Letter dated 12 November 2014 from the Secretary-General addressed to the President of the General Assembly


Introduction

The Ebola outbreak in West Africa is unprecedented. It has become a complex emergency with significant political, social, economic, humanitarian and security dimensions that the Governments of the affected States have been working tirelessly to address since its outset. Enormous efforts have also been made by initially a small, but now growing, number of non-governmental and civil society organizations, along with other partners, who have been operating on the front lines of the response, often in extremely difficult and complex environments.

On 19 September 2014, following the unanimous adoption by the General Assembly of resolution 69/1, I appointed a Special Envoy on Ebola to provide strategic and policy direction for a greatly enhanced international response and to galvanize essential support for affected communities and countries. I also established UNMEER, the aim of which is to harness the capabilities and competencies of all the relevant United Nations actors under a unified operational structure, to reinforce unity of purpose, effective ground-level leadership and operational direction, and to ensure a rapid, effective, efficient and coherent response to the Ebola crisis.

As the first-ever emergency health mission, UNMEER combines the technical expertise of the World Health Organization (WHO) with the operational strengths and capabilities of other United Nations agencies, funds and programmes, and adds to its strong crisis management expertise to scale up and lead the efforts of United Nations entities and international and local non-governmental organizations, in support of national Ebola response efforts. These efforts must be directed to
reinforcing and responding to the national plans developed by the affected countries themselves and ensuring that the international community is working actively to support their efforts to overcome this crisis. The entire United Nations system has and must continue to come together in solidarity with the people of Guinea, Liberia and Sierra Leone as they face the deadliest Ebola outbreak the world has ever seen.

A massive, proportionate and well-organized global response is required to support Governments in affected countries. The global response builds on existing plans and strategies to stop transmission, treat those with disease, ensure essential services, preserve stability and prevent outbreaks in new locations. The strategy to achieve these overall objectives is, in turn, guided by six principles: (a) commitment to the affected countries’ ownership, sovereignty in decision-making and final authority; (b) commitment to reflecting the interests of people affected by the outbreak, by working in ways consistent with their social structures and national interests; (c) commitment to a differentiated but disciplined approach, aligned to a set of objectives ensuring consistency across geographies and situations to the extent feasible; (d) commitment to a dynamically adaptive approach, tailoring resource deployment to supply at any given time and to the scale of the outbreak in specific locations, and recognizing gaps as they exist today or may exist in the future; (e) commitment to working on essential systems beyond Ebola and not only to stopping the outbreak but also to minimizing the impact on health-care structures, food security and social and economic situations at local and national levels; and (f) commitment to building for the long term by strengthening health infrastructure in affected countries in the medium term. This remains the global aspiration for the Ebola response. UNMEER, meanwhile, as a crisis response mission is guided by the operational framework as later elaborated in this letter.

On 1 September 2014, I announced the formation of the Global Ebola Response Coalition, and it commenced its work shortly thereafter. The Coalition encourages synergy between different entities involved in the response: Governments in affected countries and neighbouring countries, African regional and subregional bodies, development partners, non-governmental organizations and businesses, together with entities in the United Nations system. The Coalition has met every week by teleconference to advance the global response under the leadership of my Special Envoy on Ebola.

I wish to express my gratitude to the Chairperson of the African Union Commission, Nkosazana Dlamini Zuma, for her leadership in galvanizing efforts in the region, including through the deployment of the African Union Support to the Ebola Outbreak in West Africa, which is overseeing the rapid deployment of trained medical and support personnel to the affected countries. It is important that this mission and UNMEER coordinate closely and in partnership to ensure the best possible cooperation and support.

The affected countries and communities themselves have demonstrated incredible resilience, but they require vital support. This crisis is unprecedented and the United Nations system and its wide range of partners are ready and must do their part. I am also extremely appreciative of President John Dramani Mahama and the Government of Ghana for hosting the UNMEER headquarters in Accra to coordinate our delivery of assistance to the affected countries, and to President Mahama for his international leadership on the Ebola crisis, including as Chair of the Economic Community of West Africa States.
Current situation of the Ebola outbreak

As of 31 October, a total of 13,567 confirmed, probable and suspected cases of Ebola had been reported in six affected countries (Guinea, Liberia, Sierra Leone, Spain, the United States of America and Mali) and two previously affected countries (Nigeria and Senegal). A total of 4,951 deaths have been reported.

Recent trends present a complex picture of the disease. Overall, the rate of increase in the number of cases is slowing; that is, the exponential increase in cases across the region is no longer evident. Nonetheless, the number of cases remains high across all countries; cases are also spreading widely across the region (all counties in Liberia, all districts in Sierra Leone and about half the prefectures in Guinea); and concerns remain about the quality of data. Some areas are documenting encouraging decreases in numbers of cases, reflecting an improved response, while others are showing increases.

Of the three most affected countries, Guinea has the largest population but the fewest cases. There have been some significant decreases in new cases in Guéckédou, one of the earliest centres of the disease. At the same time, the disease continues to spread in other places such as Macenta, Kerouane, N’Zerekore and Conakry. Concerns remain in other parts of the Guinea Forestière area, where the case numbers continue to increase. Conakry remains an area of concern as there are ongoing chains of transmission, with contact tracing and social mobilization capacity being scaled up. The remoteness of some rural communities and occasional resistance to the efforts of the Government and aid workers have compounded the situation. There have also been new areas of active transmission close to the border with Côte d’Ivoire.

While Liberia remains highly affected, there has been a significant decrease in reported cases in the past weeks in some areas. The number of newly confirmed cases has levelled to around 140 per week from its peak of over 450 per week. Strong government leadership coupled with locally led responses, increased community engagement and the implementation of effective interventions, particularly safe and dignified burials, appears to be having a positive impact within communities. That analysis is supported not only by the trend in case reports week by week, but also by the decreases in positive laboratory diagnoses and in burials and cremations. However, this impact is uneven, with new cases reported in 13 out of a total of 15 counties, although at a slower rate than previously seen.

In Sierra Leone, the capital, Freetown, remains the area of most intense transmission, while the situation has improved in some previously hard-hit areas. The districts of Kailahun and Kenema, which previously accounted for 25 per cent of the country’s cumulative cases, have seen declining case numbers for several weeks and accounted for only 2.5 per cent of new cases during the past week. In part, this is due to a highly organized community response in the districts. The densely populated Western Area, Port Loko and Bombali, where there is still a shortage of treatment beds, continue to report high caseloads.

Outside the three most affected countries, outbreaks of Ebola in Senegal and Nigeria were declared over on 17 October and 20 October 2014, respectively, as no new cases had been reported for at least 42 days. However, Mali reported its first confirmed case of Ebola on 23 October 2014. The patient was a two-year-old girl who travelled from Guinea with her grandmother to the city of Kayes in western
Mali, which is approximately 600 kilometres from the Malian capital of Bamako and lies close to the border with Mauritania and Senegal. On 22 October, the patient was taken to hospital in Kayes, where she died on 24 October. The Government, WHO and partners are actively following the contacts of the deceased girl. No new suspected cases have been identified as of 23 October.

The Ebola outbreak has had a significant impact on access to basic health care, food security, livelihoods and education, with a disproportionate impact on vulnerable groups such as pregnant women, children and elderly persons. The fragile economies of Guinea, Liberia and Sierra Leone are suffering large-scale adverse economic effects, including rising prices, lower household incomes and greater poverty. The World Bank estimates that the short-term growth rate of gross domestic product (GDP) in 2014 decreased from 4.5 per cent to 2.4 per cent in Guinea, from 5.9 per cent to 2.5 per cent in Liberia and from 11.3 per cent to 8 per cent for Sierra Leone.

Increasing food insecurity, following the disruption to agriculture and food production, is compounding the underlying rates of chronic malnutrition in the three countries. Food prices have risen across the three worst affected countries, forcing some families to live on one meal per day. Schools remained closed indefinitely, leaving an estimated five million children out of school. UNICEF estimates that at least 7,500 children have lost one or two parents to Ebola, including 3,300 who have lost both, while others are left unsupported while their parents are in treatment facilities. Child protection, in the context of “Ebola orphans”, has emerged as a major issue.

The outbreak has taken a significant toll on the health systems of the countries, often to the degree that access to even very basic health services is no longer available. Many health-care facilities remain closed across the region. A total of 523 health-care workers are known to have been infected with Ebola up to the end of 31 October, 305 of whom have died, further decimating the workforce. Women’s access to health systems declined owing to the overstretched health infrastructure. The United Nations Population Fund (UNFPA) estimates that up to 120,000 women in these countries could have complications associated with pregnancy and childbirth unless emergency obstetric care is provided. The United Nations system is also looking at the urgent need to consider the medium term in designing interventions to ensure that they support the process of recovery of essential services and restoration of essential health services in governmental and non-governmental facilities.

The disruption of regular cross-border movements in West Africa has exacerbated the economic impact and loss of trade, as some airlines have suspended their services to Liberia and Sierra Leone and a number of countries have imposed travel restrictions on those travelling from the affected countries. In support of the health response, the World Food Programme (WFP) is providing assistance to almost 1.3 million vulnerable people in the three countries, including to quarantined households.


Considerable efforts have been made by multiple governmental, non-governmental and other entities since the outbreak began, with a further scaling
up of capacity and capability under way. This response has been led by the Governments of the three affected countries, working in close cooperation with a range of partners. In support of their efforts, the non-governmental community and the International Federation of Red Cross and Red Crescent Societies (IFRC), both of which have been present since the outset of the outbreak, have also increased their implementation of Ebola response activities, with more than 400 projects undertaken, ranging from front-line medical assistance to essential engagement with communities in the affected countries.

At the strategic level, the framework for the global response to the Ebola outbreak adopted by the Global Ebola Response Coalition on 10 October established ambitious commitments to near-term objectives over the next 30, 60 and 90 days. In the first 30 days, starting 1 October, the objective was to establish the presence of UNMEER in the four countries and to deploy personnel, aircraft, vehicles, communication and logistical capabilities to ensure the rapid build-up of operational enablers. At the 60-day mark, the objective is to have all major inputs in place in order to achieve 70 per cent case isolation and 70 per cent safe burials. This will require high-capacity scale-up of Ebola treatment units and community care centres. By the 90-day mark, the objective is to achieve 100 per cent case isolation and 100 per cent safe burials, as well as a declining rate of new infections in most areas.

Immediately following the formal establishment of the mission, the United Nations deployed advance teams into each of the three affected countries and Ghana in order to rapidly establish a capability to plan, manage and direct operations and engage with key partners in the region. These capacities have since been built upon to develop the capabilities of UNMEER on the ground. Since the establishment of the mission, my Special Representative and the Head of UNMEER, Anthony Banbury, has travelled to Guinea, Liberia and Sierra Leone three times each and met with the Heads of State on each occasion. He consulted extensively with the Governments of the affected countries, as well as other actors, including the United Nations, non-governmental organizations, civil society, women’s groups and key bilateral actors to discuss how to scale up the United Nations system response and coordination in support of national efforts.

Since its establishment, UNMEER has worked to strengthen overall operational direction to better harness the capabilities of all the United Nations actors and international and non-governmental organizations, as well as to raise awareness of key gaps and needs through increased advocacy. Joint crisis management structures have been established in the three countries between UNMEER and national counterparts to ensure cohesion of efforts, including through co-location.

To further refine its efforts, UNMEER held an operational planning conference in Accra with a range of United Nations actors and international partners from 15 to 18 October to produce an operational framework defining the scope of the crisis, considering projections for potential growth of the outbreak, elaborating United Nations activities in support of national responses and assigning responsibility for the delivery of critical lines of action and enabling activities within the United Nations system. The mission’s critical lines of action in support of containment are: (a) case finding, laboratories and contact tracing; (b) case management; (c) safe dignified burials; and (d) community engagement and social mobilization. A set of enabling activities underpins these lines of action: logistics, personnel and
volunteers, training, cash payments and information management. Lead agencies, drawn from both United Nations entities and international partners, have been identified for each line of action and enabling activity, including IFRC, WHO, the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF) and WFP, along with UNMEER itself. The concluding session of the conference was chaired by my Chef de Cabinet and also included the participation of the Director-General of WHO, the Executive Directors of WFP, UNICEF and UNFPA, my Special Representative for Liberia and Head of the United Nations Mission in Liberia and the Secretary-General of IFRC along with other partners. This participation reflected the whole-of-system approach I have insisted upon for the Ebola response.

Following the conclusion of the conference, my Special Representative travelled to each country and met the Presidents and senior national response officials. To ensure national ownership, the initial United Nations response plans (operational framework) were adjusted and updated in accordance with national ones to reflect country-specific requirements, needs and priorities. UNMEER will continue to ensure a tailored approach to match national circumstances, building on continually improved information-gathering and analysis systems in the field. This will include rapidly and proactively adjusting the mission’s operational posture and footprint to respond to the evolution of the virus, its transmission and impact. This will require the mission to be highly flexible and agile, adjusting the United Nations system’s response to ensure the most effective, efficient and best targeted use of resources to achieve maximum impact on the ground. The unity of United Nations effort embodied in UNMEER makes execution of such a responsive approach possible, including the adjustment of field presence from centralized to decentralized models to best respond to requirements on the ground, the redirection of resources to areas of immediate need across the region and the facilitation of transport and delivery of key assets from multiple partners at short notice.

The overall objective of the operational framework is to ensure that all affected countries become Ebola-free (zero cases). Within 60 days, the intermediate objective is to reduce transmission by ensuring that 70 per cent of cases obtain treatment safely and that 70 per cent of burials of those who die from the disease are conducted in a safe manner. As of 31 October, while only 28 per cent of new cases had been isolated, over 78 per cent of burials of those reported to have died from the disease had been conducted safely, breaking down a key chain of transmission. These figures had risen to 48 per cent and 87 per cent, respectively, as of the date of reporting. It should be noted, however, that many deaths may not be officially reported, and thus the actual percentage of safe burials may be lower. In leading the United Nations system response, UNMEER will focus on achieving the strategic goals and operational benchmarks, while enabling complementarity between all implementing partners and ensuring that critical data are gathered at the field level for analysis and extrapolation of key information to inform decision-making and prioritization.

UNMEER has been working to ensure rapid build-up of operational enablers. Working under the overall framework of UNMEER, WFP provided dedicated services for the Ebola response. All staging areas and main hubs in or near Accra, Conakry, Freetown and Monrovia are now operational. Regional operational staging areas have been established in Accra, Dakar and Las Palmas, Spain.
A total of eight forward logistics bases across the three most affected countries are now operational, increasing access to the district level and augmenting the capacity of district stores. Forward logistics bases are being established in Kissidougou and Nzekerekore in Guinea; Freetown, Makeni and Kenema in Sierra Leone; and Voinjama, Gbarnga and Zwerdru in Liberia. Up to 16 additional satellite hubs will be established in the field to facilitate access to the community care centres and district health centres. Temporary storage hubs and in-country transportation of cargo will be provided free of cost to all implementing partner organizations, including host Governments, United Nations agencies, funds and programmes and non-governmental organizations.

To reinforce aviation assets, air operations with dedicated staff and assets have been deployed to Guinea, Sierra Leone, Accra and Dakar. A total of six helicopters and four fixed-wing aircraft have been positioned in the region. An air coordination cell has been established at the UNICEF office in Copenhagen to coordinate incoming flights to the region. Since 19 September, 47 United Nations-coordinated flights carrying 3,001 tons of ambulances, medical supplies (personal protective equipment and chlorine), operational support supplies (tents, tarps and generators) and water, sanitation and health supplies have supported the response efforts in Guinea, Liberia and Sierra Leone. The United Nations Humanitarian Air Service (UNHAS) has been providing dedicated common air transport services since mid-August and a humanitarian air corridor opened in Dakar to the affected countries on 25 September. In addition to UNHAS and UNMEER aviation assets, several Governments have provided air and maritime support. The Government of Germany has made available two C-160 cargo planes operating supply runs from Accra to the three affected countries, while the Government of Luxembourg has provided airlift capacity to move vital supplies. Maritime sealift support has also been committed by the Government of Denmark.

On the basis of the gap analyses and planning undertaken by 31 October, the total revised financial requirement for the critical lines of action and enabling functions as part of the immediate response amounted to $1.5 billion to support the activities of the United Nations system and international partners. This is an increase from the $988 million forming the basis of the overview of needs and requirements for the Ebola disease outbreak, which was launched on 16 September. The increases in the financial requirements for the enabling activities are commensurate with the changes and scaling up of responses in each of the lines of action identified, focused on efforts to stop and treat the virus and to deliver on community mobilization. Most actions related to ensuring essential services, preserving stability and preventing outbreaks in countries currently unaffected need to be further assessed and are being reviewed to establish a revised estimate. Figures tracked by the Office for the Coordination of Humanitarian Affairs of the Secretariat show that a total of $799 million in funds has been received, committed or pledged as of the date of reporting.

The focus is now to ensure that the funds the United Nations has received are put to work quickly and translate into demonstrable impact within villages, towns, and cities and to secure the additional funding for immediate-term needs. We need to be prepared for overall costs related to immediate needs and beyond to be in the region of $4 billion; the accuracy of this figure will be influenced by how rapidly the international and national communities mobilize the necessary resources and deploy them, and how quickly the crisis can be brought under control.
The United Nations Ebola Response Multi-Partner Trust Fund has received approximately $121 million in commitments and pledges. It is critical that such indications be honoured quickly and that the highest possible levels of programming flexibility be provided to ensure the continuation of an immediate and timely response to the crisis. The funds will be used for the most critical, unfunded priorities of the response. The costs of stopping transmission and treating the outbreak will only increase further as we assess the longer-term impacts and costs related to recovery, stabilization and preparedness.

Outstanding needs

We urgently need more qualified and trained foreign medical teams to deploy to the region to sustain the medical response in terms of clinical case management over the coming months. I am encouraged by the recent deployments and pledges of medical personnel and health-care workers by Member States, including Australia, Burundi, China, Cuba, the Democratic Republic of the Congo, Ethiopia, France, Germany, Kenya, the Republic of Korea, South Africa, Sweden, Uganda and the United Kingdom, as well as commitments expressed through the African Union, along with the support of the World Bank, to deploy or support foreign medical personnel as a testament to the importance of international and regional solidarity in the fight against Ebola. But many more medical personnel are needed. At this time, there is a critical need for another 14 foreign medical teams to be identified to support required Ebola treatment units.

Effective information management and access to reliable data from authoritative sources remain key to following the epidemiological path of the disease and ensuring a tailored response on the ground. At present, data availability and quality are inconsistent. Accordingly, measures are being put in place to develop an effective data management mechanism, including mobile data collection. To do this, an entire information management system will need to be established, led by information management officers deployed to the field.

Much of the success in containing the outbreak and preventing transmission will rely on communities and Governments being supported and engaged in the prevention of transmission and in contact tracing. The success of Nigeria and Senegal in halting the transmission of Ebola highlights the critical importance of preparedness in countries at high risk of an outbreak. Important factors in preventing the spread of Ebola in both countries included early detection and response, strong political leadership, public awareness campaigns and strong support from partner organizations.

While all efforts should be focused on achieving the 70-70-60 goals, attention must also be devoted to addressing the critical needs of abandoned orphans and people affected by diseases other than Ebola (including, in particular, malaria). The United Nations and non-governmental organizations need the staff and resources to meet these needs. Continuing to leverage partnerships with the private sector and affected communities to ensure the most effective response is also critical.

In parallel with efforts to stop the outbreak, work is under way to increase the preparedness of all countries, with special attention to those in Africa. Within Africa, 15 States that border countries with widespread and intense transmission, or that otherwise have strong trade and travel ties with countries with widespread and intense transmission, have been prioritized for technical assistance on preparedness.
from specialist WHO teams and partners. These countries are Benin, Burkina Faso, Cameroon, the Central African Republic, Côte d’Ivoire, the Democratic Republic of the Congo, Gambia, Ghana, Guinea-Bissau, Mali, Mauritania, Nigeria, Senegal, South Sudan and Togo. Teams have already undertaken missions to and have been working with health authorities in Mali and Côte d’Ivoire. In addition, all countries will be provided with the standards, guidance and tools needed to facilitate preparedness efforts. In each region, WHO and partners will also provide country-specific technical assistance as requested.

Alongside the efforts of my Special Envoy on Ebola, Dr. David Nabarro, I am in constant touch with world leaders to advocate for the creation of dedicated medical facilities for in-country treatment of responders, along with all United Nations personnel, and to put in place sustainable and reliable medical evacuation mechanisms. These measures will encourage qualified medical personnel to deploy to the region.

At this time, such in-country facilities with access for international United Nations personnel are being provided by the United Kingdom in Sierra Leone, with a facility established by the United States for treatment of international health-care workers in Liberia due to open soon. France has committed itself to establishing an Ebola treatment facility for local and international health-care workers within Guinea. Efforts to establish a sustainable and complete medical evacuation process have also been spearheaded by the European Union, with which the United Nations is cooperating closely. At the same time, efforts are under way to address critical existing limitations in the facilities and capacities for provision of non-Ebola related medical care and evacuation for United Nations personnel serving in the three countries.

A number of Member States have resorted to imposing travel restrictions or closing their borders in response to the Ebola crisis. This will isolate the affected countries and is already obstructing our response efforts. It will not isolate cases. The only way to stop Ebola is to stop it at its source. Together, we must put into place sound medical screening procedures, and not impose travel bans, close borders or institute quarantine policies that are not based on science but will only discourage responders to the crisis. I appeal to all Member States not to impose unwarranted travel and visa restrictions or close their borders, but rather to deploy the essential human resources that will help to contain the outbreak.

Conclusions

The world is facing an unprecedented Ebola outbreak as the transmission of the virus continues to outpace the response effort. Ebola is a major global crisis that demands a massive and sustained international response. No country or organization can defeat Ebola alone. I am encouraged that, within 30 days, UNMEER has deployed to four countries, mobilized significant human resources and logistical assets, set up operational capabilities in record time and developed a detailed operational plan in collaboration with the Governments of the three affected countries and relevant United Nations partners and non-governmental organizations. If we are to begin to contain the disease within the next 60 days, we must also address the remaining gaps and challenges in this global effort.
We have a long way ahead to curb the Ebola outbreak and to help the affected countries begin to recover and rebuild their health systems. The urgent efforts being undertaken now to address the critical and immediate needs must also be combined with planning and resources to ensure that the longer-term recovery of the affected countries is not jeopardized. Attention is also required to enable the strengthening and full recovery of national institutional capacities to ensure the ability to respond proactively and effectively to potential health-related emergencies in the future, and to address other ongoing medical and social challenges, which have had reduced attention during the response to the Ebola crisis. I will report on progress on such efforts in my next letter to the General Assembly.

The longer the epidemic rages, the greater the risk of spread to other countries. Mali is the latest example in this regard. The importance of bolstering the preparedness of other countries in the region cannot be overstated. Any delays in the response delivered today will result in a far greater response required tomorrow.

I would be grateful if you could bring the present letter to the attention of the members of the General Assembly.

(Signed) BAN Ki-moon