

**Summary of the First Joint Informal Meeting of the PBC Configurations of Guinea,  
Liberia and Sierra Leone on the Ebola Crisis  
held on 18 August 2014 at United Nations Headquarters**

## **Introduction**

The Chairs of the Peacebuilding Commission (PBC) Configurations of Guinea, Liberia and Sierra Leone held a joint informal meeting on 18 August 2014 to discuss immediate and long-term impacts of the Ebola crisis on peacebuilding efforts. The UN Resident Coordinators of Guinea, Liberia and Sierra Leone took part via VTC and briefed the configuration members on the latest situation in the respective countries. Dr. Hadja Saran Daraba Kaba, Secretary-General of the Mano River Union (MRU), and Ms. Judy Cheng-Hopkins, Assistant Secretary-General of the Peacebuilding Support also took part in the meeting.

## **Remarks by the Chairs of the PBC Configurations of Guinea, Liberia and Sierra Leone**

The Chairs of the PBC Configurations of Guinea, Liberia and Sierra Leone expressed condolences to the families of the victims of the Ebola virus disease and commended government leaders, UN teams, regional and sub-regional organizations, NGOs and other partners in the affected countries for stepping up efforts to galvanize support to contain the spread of the Ebola Virus Disease (EVD). The Chairs also welcomed the recent appointment of Dr. David Nabarro as the Senior United Nations System Coordinator for Ebola.

The Chairs expressed concern towards the worsening Ebola crisis in Guinea, Sierra Leone and Liberia as nearly one million people had been affected in the border region of the three countries. The affected countries were post-conflict states and were still fragile. Therefore, it was important not to lose sight of the long-term efforts as there was a growing risk that the health crisis may have an impact on political, humanitarian, economic and social situation in the countries in the sub-region. Strengthening cooperation and coordination in the sub-region was thus crucial. The Chairs had been discussing the situation with the UN Resident Coordinators in the affected countries who were addressing issues around “development criticality” in the immediate term on how the international community could deliver on key priorities, while also seeking the flexibility to move resources to deal with this public health emergency.

Although support for the affected countries was increasing, gaps still remained. The Chairs encouraged the international community to strengthen its coordination and to stay in close contact with the UN Country Team on the ground. The Chairs also encouraged Configuration members to use the PBC as a common platform to discuss needs and gaps and the longer term implications of and response to the crisis.

## **The situation in Guinea, Liberia and Sierra Leone**

### ***Guinea***

The UN Resident Coordinator of Guinea indicated that political issues of the Ebola crises needed to be addressed in order to anticipate what could happen and assess the impact on the people, as the affected areas were in a fragile state. She also underlined the importance to keep track of the peacebuilding implications of the crisis.

The UNDP Country Director of Guinea added that following President Conde's recent declaration of a national health emergency in Guinea, the UN had been paying close attention to the role of security forces in the border areas and the border points in the affected countries. Financial support, including the PBF, for security sector reform should help normalize the situation and contribute to building a situation where the people would feel safe. Training of the security forces on the borders was also needed. In addition, the current situation required close attention to the behavior of the security forces. Relations between the security forces and civilians needed to be normalized as they had been tense the past few years.

The UN in Guinea had started working with the peace and security committees of the MRU in the border areas to see how to respond to both health and security issues. The UN agencies had been working in the forest region, where the Ebola epidemic had added an additional shock to, and were paying close attention to the impact of the shock making sure that communities were not further isolated and rendered more vulnerable. In this regard, Guinea, Liberia and Sierra Leone should work together with the Mano River Union Secretariat to ensure a coordinated response to the situation.

### *Liberia*

On the overall situation in Liberia, the UN Resident Coordinator of Liberia pointed out that as of 14 August, 821 cases had been reported in Liberia, and the list of contacts totaled 1,717, any of which had not been tracked and whereabouts had not been known. Contact tracing was therefore a challenge, especially in Monrovia and Lofa. There were approximately 60 registered new cases per day, but this was under-reported. A total of 12 out of the 15 counties had been affected so far, and Monrovia accounted for 30 per cent of the cases.

The Government of Liberia had declared a state of emergency and had isolated hot spots and had quarantined some of the epicenter villages. The senatorial elections for this fall were expected to be postponed. Non-essential civil servants had also been placed on administrative leave, initially for one month.

On the challenges, the UN Resident Coordinator shared that the case management structure could not keep up with the rate of infection. The capacity of the only existing lab managed by the Centers for Disease Control and Prevention (CDC) was also behind demand. Dead bodies had been remaining at times for days without being removed. While traditional burials were still common, cremation had begun ten days before in Monrovia, and approximately 15 to 20 bodies were cremated per day. The looting of the Ebola Clinic which took place on 16 August in Monrovia had also complicated the security situation.

A national response plan was launched recently with WHO's support calling for US\$21 million. The rainy season made air and land transport difficult. Traditional beliefs and counter-productive attitudes set obstacles to the fight against the Ebola crisis, and a new strategy was being prepared by the Government of Liberia with the assistance of Médecins Sans Frontières (MSF), CDC and WHO, to shift from a medical case management to an isolation and care approach. This would imply the creation of zonal isolation centres in

Monrovia seeking community involvement. In places outside Monrovia, local county Ebola coordination teams had been designated to assist, but with limited means and resources.

The UN Resident Coordinator cautioned that there would be further deterioration of the situation in the coming days and weeks as the health emergency was likely to evolve into a multi-dimensional crisis with humanitarian, food security, security and economic consequences and possible social political repercussions. Revenues were decreasing and crimes were increasing. Other developments that needed close monitoring were the effect on the 3,500 refugees in Liberia, civil servant salaries, unemployment issues, the closing of mineral and forestry concessions, and child and maternal mortality rates. In addition to financial support, there were still urgent needs of supplies, transport, equipment, medical and humanitarian staff and labs. The crisis could, however, provide some opportunities for strengthening decentralization and national unity. Effective multi-level coordination of assistance is critical (at community, national and regional levels) to avoid duplication and wastage, and also to ensure targeted and timely response, and accountability.

The UN Resident Coordinator also noted that there would be delays in the timetable of the implementation of the Strategic Roadmap for National Healing and Reconciliation and the follow up on the Statement of Mutual Commitments. The US\$3 million to be contributed by the Government to national reconciliation would likely be diverted to the Ebola crisis. Efforts to revive the economy were likely to have primacy after the crisis. Future activities related to regional security hubs would be primarily focused on the security side as soon as possible for hubs 4 and 5.

Furthermore, the Peacebuilding Fund's (PBF) Joint Steering Committee would consider re-programming PBF-supported projects for community participation and empowerment, to diffuse ethno-regional prejudices. The Resident Coordinator underscored that community participation was an essential part of the process of good local governance, and empowerment remained at the heart of effective social cohesiveness. Strengthening accountable security and justice services in the Parrot's Beak of the Mano River Union and improving relations between the state and society was integral to sustaining the region's fragile peace. This could include early warning and civil participation in national political processes.

### ***Sierra Leone***

The UN Resident Coordinator of Sierra Leone expressed concern that since the outbreak of the EVD in May 2014 at Kailahun on the Guinea/Liberia border, the disease had spread to 12 out of 13 districts. While the number of cases was likely to be under-reported, Sierra Leone had at least 900 cases of EVD infections and 400 deaths. The Case Fatality Ratio was 45 per cent.

The UN in Sierra Leone was recognized by the government to be the chief emergency respondent. The UN was striving to ensure that a coordinated containment programme for EVD was in place to avoid overlaps in funding requests and duplication of effort with other partners. The UNCT response was being coordinated by WHO, and the Government of Sierra Leone had established an Emergency Operations Centre at the WHO Country Office. The UN agencies were providing leadership as co-chairs with government line ministries of several thematic pillars (which also operated at the district-level): WHO (overall coordination and clinical management); UNICEF (social mobilization and public education); UNFPA (contact tracing and surveillance); and WFP/FAO (logistics and emergency feeding). A senior coordination officer of OCHA was also expected to arrive shortly. Support for

coordination, information management and resource mobilization was coordinated by the office of the Resident Coordinator and UNDP.

On the UN presence in Sierra Leone, the UN Country Team was operating “business as usual”, but had lightened its footprint with the recommended voluntary relocation of dependents. All agencies had conducted a programme criticality exercise, which if activated, would see a further reduction of risk to exposure. The UN Contingency Plan had been revised based on the assumption that the UN must keep operations going, while at the same time, minimizing its exposure to risk. The Business Community Planning had also been revised to meet the needs in addressing the Ebola crisis.

The Government of Sierra Leone had launched an Ebola response appeal in July for US\$25 million. The Treasury had released US\$8 million, but these government funds had been under-utilized. The UN agencies had spent US\$2.1 million (from emergency funds, CERF, etc.), in addition to resources from regular budgets. On 18 August, the UN had launched a supplemental Emergency Inter-Agency Appeal to meet the remaining critical gaps in the national response plan totaling US\$18 million or the four UN agencies working on the thematic pillars. A second appeal for US\$60 million for WFP and FAO would be launched to provide emergency feeding and logistics, especially in areas that had been quarantined for Ebola and where food production had been interrupted.

The UN Resident Coordinator noted that the impact of the EDV was difficult to gauge. President Koroma has declared a State of Emergency in Sierra Leone with curfews on public meetings and quarantine cordons in place. The measures were impacting UN programming and delivery, and the Heads of Agency were assessing programmatic criticality with a view to re-orienting some projects (including from the PBF) towards supporting the national EVD response. Two leading Sierra Leone doctors and at least nine nurses had died. Private clinics and hospitals were closing, placing great strains on already weak health services. The impact on general health and particularly maternal and infant mortality data would need to be assessed in the longer term. UNDP, the WB and IMF were currently assessing the economic impacts: rising food prices and CPI, crash in foreign investment and inflation and currency pressures were already being felt on local markets. Other areas affected include the agricultural sector, the mining sector, employment, livelihoods, and education sector.

The UN Resident Coordinator of Sierra Leone emphasized that implementation was critical. The government and the UN were responding to the maximum of its current capacity, but more resources were required, especially human and logistic (i.e., doctors, nurses, contact tracers, transport, equipment and supplies). The suspension of all but 3 (from 8) commercial air services and refusal of countries to receive passengers coming in from Sierra Leone, the evacuation of nationals by embassies, and the reduction in operations by INGO partners, conspire to reduce local response capacities making international response more critical. At the national-level, there was a need to urgently scale-up public awareness to combat a climate of fear and some traditional practices which have contributed to the spread of EVD; as is the need for a better resourced and more targeted security response to apply to containment policies.

The UN Resident Coordinator also noted that operations were being conducted on the assumption that Ebola would continue for another three to six months, and the UN was working on appeals around a six-month time frame.

## Remarks by the Mano River Union and the Peacebuilding Support Office

The Secretary-General of the Mano River Union (MRU) expressed appreciation for the collaboration between the UN and the MRU to address common challenges over the past two years. On the Ebola crisis, the Secretary-General underlined that the Joint Declaration of Heads of State and Government of the MRU for the Eradication of Ebola in West Africa MRU Declaration issued on 1 August underlined that the crisis could not be addressed by one actor alone. She highlighted that in the joint declaration, the Heads of State and Government had agreed to *“take important and extraordinary actions at the inter-country level to focus on cross-border regions that account for more than 70 per cent of the epidemic. These areas will be isolated by police and the military. The people in these areas being isolated will be provided with material support. The health care services in these zones will be strengthened for treatment, testing and contact tracing to be done effectively. Burials will be done in accordance with national health regulations.”*

The Secretary-General further noted that the affected countries were post-conflict countries, but the affected areas along the borders of the MRU countries were also active economic zones. She also emphasized that isolating affected people was against their culture. People in remote areas did not have access to good health care service, and it was the families who took care of the victims. Many people in the affected areas were also dependent on bush meat as there was no animal meat in the areas. If people were not allowed to eat bush meat, then there would be a food security issue.

The Secretary-General also called for measures for international assistance that were more sensitive to the people’s traditions and needs in local communities. The MSU was strengthening the roles of local community personnel in border units. The Secretary-General underlined the importance of communication outreach through local means, such as radio, and also the role played by traditional leaders in this regard. Such communication could facilitate behavioral and societal change. The Secretary-General also emphasized the need for coordination and responsibility in the responses to the crisis. She ensured the MRU would maintain its commitment and would continue to address issues at the local level in the border areas including the police, customs, natural resources and others.

The Assistant Secretary-General of Peacebuilding Support pointed out that the Ebola crisis was a tragedy beyond belief because it was happening in a region that had suffered years of conflict and war. She referred to the recent looting of a clinic in Liberia, and described it as “symptomatic” of the tragedy. Moreover, people stealing items from these types of clinics could spread the infection. She also noted that these were fragile states, and we were witnessing a convergence of three troubling factors on already vulnerable states: a) a health crisis b) a "necessary" infringement on civil liberties (e.g., forbidding people to continue traditional practices such as the preparing of dead bodies for burial; funerals which can spread infection, and c) likely human rights violations when poorly-trained security services enforce restrictions on movement and normal livelihood activities.

It was obvious, therefore, that the epidemic would have an effect on peacebuilding gains achieved so far. The ASG said that PBF was not set up to pay for medicines and medical supplies or finance humanitarian emergencies, but we could not close our eyes to the impact of the epidemic on peacebuilding. In response, PBSO was willing to be flexible in the use of “limited” PBF funds recently allocated to the affected countries (Guinea, Liberia and Sierra Leone). Funding for this initiative would derive from existing PBF allocations to those countries, and would not be new funds. PBSO would soon consult with the UN Country Teams of these affected countries to identify priorities and to re-programme the available

funds. For example, the PBF could be used to prepare security forces and civilian leaders to deal with the epidemic. This was especially true for those ongoing peacebuilding activities with outreach efforts to be delayed due to the epidemic, e.g. national dialogues, reconciliation and the constitutional review exercise.

### **Comments from Member States**

Members States raised the following points at the meeting:

- The PBC commended the work of WHO, and also expressed deep appreciation to the UN Resident Coordinators and UN Country Team for their tireless efforts since the outbreak of EVD.
- The current Ebola crisis should not evolve into a peacebuilding tragedy. The PBC must do everything possible in its capacity to avoid this. A fragmented and segmented approach would only lead to failure.
- The isolation of people should be avoided. The crisis may provide an opportunity to strengthen decentralization in affected countries.
- “Health-keeping missions” that provide early warning were important.
- Other areas to consider in response to the crisis include the role of the private sector assistance in the crisis; revitalizing air and land transport; information on the vaccine being developed with Canada’s assistance.
- The MRU Declaration of 1 August 2014 should guide interventions to eradicate the disease. The UN Resident Coordinators are encouraged to work with the MRU Secretariat in this regard.
- The PBC should continue monitoring the affected countries and ensure that support to the countries are coordinated and sustained at national, sub-regional, regional and international levels to address immediate and longer term needs.
- The PBC can provide a common venue for sharing information and experiences; increase awareness of the crisis; identify needs and gaps; and increase resources to respond to the crisis.
- The PBC should meet regularly to discuss the Ebola crisis.
- The PBC should issue a communiqué after the meeting (a PBC statement was prepared following the meeting).

Member States also noted the following contributions:

- Luxembourg contributed €100,000 to the spring MSF programmes in Guinea and also allocated a further contribution of €100,000 to the WHO appeal for Guinea, Sierra Leone and Liberia.
- Spain contributed US\$6 million.
- The EU provided an additional US\$8 million (totalling US\$12 million of EC contribution) for support to the WHO, MSF and other measures.
- The Russia Federation provided US\$28,000 to Guinea for medical supplies and \$38,000 to Sierra Leone.
- Germany sent experts to affected countries and also provided €2.4 million.

## **Conclusion**

The Chairs expressed appreciation to the UN Resident Coordinators of Guinea, Sierra Leone and Liberia for sharing their time to take part in the meeting via VTC in a time of emergency in the three countries. The PBC also appreciated the action being taken by the Mano River Union in the affected areas. The PBC joint meeting set a good example of the Commission's role as a common platform for discussion, information sharing and awareness raising in New York, to a wider audience of actors from Member States and UN agencies.

The affected countries were in a volatile situation which may hold longer term implications. The three- to six-month projection of the Ebola crisis might be optimistic. Funds and other resources already allocated to the affected countries would need to be redirected to address the Ebola crisis.

The PBC stands ready to put suggestions forward and advocate. The PBC will meet regularly on the Ebola crisis, and the next step would be to hold an expert-level meeting to define the course of action.

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