including its wider political, security and economic implications, and tasks the EEAS and the Commission to present options with regard to all available tools at the EU's disposal, in preparation of its next meeting.
12. The Council acknowledges the need to establish a clearing house/ reserve pool of health experts from member states on voluntary basis for quick and targeted deployment in health crises, welcomes all efforts to enhance medical and pharmaceutical R&D especially on tropical and neglected diseases, and calls for a tailoring of the EU's development cooperation to the specific needs of the countries in the region affected by Ebola in order to strengthen the resilience of their health systems and governance.
13. Following the High level co-ordination meeting of Health Ministers held on 16th October 2014, the Council calls on the Commission services, with WHO, to audit the

effectiveness of the screening systems at point of exit in the affected countries and to assist in reinforcing them as necessary. It stresses the importance of continuous consultations and information sharing on measures to protect the EU and its citizens. The Council underlines the need to ensure objective information to promote public awareness and preparedness on Ebola, including at all entry points. The Council stressed the importance of more consultations with a view to co-ordinating national measures at entry points and calls on the Commission to lead work which could result in common protocols and procedures as appropriate. It also calls on Member States to consider to use in full the potential of visa information systems and transport carriers' information to anticipate potential arrivals of disease infection. The Council also welcomes Commission's work on the organisation of a workshop on best practices in infection control in healthcare settings, on the setting up of a voluntary network of clinicians for the treatment of Ebola at EU level and on the feasibility of Joint Procurement for protective gear for health professionals treating Ebola patients and possible medical treatment."

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7. EBOLA HIGH LEVEL CO-ORDINATION MEETING - PRESS STATEMENT

Ministers want to give a message of reassurance to our citizens that we are ready to step up our efforts and reinforce our preparedness and response.

We need to show our determination and to pass the following common messages:

- Underline the common admiration and deep sense of appreciation by Ministers for the selfless work of health workers.
- A clear message of Member States that we need to reinforce screening at point of exit of affected countries.
- To this end, the Commission together with WHO will undertake an audit of exit screening systems in place in the affected countries to check their effectiveness and reinforce them as necessary.

Member States agreed with the need for better co-ordination of national measures at entry points, in particular for direct connections at airports and ports.

To this end, the Commission will continue to work with the aim of arriving at common protocols and procedures, for example on questionnaires for passengers, common contact tracing forms and contact tracing procedures.

In this context, Member States raised the importance of the need to have better information emanating from visa information systems and transport carriers, in order to be able to anticipate potential arrivals of diseases infection.

All Member States agreed with the need to reinforce information and awareness campaigns at all EU entry points addressed to passengers, crew, all airport staff and first line healthcare workers; in particular we need to enhance information given to travellers from affected countries so that they know what to do and where to go at the first symptoms.

The Commission will convene a workshop on 4 November to exchange best practice in infection control in healthcare settings based on the experience that all the Member States have gained with the first cases appearing in the EU.

The Commission is also proposing a voluntary network of clinicians for the treatment of Ebola at EU level. This will complement a similar network established by the WHO.

It is also safe to conclude that I felt an increased interest on the part of the Member States to engage in a co-ordinated manner in medical evacuations.

The Commission has already put a system in place for which I thank Commissioner Georgieva and ECHO. I hope that we can scale up this co-ordination with the assets of the Member States.

I also heard a call to examine the feasibility of Joint Procurement for protective gear and possible medical treatment when they are available. To this end, the Commission will explore this avenue further and will continue the discussions in the Health Council.

The Commission is expected to sign a Framework contract with the US State Department so that the EU will be able to use planes for medical evacuation of EU healthcare workers.

8. WORLD HEALTH ORGANIZATION

[\(http://www.who.int/csr/disease/ebola/situation-reports/archive/en/\)](http://www.who.int/csr/disease/ebola/situation-reports/archive/en/)

1 WHO: Ebola Response Roadmap Situation Report 1 October 2014 OVERVIEW The total number of probable, confirmed and suspected cases (see Annex 1) in the current outbreak of Ebola virus disease (EVD) in West Africa reported up to 28 September 2014 is 7178, with 3338 deaths. Countries affected are Guinea, Liberia, Nigeria, Senegal and Sierra Leone. Figure 1 shows the total number of confirmed and probable cases in the three high-transmission countries (Guinea, Liberia, and Sierra Leone) reported in each epidemiological week between 30 December 2013 (start of epidemiological week 1) and 28 September 2014 (end of epidemiological week 39). For the second week in a row the total number of reported new cases has fallen. It is clear, however, that EVD cases are under-reported from several key locations. Transmission remains persistent and widespread in Guinea, Liberia and Sierra Leone, with strong evidence of increasing case incidence in several districts. There are few signs yet that the EVD epidemic in West Africa is being brought under control. OUTLINE This is the sixth in a series of regular situation reports on the Ebola Response Roadmap¹. The report contains a review of the epidemiological situation based on official information reported by ministries of health, and an assessment of the response measured against the core Roadmap indicators where available. The data contained in this report are based on the best information available. Substantial efforts are ongoing to improve the availability and accuracy of information about both the epidemiological situation and the implementation of the response. Following the roadmap structure, country reports fall into three categories: (1) those with widespread and intense transmission (Guinea, Liberia, and Sierra Leone); (2) those with an initial case or cases, or with localized transmission (Nigeria, Senegal); and (3), those countries that neighbour areas of active transmission (Benin, Burkina Faso, Côte d'Ivoire, Guinea-Bissau, Mali, Senegal). An overview of the situation in the Democratic Republic of the Congo, where there is a separate, unrelated outbreak of EVD, is also provided (see Annex 2). Figure 1: Confirmed and probable cases of Ebola virus disease in Guinea, Liberia, and Sierra Leone Data are based on official information reported by Ministries of Health. These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results. ¹ For the Ebola Response Roadmap see: <http://www.who.int/csr/resources/publications/ebola/response-roadmap/en/2>

1. COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION The upward epidemic trend continues in Sierra Leone and most probably also in Liberia. By contrast, the situation in Guinea appears to be more stable, though it must be emphasized that in the context of an outbreak of EVD, a stable pattern of transmission is still of grave concern, and could change quickly (figure 1; table 1). Table 1: Probable, confirmed, and suspected cases in Guinea, Liberia, and Sierra Leone as at end 28 September 2014

Country	Case definition	Cases in past 21 days	Cases in past 21 days/total cases	Deaths
Guinea	Confirmed	950	230 24%	535
Guinea	Probable	170	14 8%	170
Guinea	Suspected	37	23 62%	5
All		1157	270 23%	710
Liberia	Confirmed			

927 280 30% 890 Probable 1656 687 42% 664 Suspected 1113 672 60% 444 All 3696 1639 44% 1998
Sierra Leone Confirmed 2076 788 38% 574 Probable 37 0 0% 37 Suspected 191 106 56% 11 All 2304
894 39% 622 Total 7157 2800 39% 3330 Data are based on official information reported by Ministries of Health. These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results. GUINEA Reports from Guinea show a slight fall in the number of new cases reported compared with each of the past five weeks (figure 2). This fall is largely attributable to a drop in the number of new cases reported from Macenta district, which had seen a surge in the number of new cases over the past five weeks. Figure 2: Ebola virus disease cases reported each week from Guinea and Conakry Data are based on official information reported by Ministries of Health. These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results.³ Transmission is persistent in Gueckedou, the region in which the outbreak originated, which has reported between five and 20 new cases over the past 10 weeks. There has been a slight increase in the number of new cases reported in the capital, Conakry, with 27 new confirmed cases reported this week. Beyla district, which borders Côte d'Ivoire, has now reported its first confirmed case. LIBERIA The continued fall in the number of reported new cases shown in figure 1 is largely attributable to the sharp drop in the number of confirmed new cases reported from Liberia over the past two weeks. Last week there were no new reported confirmed cases from the capital, Monrovia, which in previous weeks had reported a surge in cases. This week, five new confirmed cases have been reported in Monrovia, but there remains compelling evidence obtained from responders and laboratory staff in the country that there is widespread under-reporting of new cases, and that the situation in Liberia, and in Monrovia in particular, continues to deteriorate. Figure 3: Ebola virus disease cases reported each week from Liberia and Monrovia Data are based on official information reported by Ministries of Health. These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results. A large number of suspected new cases (and deaths among suspected cases) have been reported from Liberia over the past week. It is very likely that a substantial proportion of these suspected cases are genuine cases of EVD, and that the reported fall in confirmed cases reflects delays in matching laboratory results with clinical surveillance data. Efforts are being made to urgently address this problem, and it is likely that the figures will be revised upwards in due course. At the present time, the numbers of probable and suspected cases, together with those confirmed, may be a more accurate reflection of case numbers in Liberia. The counties of Bong, Grand Bassa, Margibi and Nimba continue to report high numbers of new cases. There has been little change in the number of new cases reported in Lofa, which borders Gueckedou in Guinea, for the past three weeks, with 38 confirmed and probable cases reported this week. SIERRA LEONE Nationally, the situation in Sierra Leone continues to deteriorate, with an increase in the number of new confirmed cases reported over each of the past six weeks. The neighbouring districts of Port Loko, Bombali, and Moyamba, which are adjacent to the capital, Freetown, have now been quarantined after a surge in new cases over the past four weeks. Tonkolili has also reported a rise in the number of new cases this week. By contrast, a very low number of new cases have been reported from Kailahun and Kenema for the past two weeks. These areas had previously reported high levels of transmission. Further investigation will be required to confirm whether this fall is genuine, or a result of under-reporting. At present, the latter appears more likely. Figure 4: Ebola virus disease cases reported each week from Sierra Leone and Freetown⁴ Data are based on official information reported by Ministries of Health. These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results. HEALTH-CARE WORKERS The high number of EVD infections in health-care workers (HCWs) continues to be a cause of great concern. 377 HCWs have now been infected with EVD as of 28 September, 216 of whom have died (table 2). Table 2: Ebola virus disease infections in healthcare workers as of 28 September 2014

Country	Case definition	Cases	Deaths
Guinea	Confirmed	59	27
	Probable	8	8
	Suspected	0	0
	All	67	35
Liberia	Confirmed	73	63
	Probable	88	28
	Suspected	24	4
	All	185	95
Nigeria	Confirmed	11	5
	Probable	0	0
	Suspected	0	0
	All	11	5
Sierra Leone	Confirmed	111	78
	Probable	2	2
	Suspected	1	1
	All	114	81
Total		377	216

Data are based on official information reported by Ministries of Health. These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results. GEOGRAPHICAL DISTRIBUTION AND NEWLY AFFECTED DISTRICTS Figure 5 shows the location of cases throughout the countries with widespread and intense transmission. The cumulative number of cases to date in each area is shown (grey circles), together with the number of cases that have occurred within the 21 days (red circles) up to 28 September. Ten districts in which previous cases were confirmed have reported no cases during the 21 days prior to the end of 28 September (nine districts in Guinea, one in Sierra Leone). In Guinea, there has been one confirmed case reported in the newly affected Beyla district, on the border with Côte d'Ivoire. In Liberia, the previously uninfected area of Grand Kru, near the border with Côte d'Ivoire, has now reported six confirmed cases of EVD. Figure 5: Geographical distribution of new cases and total cases in Guinea, Liberia, and Sierra Leone Data are

based on official information reported by Ministries of Health. The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.⁶

RESPONSE IN COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION In accordance with the aim of achieving full geographic coverage with complementary Ebola response activities in countries with widespread and intense transmission, WHO is monitoring response efforts in five domains (figure 6). The most recent developments in each domain are detailed below. Figure 6: Response monitoring for Guinea, Liberia, and Sierra Leone as of 28 September 2014 A full key to the colour coding of each indicator is contained in Annex 3. The data presented here are gathered from various secondary sources, including Ministries of Health and WHO reports, OCHA, UNICEF in Conakry and Geneva, and situation reports from non-governmental organizations. Information obtained during one-to one communications with partners and representatives of medical teams is also included. Case management: Ebola treatment centres, referral, and infection prevention and control One new referral unit has now opened in Sinoe district (Sinoe county) in Liberia (figure 6). Also in Liberia, a site has been identified by the Ministry of Health for a referral unit in Grand Kru district 7 (Maryland county): an area in the south of the country which only recently reported its first confirmed cases of EVD. In Sierra Leone, three isolation centres were opened in Bombali district. No new Ebola treatment centres (ETCs) opened this week; there remains a significant shortfall in capacity. In Liberia, an estimated 1500 beds are required in addition to those in place or soon to be in place; in Sierra Leone, an additional 450 beds are needed. WHO will convene a meeting of the Guideline Development Group on the 6–7 October, which will discuss the development of new guidelines on the use of personal protective equipment to control health-care associated Ebola transmission, and to allow satisfactory working conditions in the context of EVD outbreak response. Case confirmation Two US Navy mobile laboratories have now arrived in Liberia. One team will be based in Gbarnga (Bong county), with the other based in Montserrado (the district containing the capital, Monrovia). Both teams will be operational by 5 October (figure 6). In Sierra Leone, the Chinese mobile laboratory team based in Freetown started testing samples on 29 September 2014, with a testing capacity of 20 samples per day. All other mobile laboratories in Guinea, Sierra Leone and Liberia remain functional and are operating at full capacity. Surveillance In Guinea, contact tracing efforts need to be reinforced in the districts of Dalaba and Forecariah. In Liberia, daily contact tracing achievement was under 90% on average during the week to 28 September in the districts of Grand Cap Mount, Grand Gedeh, Grand Kru, River Ghee, Margibi, Maryland, and Rivercess. In Sierra Leone, under 90% of contacts were traced each day, on average, during the week to 28 September in Kailahun district and the capital, Freetown. Elsewhere, the success rate was over 90%, though it should be kept in mind that no contacts are traced for cases that are unreported. Safe and dignified burials In Liberia, an International non-governmental organisation, Global Communities, has started to support the Ministry of Health in training to facilitate the safe handling of dead bodies and management of safe burials in the districts of Bomi, Nimba, and Sinoe. Social mobilization In Guinea, a door-to-door campaign including the delivery of hygiene kits (soap, chlorine) and flyers has reached 71 000 households composed of 486 000 people. The campaign’s messages were reinforced with radio programmes and religious activities. In addition, outreach activities succeeded in opening a dialogue with some households in the sub-prefecture of N’zerekore that had been resistant to mobilization efforts. In Sierra Leone, communication and social mobilization activities continue in all districts, with the use of radio jingles, discussion programmes (daily on Radio Maria) and community dialogues. Efforts are ongoing to sensitize communities to the importance of self-reporting in selected communities in Kailahun and Bonthe. In Bombali, communities have been identified as being at high risk of transmission, and have been targeted for communication and engagement.

2. COUNTRIES WITH AN INITIAL CASE OR CASES, OR WITH LOCALIZED TRANSMISSION Two countries, Nigeria and Senegal, have now reported a case or cases imported from a country with widespread and intense transmission. In Nigeria, there have been a total of 20 cases and eight deaths. In Senegal, there has been one case, but as yet there have been no deaths or further suspected cases attributable to Ebola (table 3).⁸ Contact tracing and follow-up is ongoing. In Nigeria, all contacts (out of 891 total contacts) have now completed 21-day follow-up (362 contacts in Lagos, 529 contacts in Port Harcourt), with no further cases of EVD reported. The last confirmed case in Lagos was reported on 5 September. The last confirmed case in Port Harcourt was reported on 1 September. In Senegal, all contacts have now completed 21-day follow-up, with no further cases of EVD reported. The last confirmed case in the country was reported on 28 August. A 42-day follow-up (2 × 21-day incubation period) period with no further cases must have elapsed before an outbreak in a country is considered to have ended. Table 3: Ebola virus disease cases and deaths in Nigeria and Senegal as at end 28 September 2014

Country	Case definition	Cases	Deaths
Nigeria	Confirmed	19	7
	Probable	1	1
	Suspected	0	0
All		20	8

Senegal Confirmed 1 0 Probable 0 0 Suspected 0 0 All 1 0 Total 21 8 Data are based on official information reported by Ministries of Health. These numbers are subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results.

3. PREPAREDNESS OF COUNTRIES TO RAPIDLY DETECT AND RESPOND TO AN EBOLA EXPOSURE The second meeting of the Emergency Committee convened by the WHO Director-General under the IHR 2005 regarding the 2014 EVD outbreak in West Africa was conducted with members and advisors of the Emergency Committee through electronic correspondence from 16 September 2014 through 21 September 2014. The Committee emphasized that all States should reinforce preparedness, validate preparation plans and check their state of preparedness through simulations and adequate training of personnel.⁹

ANNEX 1. CATEGORIES USED TO CLASSIFY EBOLA CASES Ebola cases are classified as either suspected, probable, or confirmed depending on whether they meet certain criteria (table 4). Table 4: Ebola case-classification criteria

Classification	Criteria
Suspected	Any person, alive or dead, who has (or had) sudden onset of high fever and had contact with a suspected, probable or confirmed Ebola case, or a dead or sick animal OR any person with sudden onset of high fever and at least three of the following symptoms: headache, vomiting, anorexia/ loss of appetite, diarrhoea, lethargy, stomach pain, aching muscles or joints, difficulty swallowing, breathing difficulties, or hiccup; or any person with unexplained bleeding OR any sudden, unexplained death.
Probable	Any suspected case evaluated by a clinician OR any person who died from 'suspected' Ebola and had an epidemiological link to a confirmed case but was not tested and did not have laboratory confirmation of the disease.
Confirmed	A probable or suspected case is classified as confirmed when a sample from that person tests positive for Ebola virus in the laboratory.

ANNEX 2. EBOLA OUTBREAK IN DEMOCRATIC REPUBLIC OF THE CONGO As at 28 September 2014, there have been 70 cases (30 confirmed, 26 probable, 14 suspected) of Ebola virus disease (EVD) reported in the Democratic Republic of the Congo, including eight among health-care workers (HCWs). In total, 42 deaths have been reported, including eight among HCWs. 666 contacts have now completed 21-day follow-up. Of 279 contacts currently being monitored, 265 (95%) were seen on 28 September, the last date for which data has been reported. This outbreak is unrelated to that affecting Guinea, Liberia, Nigeria, Senegal and Sierra Leone.¹⁰

ANNEX 3. KEY TO FIGURE 6 (RESPONSE-MONITORING MAP) This colorimetric scale is designed to enable quantification of the level of implementation of Ebola response in affected countries, against recommended priority actions and assessed needs. It is based on the best information available through secondary data review from open sources and other reports. It does not report on quality or adequacy of the actions taken.

Category	Description
Laboratory testing capacity	None OR inadequate Pending deployment Functional and meeting demand Capacity needed, but incomplete information available No capacity needed in this area
Treatment capacity, either in Ebola Treatment Centres (ETCs) or referral/isolation centres	There is a high and unmet demand for ETU/referring centre/isolation centre capacity High demand currently unmet, but capacity is increasing Current demand is met Capacity needed, but incomplete information available No capacity needed in this area
Contact tracing/case finding	contacts under follow up No capacity OR inadequate capacity to meet demand (e.g. untrained staff, lack of equipment) Fewer than 90% contacts traced each day over the course of a week OR Increasing demand 90% or more contacts traced each day over the course of a week Capacity needed, but incomplete information available No capacity needed in this area
Safe Burial	No capacity OR inadequate capacity to meet demand (e.g. untrained staff, lack of equipment) Safe burial teams are active but unable to meet increasing demand Fully trained and equipped teams are active and able to meet increasing demand (e.g. no team is required to perform more than five burials per day) Capacity needed, but incomplete information available No capacity needed in this area
Social Mobilisation	No capacity OR inadequate capacity to meet demand Active mobilization but no information on effectiveness OR increasing demand OR community resistance encountered and reported Active successful mobilization reported AND no community resistance encountered Capacity needed, but incomplete information available No capacity needed in this area

1 WHO: EBOLA RESPONSE ROADMAP UPDATE 3 October 2014 Following the roadmap structure¹, country reports fall into two categories: those with widespread and intense transmission (Guinea, Liberia, and Sierra Leone); and those with an initial case or cases, or with localized transmission (Nigeria, Senegal, United States of America). An overview of the situation in the Democratic Republic of the Congo, where a separate, unrelated outbreak of Ebola virus disease (EVD) is occurring, is also provided (see Annex 1).

1. COUNTRIES WITH WIDESPREAD AND INTENSE TRANSMISSION 7470 (probable, confirmed and suspected; see Annex 2) cases and 3431 deaths have been reported in the current outbreak of EVD up to the end of 1 October 2014 by the Ministries of Health of Guinea, and Sierra Leone, and up to the end of 30 September by the Ministry of Health of Liberia (table 1). Table 1:

Cases of Ebola virus disease in Guinea, Liberia, and Sierra Leone

Country	Case definition	Cases	Deaths
Guinea	Confirmed	977	562
	Probable	177	177
	Suspected	45	0
Liberia	Confirmed	1199	739
	Probable	931*	934*
	Suspected	1713	677
Sierra Leone	Confirmed	1190	458
	Probable	3834	2069
	Suspected	221	11
Total	7470	3431	

*In Liberia, three more confirmed deaths have been reported than have confirmed cases. In addition, the total number of confirmed cases is a relatively small proportion of all cases in Liberia, compared with Guinea and Sierra Leone. Laboratory capacity for case confirmation is being increased. Data are based on official information reported by Ministries of Health up to the end of 1 October 2014 for Guinea and Sierra Leone, and 30 September 2014 for Liberia. These numbers are subject to change due to on-going reclassification, retrospective investigation and availability of laboratory results. Many of the deaths attributed to EVD in the present outbreak have occurred in people who were suspected, but not confirmed, EVD cases. EVD cases are only confirmed when a sample tests positive in the laboratory. If samples taken from a body test negative for EVD, that person is no longer counted among EVD deaths and the figures are adjusted accordingly. However, because laboratory 1 The Ebola Response Roadmap is available at: <http://www.who.int/csr/resources/publications/ebola/response-roadmap/en/>.2 services and treatment centres are currently overwhelmed, especially in Liberia, the numbers of probable and suspected cases, together with those confirmed, may be a more accurate reflection of case numbers. Work is also ongoing to resolve discrepancies between different sources of data, which may lead to a revision of the numbers of cases and deaths in the future. Figure 1 shows the location of cases throughout the countries with widespread and intense transmission. The cumulative numbers of cases of EVD are shown (grey circles). In Guinea, the district of Lola, which borders Liberia and Côte d'Ivoire, has reported its first two confirmed cases. Figure 1: Distribution of Ebola virus disease cases in countries with intense transmission Data are based on official information reported by Ministries of Health up to the end of 1 October 2014 for Guinea and Sierra Leone, and 30 September 2014 for Liberia. The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.3 Exposure of health-care workers (HCWs) to EVD continues to be an alarming feature of this outbreak. As of 1 October, 382 HCWs are known to have developed EVD (69 in Guinea, 188 in Liberia, 11 in Nigeria and 114 in Sierra Leone). 216 HCWs have died as a result of EVD infection (35 in Guinea, 94 in Liberia, five in Nigeria, 82 in Sierra Leone). 2. COUNTRIES WITH AN INITIAL CASE OR CASES, OR WITH LOCALIZED TRANSMISSION Three countries, Nigeria, Senegal, and the United States of America have now reported a case or cases imported from a country with widespread and intense transmission. In Nigeria, there have been 20 cases and eight deaths. In Senegal, there has been one case, but as yet there have been no deaths or further suspected cases attributable to Ebola (table 2). On 30 September 2014, the Pan American Health Organization/World Health Organization (PAHO/WHO) was informed of the first confirmed imported case of EVD in the United States of America. The patient is an adult with recent travel history to West Africa who developed symptoms compatible with EVD on 24 September 2014, approximately 4 days after arriving in the United States of America. The patient sought medical care on 26 September 2014, and was admitted into isolation on 28 September 2014 at Texas Health Presbyterian Hospital in Dallas. Samples were sent for testing to the US Centers for Disease Control and Prevention in Atlanta, Georgia, and to the Texas state laboratory. Results were positive for Ebola virus. Table 2: Cases of Ebola virus disease in Nigeria, Senegal, and the United States of America

Country	Case definition	Cases	Deaths
Nigeria	Confirmed	19	7
	Probable	1	1
	Suspected	0	0
Senegal	Confirmed	1	0
	Probable	0	0
	Suspected	0	0
United States	Confirmed	1	0
	Probable	..*	..*
	Suspected	..*	..*
Total	22	8	

Data reported are based on official information reported by Ministries of Health. These numbers are subject to change due to on-going reclassification, retrospective investigation and availability of laboratory results. *No data. Contact tracing and follow-up is ongoing. In Nigeria, all 891 contacts have now completed 21-day follow-up (362 contacts in Lagos, 529 contacts in Port Harcourt). The date of isolation of the last confirmed case was 31 August (34 days ago). In Senegal, all contacts have now completed 21-day 4 follow-up, with no further cases of EVD reported. The single confirmed case in Senegal was isolated on 26 August (39 days ago). In the United States, identification of close contacts for further daily monitoring for 21 days after exposure is under way.5 ANNEX 1. EBOLA OUTBREAK IN THE DEMOCRATIC REPUBLIC OF THE CONGO As at 1 October 2014, there have been 70 cases (30 confirmed, 26 probable, 14 suspected) of Ebola virus disease (EVD) reported in the Democratic Republic of the Congo, including eight among healthcare workers (HCWs). In total, 43 deaths have been reported, including eight among HCWs. 778 contacts (out of 1121) have now completed 21-day follow-up. Of 343 contacts currently being monitored, 341 (99%) were seen on 1 October, the last date for which data has been reported. This outbreak is unrelated to that affecting Guinea, Liberia,

Nigeria, Senegal and Sierra Leone. Date of isolation for the last confirmed case was 25 September (nine days ago). ANNEX 2. CRITERIA USED TO CLASSIFY EBOLA CASES Ebola cases are classified as suspected, probable, or confirmed depending on whether they meet certain criteria (table 3). Table 3: Ebola case-classification criteria

Classification	Criteria
Suspected	Any person, alive or dead, who has (or had) sudden onset of high fever and had contact with a suspected, probable or confirmed Ebola case, or a dead or sick animal OR any person with sudden onset of high fever and at least three of the following symptoms: headache, vomiting, anorexia/ loss of appetite, diarrhoea, lethargy, stomach pain, aching muscles or joints, difficulty swallowing, breathing difficulties, or hiccup; or any person with unexplained bleeding OR any sudden, unexplained death.
Probable	Any suspected case evaluated by a clinician OR any person who died from 'suspected' Ebola and had an epidemiological link to a confirmed case but was not tested and did not have laboratory confirmation of the disease.
Confirmed	A probable or suspected case is classified as confirmed when a sample from that person tests positive for Ebola virus in the laboratory.