Supporting the Fight Against Ebola

Canada, via researchers at the Public Health Agency of Canada's National Microbiology Laboratory, announced a donation of 800 vials of its experimental Ebola vaccine, VSV-EBOV, to the WHO. The vaccine was delivered to the Hôpitaux Universitaires de Genève for storage and to conduct clinical trials in Europe and Africa. In March 2015, DFATD, IDRC, the Canadian Institutes of Health Research and the Public Health Agency of Canada announced their joint support for Phase III clinical trials of the vaccine in Guinea.

Health Canada also assisted the WHO and African countries affected by Ebola in the review of vaccine clinical trials and other regulatory activities associated with the approval of potential therapies and vaccines.

The Fight Against Ebola

The Ebola crisis in West Africa, which began in 2014, was one of the largest epidemics in recent history. By the end of March 2015, the disease had claimed over 10,000 lives. The outbreak took a terrible toll on the most affected countries, Guinea, Liberia and Sierra Leone. Apart from the thousands killed, the epidemic affected livelihoods, disrupted basic services and undermined national economies. With the support of Canada and the international community, the epidemic was brought under control. However, significant ongoing attention is required to eradicate Ebola and to assist the most affected countries to recover.

In 2014–2015, Canada's whole-of-government response addressed the health, humanitarian and security implications of the crisis in West Africa. Canada also made in-kind contributions to the effort to contain the Ebola outbreak.

For example, the Public Health Agency of Canada deployed Canadian public health experts to provide laboratory, emergency management, epidemiology and border health expertise. Such deployments were facilitated through partnerships with various international partners, including Doctors Without Borders/ Médecins Sans Frontières (MSF), the World Health Organization's (WHO) Global Outbreak Alert and Response Network, and the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention. DFATD's Stabilization and Reconstruction Task Force (START) also deployed a Canadian civilian expert to the UN Mission for Ebola Emergency Response in support of the

CANADIAN ARMED FORCES SUPPORT OF CANADA'S RESPONSE TO THE EBOLA OUTBREAK IN SIERRA LEONE

On December 20, 2014, the Canadian Armed Forces (CAF) deployed a team of 37 personnel to Sierra Leone to work alongside their U.K. military colleagues in the Kerry Town Treatment Unit, Sierra Leone, in support of Canada's whole-of-government response to the Ebola outbreak. This facility was established to treat suspected and confirmed cases of Ebola in foreign and local health-care workers, U.K. Ministry of Defence and other U.K. government personnel, U.K. citizens and other international staff. In February 2015, with the reduction in capacity of the facility due to the reduced requirement, the CAF contingent was reduced to approximately 25 personnel and remained at this level until June 2015.

The CAF also provided strategic airlift assistance to the U.K.'s Department for International Development and Ministry of Defence to deploy personnel, vehicles and equipment from the United Kingdom to Sierra Leone. The CAF also provided strategic airlift assistance to DFATD and the Public Health



Agency of Canada to deliver urgently required personal protective equipment (128,000 face shields) to the WHO in Sierra Leone in October 2014.

In addition, in November 2014, the CAF developed an interim aeromedical evacuation capability for Ebola-infected patients that provided the Government of Canada with the required assurance to allow an increased deployment of Canadian health-care workers and specialist personnel to the region.

The deployment of CAF personnel and the provision of strategic airlift to Canada and the United Kingdom directly contributed to the ability of local and international health-care workers to continue to deliver health services to the affected populations.