

SRSG Statement to the General Assembly

Your Excellency, Mr. Kutesa, President of the General Assembly,
Mr. Secretary-General,
Excellencies,
Ladies and Gentlemen,

It is a pleasure for me to provide the Member States of the General Assembly with my first briefing on the progress in the global Ebola response and the activities of UNMEER since I assumed the functions of Special Representative less than three weeks ago.

I arrived in the mission area on 3 January. Since that time, I have travelled to all of the affected countries – together with Special Envoy Nabarro and WHO's Assistant Director-General Aylward as testament to our unity of purpose – where I have met with the Presidents, with response partners and religious and traditional leaders, with Ebola survivors and treatment care workers, and familiarized myself with how far we have come in the response and how much further we still have to go.

Since the landmark resolution of the General Assembly on 19 September 2014, significant progress has been achieved in slowing and containing the largest ever Ebola epidemic. Only three months ago, the epidemic was ravaging West Africa with 4000 people infected that month and caseloads doubling every three weeks. At the time, credible projections foresaw up to 10.000 cases per week by December.

Thanks to the global response, this terrifying scenario has not materialized, and the devastating spread of the disease has slowed. The epidemic has turned, and we are now beginning to see an overall decline in the number of new cases.

Liberia has recorded the sharpest decline, from averages exceeding 300 cases per week in August and September, to less than 10 cases per week today. In the last three weeks, only four out of Liberia's 15 counties have recorded new cases. With continued efforts and vigilance, and appropriate adjustments to the strategic emphasis, the goal of ending Ebola in Liberia is potentially within reach. However, the Government is extremely aware that complacency must not thwart the progress achieved.

While the number of reported cases in Guinea has also declined in recent weeks from 114 in the last week of December to less than 30 in the past week, strong resistance and even open hostility remains a challenge among many communities and is preventing access by response workers especially in rural areas of *Guinée forestière*, *Coyah* and *Forecariah*. Thus, a significant number of cases may go unreported.

Sierra Leone, and in particular the Western Area, is still seeing the highest case incidence. However, thanks to the concerted efforts of the government, the local communities and the international community, we are beginning to see a decline of new cases from more than 330 in the last week of December to less than 140 per week.

Indeed, overall, there are several promising signs. In the past three weeks, the number of new cases in Sierra Leone and Guinea has been at its lowest since August and late July last year, respectively. In Liberia, it has been lower than even in June 2014. Mali has successfully

contained its Ebola outbreak and announced on 18 January the end of Ebola transmission after 42 days since the last confirmed case tested negative twice.

A large part of the progress achieved to date has been due to the efforts of affected communities themselves. These communities have changed their behaviours and adjusted traditional practices that increased the likelihood of virus transmission, such as the washing of bodies of the deceased prior to burial. Thanks to active social mobilization efforts by national governments and response workers, thousands of West Africans now know how to spot the symptoms of Ebola, and what to do to prevent its spread.

The concerted efforts of the international community, the United Nations and its partners have also made a crucial contribution. The common threat posed by the epidemic has galvanized a truly global response. Donors have provided almost US\$ 2.5 billion in humanitarian assistance, and many countries have made available medical teams and logistical capabilities to support the response. I would particularly like to thank the African Union and ECOWAS for their initiative to deploy 835 skilled volunteers to the three most affected countries. I would also like to thank the many national and international NGOs who are working to fight Ebola on the front lines, including running treatment units and centres. The whole UN system has been mobilized to bring to bear their respective expertise: WHO is guiding the medical response and training medical workers, WFP is making available its extensive logistics network and is providing food aid, and UNICEF is supporting social mobilization. And these are only a few examples. It is truly a system-wide effort that is bringing the best of all UN entities to bear.

UNMEER has worked to ensure that all these efforts are coherent and effective, and support one, government-led operational framework. UNMEER supports the governments in their role as crisis manager, identifying gaps in the response, and re-directing the efforts of UN system agencies as required.

UNMEER played a key role in supporting the Operation Western Area Surge in Sierra Leone, where additional bed and laboratory capacities needed to be deployed quickly. Thanks to UNMEER's proactive intervention, 200 ETU beds could be scaled up to meet the needs within days, and more than 30 ambulances were flown in to support the response effort. Given its regional perspective on the outbreak, UNMEER continues to play an important role in fostering cross-border cooperation and supported the Government of Liberia's re-deployment of one laboratory from that country, where case-loads were declining, to Western Area in Sierra Leone.

UNMEER provides additional logistical capabilities to support the response. In Liberia, for example, UNMEER helicopters are ensuring that Rapid Isolation and Treatment of Ebola (RITE) teams can reach remote areas quickly. Similarly, UNMEER helicopters are also transporting blood samples for testing.

Excellency Mr. President, Ladies and Gentlemen,

When it was deployed, UNMEER set itself ambitious targets for the Ebola response. It aimed to ensure that after 60 days of operation, 70% of all cases are receiving treatment, and 70% of all burials are carried out safely and in a dignified manner. And after 90 days, the goal for both targets was 100%. At the ninety day mark, I am pleased to share that significant progress has been made towards these indicators.

By 1 December, the 60 day goal on safe burial was achieved, and the goal on case isolation and treatment was achieved everywhere, except for four districts in Sierra Leone. By 1 January, the 90 day mark, all three countries had sufficient capacities to treat all reported cases of Ebola, and to bury safely all Ebola-related deaths. In fact, there are at least two operational treatment beds for every Ebola patient in all three countries. And a total of 254 safe burial teams are in operation.

However, these capacities are not distributed uniformly across the countries, meaning that some affected districts have more beds than patients, while in others the numbers are insufficient. UNMEER will continue to work with governments, agencies and partners to address these discrepancies, and to ensure that these capacities are fully utilized.

Stopping this outbreak will still require significant additional efforts.

The philosophy that will guide my approach moving forward is defined by what I describe as the three 'Cs': countries – recognising that national governments are in the lead and UNMEER is here to be an enabler for their efforts; communities – understanding that the work at the level of communities to change behaviours and own the response is what will ultimately turn the tide; and coordination – that better coordination among all actors is essential and UNMEER has a key role to play in filling gaps through enhanced coordination at regional, national and local levels, as well as across borders.

Implementing this approach, I see five key challenges for the Ebola response:

First, we must strengthen our efforts in social mobilisation and community ownership. Too many communities are still refusing to acknowledge the disease and are resisting or even hostile to response efforts, sometimes putting the lives of response workers at risk. We cannot win the fight against Ebola without the communities.

Second, we must adjust our response to the evolving nature of the disease. While the numbers of overall new cases has come down, the disease has in at least one country spread across a larger geographic area than when UNMEER began. Thus, we must deploy dispersed surveillance, contact tracing and early response capabilities to all districts, counties and prefectures of the affected countries to be able to spot and contain a local outbreak before it spreads. This will require us to strengthen our field presence at the district-level. In addition, we will need to develop additional mobile response capacity, so as to be able to redeploy quickly where most needed.

Third, we must foster greater cross-border collaboration in the Ebola response, including better monitoring of the disease and the response in border areas, but with better exchange of information and sharing of response-assets, if needed. Any successes in containing the outbreak must be shared regionally among all the affected countries to avoid the risk of cross-border transmission and re-infection.

Fourth, we have to start building safer and more resilient non-Ebola health systems, and to address early recovery. While most of this work is outside the remit of UNMEER and falls within the mandate of the UN agencies, funds and programmes, where possible, the overall response effort should also contribute to ensuring the safe reactivation of health services and to building this resilience, for example through knowledge transference of surveillance and

infection prevention and control methods to local health care providers, I look forward to the findings of the early recovery assessment mission currently deployed in West Africa for insights on how we can ensure an integrated, holistic approach to this issue.

Finally, we must ensure that complacency and donor fatigue do not prevent us from reaching our goal. Despite the progress achieved in the Ebola response to date, the fight is far from won. Ebola continues to be a global threat. Every day, people continue to be infected and die of the disease. More than 930 new cases of Ebola and more than 800 deaths were recorded in the last three weeks alone. Additional cases continue to go unreported. We must remember that it took only one case to trigger this crisis.

Going forward, I will do my utmost to ensure that we can address these challenges to stop this outbreak as quickly as possible.

I would like to highlight to this August Assembly the power of the images I have witnessed while touring the three most affected countries. Mr, President, the battle against Ebola, is about all the women and men in the frontline, mostly volunteers. I was particularly touched by my visit to the Ebola Treatment Center in Port Loko where I met Fiona from the NGO Goal and her team of volunteers and also my visit this morning in Bombali District where I met Dr. John and his team of doctors and nurses from the African Union.

I am humbled by the task entrusted to me by the Secretary-General in heading UNMEER, and I hope to be able to count on your continued support for the Global Ebola Response.

Thank you.