



The role of WHO within the United Nations Mission for Ebola Emergency Response

Report of the Secretariat

1. This report has been prepared in response to a request for the Secretariat to outline the specific role of WHO within the United Nations Mission for Ebola Emergency Response, known as UNMEER.

Establishment of UNMEER

2. UNMEER was established on 19 September 2014 after the unanimous adoption of General Assembly resolution 69/1,¹ and the adoption of Security Council resolution 2177 (2014)² on the Ebola virus disease (EVD) outbreak in West Africa. Both Resolutions acknowledged the need for united action across the United Nations system, with Member States, Regional entities including the Mano River Union, the African Union and the Economic Community of West African States (ECOWAS) and nongovernmental partners. The Resolutions also recognized the central role of WHO to the response.

3. At the end of August 2014, despite the full engagement and leadership of the presidents of Guinea, Liberia and Sierra Leone and efforts of international partners, traditional Ebola response measures were not able to contain EVD transmission across the three worst affected countries. Many of the challenges related to critical enabling factors, including logistic capacities; air transportation; mobilizing international expertise; availability of adequate isolation, care and treatment facilities and essential supplies; and community-led approaches to EVD control. Recognizing this, the Director-General of WHO, Dr Margaret Chan, called for the full capacities of the United Nations to be brought to bear under a unified coordination mechanism.

4. Citing WHO data's indicating that 4963 probable, confirmed and suspected cases of Ebola, and 2453 deaths,³ the United Nations Secretary-General, Mr BAN Ki-moon, issued identical letters to the President of the General Assembly and the President of the Security Council.⁴ In the letters, the Secretary-General noted that the situation had gone beyond being a crisis only of public health, to one "with significant political, social, economic, humanitarian, logistical and security dimensions".

5. The Secretary-General emphasized that more resources and coordinated action were required and that efficient implementation was imperative. In recognition of these needs and the rapidly

¹ General Assembly resolution 69/1 *Measures to contain and combat the recent Ebola outbreak in West Africa* Available at http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/69/1 (attached at annex).

² Security Council resolution 2177 *Peace and security in Africa* Available at [http://www.un.org/en/ga/search/view_doc.asp?symbol=S/RES/2177%20\(2014\)](http://www.un.org/en/ga/search/view_doc.asp?symbol=S/RES/2177%20(2014)) (attached at annex).

³ WHO: Ebola Response Roadmap update – 16 September 2014 (available at: http://apps.who.int/iris/bitstream/10665/133546/1/roadmapupdate16sept14_eng.pdf?ua=1)

⁴ A/69/389–S/2014/679 Identical letters dated 17 September 2014 from the Secretary-General addressed to the President of the General Assembly and the President of the Security Council (attached at annex)

evolving situation, and following consultations with WHO Director-General and Dr David Nabarro, who at the time was United Nations System Senior Coordinator for Ebola Virus Disease, the Secretary-General decided to establish a United Nations Mission.

6. From its inception, it has been understood that the Mission would exist only as long as is necessary to stem the crisis. When EVD no longer poses a grave threat to the people of the infected countries, the Mission will be disbanded, having achieved its objective.

7. In his letter, the Secretary-General noted that “no one country or organization had the resources to stem the tide of the Ebola crisis”. This evaluation was made in the context of the global scale of humanitarian need being the highest on record, with 77.9 million people in need of assistance worldwide, according to the United Nations Office for the Coordination of Humanitarian Affairs. This was reflected in the unprecedented number of both acute and protracted response operations being run by WHO itself.⁵ In light of the nature of the crisis, the fact that a bio-hazard had to be managed at scale and the stretched capacities of the global humanitarian response mechanisms, the Secretary-General implemented UNMEER to harness the competencies of the relevant United Nations actors under a single operational structure. The Mission is aligned across key strategic priorities described in the STEPP Plan,⁶ which incorporated WHO’s Ebola Response Roadmap, launched in August 2014.⁷

Principles, design and method of work of UNMEER

8. The Mission is guided by six principles:

1. Reinforce government leadership;
2. Deliver rapid impact on the ground;
3. Closely coordinate and collaborate with actors outside the United Nations;
4. Tailor responses to particular needs in the different countries;
5. Reaffirm WHO lead on all health issues; and
6. Identify benchmarks for transition post-emergency and ensure that actions strengthen systems.

9. On 23 September 2014, the Secretary-General, in consultation with the WHO Director-General, appointed Dr Nabarro as his Special Envoy on Ebola and Mr Anthony Banbury as his Special Representative and Head of UNMEER. To ensure that UNMEER stays on course and partners stay coordinated, the United Nations Chef de Cabinet to the Executive Office, Ms Susana Malcorra, has convened regular videoconferences since the Mission’s inception, bringing the principals of all agencies involved in the response together to agree on ways forward and collective next steps. WHO’s Director-General and the Special Representative of the Director-General for the Ebola Response, Dr Bruce Aylward, have represented WHO in these meetings.

⁵ In response to a request, the Secretariat will be providing to the Sixty-eighth World Health Assembly a report on all grade 3 and United Nations Inter-Agency Standing Committee level 3 emergencies where WHO has taken action since the Sixty-seventh World Health Assembly.

⁶ Stop the outbreak; Treat the infected; Ensure essential services; Preserve stability; and Prevent outbreaks in countries currently unaffected. Please see *Ebola Virus Disease Outbreak: Overview of needs and requirement* available at https://docs.unocha.org/sites/dms/cap/ebola_outbreak_sep_2014.pdf

⁷ Available at <http://www.who.int/csr/resources/publications/ebola-response-roadmap/en/>

Phase 1 of UNMEER

10. When UNMEER was established, it was clear that the Ebola outbreak was unprecedented and had outstripped the capacity of governments and international responders to contain using traditional outbreak approaches. On 1 October 2014, the outbreak had 7178 cases and 3338 deaths over all, and at that time Guinea, Liberia, Nigeria, Senegal and Sierra Leone were all affected. For the first time, Ebola had moved across national borders via air transportation, from Liberia to Nigeria. The three most affected countries were increasingly isolated, with limited international trade and flights. The international community, though increasing its commitment, was not coordinated in the way necessary to work effectively, maximizing each player's comparative advantage. As such, phase one of UNMEER emphasized getting the necessary infrastructure and logistic capacities in place to slow transmission.

11. Representatives of all responding agencies contributed to the early planning following the establishment of UNMEER. WHO took a lead in fashioning a 90-day plan for the first phase of response under UNMEER. The plan was predicated on elements of the core Ebola control package that, if comprehensively implemented, would slow the increase in new cases as quickly as possible through urgently building treatment facilities, providing safe and dignified burials and promoting behaviour change to rapidly reduce the intensity of transmission. The plan required that:

- at least 50% of logistic and structural capacities be in place by 1 November (the 30-day target);
- 100% of logistic and structural capacities be in place, and at least 70% of EVD cases isolated and 70% of patients who died from EVD were provided with safe and dignified burials by 1 December 2014 (the 60-day target); and
- capacity be available for 100% of EVD cases to be isolated and 100% of patients who die from EVD to be provided with safe and dignified burials by 1 January 2015 (the 90-day target).

12. In line with the Secretary-General's plan, UNMEER's headquarters were placed in Accra, Ghana, a location in the region, but not in one of the three most affected countries. This choice was strategic, in that the World Food Programme Humanitarian Response Depot in Accra was identified as a logistics hub for the Mission's centralized procurement and distribution system. Key strategic supplies and assets for the Mission were determined on the basis of advice from WHO.

13. To coordinate actions across the UN system to reach the 30-, 60- and 90-day targets, the Chef de Cabinet convened the Operational Conference for Scaling up UN-System Approach to the Ebola Response in Accra from 15-18 October 2014. WHO participated at the highest levels across all three levels of the Organization, playing a central role in designing the architecture of UNMEER. At the meeting, UN programmes, funds and agencies were identified to take the lead on specific lines of action. WHO was identified as the lead on:

- Case finding and contact tracing;
- Laboratory services;
- Case management;
- Procurement for Ebola Treatment Centres; and
- Training (with the United States Centers for Disease Control and Prevention).

14. At UNMEER headquarters, six units were formed, each led by a director reporting to the Special Representative of the Secretary-General. These units comprised (1) the Office of the Special Representative of the Secretary-General, (2) Mission Support, (3) Performance Monitoring and Reporting / Special Representative of the Secretary-General's Implementation Unit, (4) Prevention and Preparedness, (5) Emergency Operations, and (6) Emergency Operations Support. Under Emergency Operations were teams focusing on case finding, case management, community engagement and safe and dignified burials. Training, cash payments, information management, personnel and volunteers and logistic operations fell under Emergency Operations Support.

15. At the request of the Secretary-General, WHO nominated Dr Anshu Banerjee to be UNMEER's Director of Emergency Operations. Simultaneously, UNMEER set up country offices in each of the three most intensely affected countries, led by an Ebola Crisis Manager who reports directly to the Special Representative of the Secretary-General. In Liberia, this position has been occupied by a WHO staff member, Dr Peter Graaf, seconded to UNMEER for the duration of the outbreak.

16. On 26 November 2014, at the request of the Government and in response to imported cases and active transmission, UNMEER opened a new office in Bamako, Mali. Following consultation with the WHO Director-General and Regional Director for WHO's African Region, Dr Luis Sambo, the WHO Representative in Mali, Dr Ibrahima Socé Fall, was appointed by the Secretary-General to head this UNMEER office.

17. Continuing to scale up its surge efforts, WHO deployed over 1,000 people from across the Organization and through partners between 1 October and 31 December 2014, the period of the first phase of UNMEER. These deployees were placed in positions across the response, in UNMEER, in WHO Country Offices and in sub-national field positions. WHO's corps of health logisticians played a key role during this period, providing technical expertise to guide UNMEER's development of necessary structural capacities. WHO's Representatives and Country Office staff contributed to finalizing the strategic direction and structure of UNMEER at national-level from the technical side, advising UNMEER's Ebola Crisis Managers, helping Member State Governments to shape their strategies for working with UNMEER and partners by participating regularly and visibly in national coordination mechanisms. WHO deployees at county, district and prefecture field levels led the work of case finding, contact tracing and ensuring laboratory capacity and appropriate procurement for Ebola treatment, working closely with UNMEER and partners, across 63 active field sites.

Achievements and challenges in Phase 1 of UNMEER

18. During the first phase of the response under the coordination of UNMEER, through the concerted efforts of national governments, their partners and the international community, an overarching operational plan for the response was developed, national emergency operations centres provided stronger coordination in each country, a reliable air bridge was established between and within the affected countries, massive public communications efforts were undertaken, and the number of Ebola treatment beds and safe burial teams available across the region more than doubled.

19. As a result, the exponential growth in cases had stopped by the end of 2014, and where high levels of treatment and safe and dignified burials were combined with intensive case finding and contact tracing, transmission had, in certain areas, been reduced to zero. In countries with importations, emergency Ebola control measures stopped outbreaks.

20. This first phase of UNMEER reaffirmed important lessons: only where high rates of treatment and safe and dignified burials were combined with real community ownership, intensive case finding and careful contact tracing did transmission stop altogether; although survival more than doubled in Ebola Treatment Centres, patients frequently refused to travel substantial distances for treatment; and as caseloads declined, evidence of complacency and ‘Ebola fatigue’ rapidly appeared in some populations even though transmission continued.

21. UNMEER and the agencies working under its umbrella had successfully provided the logistic capacity and infrastructure crucial to moving the response forward, but to make real progress to bringing the outbreak to an end, it would be necessary to couple the first phase activities and capacities with comprehensive case finding, contact tracing and community ownership, tailoring response activities to the epidemiology of a given geographical area in a second phase.

Phase 2 of UNMEER

22. Following his appointment as the incoming Secretary-General’s Special Representative and Head of UNMEER, Mr Ismail Ould Cheikh Ahmed held meetings in early January 2015 with Governments and all partners, including WHO, and developed and disseminated his “*Countries – Communities – Coordination*” vision, which highlights country ownership of the response, the critical importance of community engagement and the essential role that UNMEER has in coordination. In translating this vision to a phase two strategy for UNMEER, it was recognized that the emphasis in the response must be shifted from ensuring logistic and infrastructural integrity, to emphasizing rigorous case finding and contact tracing, implemented with social mobilization and full community engagement.

23. As the core public health Ebola interventions are central to phase two of UNMEER, WHO has taken a higher profile as the lead of technical operations across the Mission’s programme of work. As case numbers drop, strategic priorities are necessarily being tailored to local contexts, down to the sub-district, county and prefecture levels, as guided by the intensity of transmission and levels of community ownership. WHO’s technical leadership in this has been incorporated and widely embraced in UNMEER’s strategic plans and external communications, at global, regional, national and local levels.

24. In phase two, UNMEER has underscored its coordinating role, ensuring a coherent approach among partners at national level. As part of this, Special Representative of the Secretary-General Ahmed convenes monthly Board Meetings with the Ebola leads from the United Nations agencies, funds and programmes involved in the response to discuss progress, identify lessons learned and reach consensus on next steps. The Special Representative of the Director-General for the Ebola Response has represented WHO at these meetings.

25. As in the first phase, WHO has shown strong and consistent human resource engagement throughout the second phase of UNMEER. WHO has continued to deploy people against UNMEER positions, and provide technical leadership in the field where the Organization has had sustained levels of deployment greater than 700 people since late December 2014. As of 24 March 2015, there have been more than 2,000 deployments through WHO (including network and partnership arrangements) across Guinea, Liberia, Mali, Nigeria and Sierra Leone.

26. In March 2015, WHO had 782 deployees, dispersed in 70 field sites, in place across the three most affected countries and Mali. WHO epidemiologists continue to oversee the strengthening of case

investigation and surveillance activities, including active facility-based surveillance, case finding, contact tracing and community event-based surveillance, working in concert with UNMEER partners in the field. WHO intends to sustain that large work force in the affected countries before the start of the rainy season, and has been asked to plan to continue to sustain a large work force beyond the end of the outbreak to ensure sufficient disease surveillance to the end of the year.

Achievements and challenges to date in Phase 2 of UNMEER

27. UNMEER's consistent emphasis on country leadership, coordination and community level engagement, including an increased reliance on social anthropologists, has helped to drive the reductions in case numbers. However, the challenges in collective action that have posed difficulties throughout the life of UNMEER continue, as the Governments and all partners look to "getting to zero".

28. All three levels of WHO have played core roles in UNMEER, providing high level technical and strategic input and advice; deploying staff in key leadership and technical roles in UNMEER Headquarters in Accra and across the four country-level UNMEER offices; contributing to joint plans of action and streams of work; and developing and disseminating communications messages and community engagement programmes.

29. While UNMEER has driven substantial and significant successes, as the first United Nations mission to address a health-specific crisis, there have also been challenges. The learning curve was sharp for all, with adjustments made as issues arose. Lines of communication and responsibility have been clarified over time, and administrative mechanisms have been developed to allow for smoother core services (i.e., human resources, budget, finance and planning) interactions.

30. WHO's role in UNMEER has evolved as the response itself has evolved, with the Organization taking on greater prominence as the approach shifts from large scale building and logistics, to the core Ebola response package. This role and profile for WHO will continue to take on new dimensions as the Ebola outbreak declines and UNMEER moves towards decommissioning, in accord with its original mandate. It is anticipated that WHO will continue to lead technically and provide coordination across agencies as integrated disease surveillance is implemented and essential services are safely reactivated.

31. The Ebola crisis has underscored the importance of emergency preparedness, and the need for authoritative, coordinated international response capacity. Determining if and how early identification systems need to be improved and how those systems can better translate into more timely action is a clear priority. In line with this, and while continuing to work with and through UNMEER on the response to the Ebola outbreak, WHO is undertaking assessments of its own performance, considering how to better structure and capacitate the Organization to fulfill its Constitutional mandate in emergency response and working closely with the Governments of Guinea, Liberia and Sierra Leone to develop and implement robust plans and adequate funds for early recovery, and support building resilient health systems in these three countries and other countries with fragile systems.



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Resolution adopted by the General Assembly on 19 September 2014

[without reference to a Main Committee (A/69/L.2)]

69/1. Measures to contain and combat the recent Ebola outbreak in West Africa

The General Assembly,

Expressing grave concern at the recent Ebola outbreak in West Africa and its unprecedented nature and scope,

Expressing grave concern also at the rapid deterioration of the situation, in particular in Guinea, Liberia and Sierra Leone, and the threat that this poses to their post-conflict recovery,

Expressing deep concern about the potential reversal of the gains made by the affected countries in peacebuilding, political stability and the reconstruction of socioeconomic infrastructure in recent years,

Underscoring the urgent need to contain this public health crisis owing to its possible grave humanitarian, economic and social consequences,

Underlining its strong commitment to responding to this emergency in a timely, effective and coordinated manner,

Recognizing the central role being played by the World Health Organization in leading worldwide support for the courageous responses of countries whose people are affected by, and at risk of, Ebola,

Welcoming all national, regional and international efforts aimed at ending the crisis, and reaffirming the important role of regional and subregional organizations in this regard, in particular, the African Union and the Economic Community of West African States,

Expressing appreciation for the appointment by the Secretary-General of a United Nations System Senior Coordinator for Ebola Virus Disease and a Deputy Ebola Coordinator and Emergency Crisis Manager, in order to assist Governments in the region to address the Ebola outbreak,

Noting the adoption by the Security Council of resolution 2176 (2014) of 15 September 2014 and resolution 2177 (2014) of 18 September 2014,

1. *Welcomes* the intention of the Secretary-General to establish the United Nations Mission for Ebola Emergency Response;⁸

2. *Requests* the Secretary-General to take such measures as may be necessary for the prompt execution of his intention and to submit a detailed report thereon for consideration by the General Assembly at its sixty-ninth session;

3. *Calls upon* all Member States, relevant United Nations bodies and the United Nations system to provide their full support to the United Nations Mission for Ebola Emergency Response.

*3rd plenary meeting
19 September 2014*

⁸ See A/69/389-S/2014/679.



Resolution 2177 (2014)

**Adopted by the Security Council at its 7268th meeting, on
18 September 2014**

The Security Council,

Recalling its resolution 2176 (2014) adopted on 15 September 2014 concerning the situation in Liberia and its press statement of 9 July 2014,

Recalling its primary responsibility for the maintenance of international peace and security,

Expressing grave concern about the outbreak of the Ebola virus in, and its impact on, West Africa, in particular Liberia, Guinea and Sierra Leone, as well as Nigeria and beyond,

Recognizing that the peacebuilding and development gains of the most affected countries concerned could be reversed in light of the Ebola outbreak and *underlining* that the outbreak is undermining the stability of the most affected countries concerned and, unless contained, may lead to further instances of civil unrest, social tensions and a deterioration of the political and security climate,

Determining that the unprecedented extent of the Ebola outbreak in Africa constitutes a threat to international peace and security,

Expressing concern about the particular impact of the Ebola outbreak on women,

Welcoming the convening of the Mano River Union Extraordinary Summit, held in Guinea on 1 August 2014, and the commitments expressed by the Heads of State of Côte d'Ivoire, Guinea, Liberia and Sierra Leone to combat the Ebola outbreak in the region, including by strengthening treatment services and measures to isolate the outbreak across borders,

Taking note of the measures taken by the Member States of the region, especially Liberia, Guinea and Sierra Leone, as well as Nigeria, Côte d'Ivoire

and Senegal, in response to the Ebola outbreak and *recognizing* that the outbreak may exceed the capacity of the governments concerned to respond,

Taking note of the letter (S/2014/669) dated 29 August 2014 to the Secretary-General from the Presidents of Liberia, Sierra Leone and Guinea, requesting a comprehensive response to the Ebola outbreak, including a coordinated international response to end the outbreak and to support the societies and economies affected by restrictions on trade and transportation during the outbreak,

Recognizing the measures taken by the Member States of the region, in particular Côte d'Ivoire, Cabo Verde, Ghana, Mali and Senegal, to facilitate the delivery of humanitarian assistance to the most affected countries,

Emphasizing the key role of Member States, including through the Global Health Security Agenda where applicable, to provide adequate public health services to detect, prevent, respond to and mitigate outbreaks of major infectious diseases through sustainable, well-functioning and responsive public health mechanisms,

Recalling the International Health Regulations (2005), which are contributing to global public health security by providing a framework for the coordination of the management of events that may constitute a public health emergency of international concern, and aim to improve the capacity of all countries to detect, assess, notify and respond to public health threats and *underscoring* the importance of WHO Member States abiding by these commitments,

Underscoring that the control of outbreaks of major infectious diseases requires urgent action and greater national, regional and international collaboration and, in this regard, *stressing* the crucial and immediate need for a coordinated international response to the Ebola outbreak,

Commending Member States, bilateral partners and multilateral organizations for the crucial assistance, including financial commitments and in-kind donations, provided to and identified for the affected people and governments of the region to support the scaling up of emergency efforts to contain the Ebola outbreak in West Africa and interrupt transmission of the virus, including by providing flexible funds to relevant United Nations agencies and international organizations involved in the response to enable them and national governments to purchase supplies and enhance emergency operations in the affected countries, as well as by collaborating with public and private sector partners to accelerate development of therapies, vaccines and diagnostics to treat patients and limit or prevent further infection or transmission of the Ebola virus disease,

Expressing deep appreciation to the first-line responders to the Ebola outbreak in West Africa, including national and international health and humanitarian relief workers contributed by the Member States of diverse regions and non-governmental organizations such as Médecins Sans Frontières (MSF) and the International Federation of Red Cross and Red Crescent Societies (IFRC) and *also expressing appreciation* to the United Nations Humanitarian Air Service (UNHAS) for transporting humanitarian personnel and medical supplies and equipment, especially to remote locations in Guinea, Liberia and Sierra Leone, during the outbreak,

Welcoming the efforts of the African Union (AU), in coordination with bilateral partners and multilateral organizations, to craft a united,

comprehensive and collective African response to the outbreak, including through the deployment of healthcare workers to the region, and also the efforts of the Economic Community of West African States (ECOWAS) to support steps to contain the spread of the Ebola virus, including through the support of the defence forces of its Member States,

Expressing concern about the impact, including on food security, of general travel and trade restrictions in the region and *taking note* of the AU call on its Member States to lift travel restrictions to enable the free movement of people and trade to the affected countries,

Emphasizing the role of all relevant United Nations System entities, in particular the United Nations General Assembly, Economic and Social Council, and Peacebuilding Commission, in supporting the national, regional and international efforts to respond to the Ebola outbreak and *recognizing*, in this regard, the central role of the World Health Organization (WHO), which designated the Ebola outbreak a public health emergency of international concern,

Stressing the need for coordinated efforts of all relevant United Nations System entities to address the Ebola outbreak in line with their respective mandates and to assist, wherever possible, national, regional and international efforts in this regard,

Taking note of the WHO Ebola Response Roadmap of 28 August 2014 that aims to stop transmission of the Ebola virus disease worldwide, while managing the consequences of any further international spread and *also taking note* of the 12 Mission Critical Actions, including infection control, community mobilization and recovery, to resolve the Ebola outbreak,

Taking note of the WHO protocols to prevent the transmission of the Ebola virus disease between individuals, organizations and populations, *underlining* that the Ebola outbreak can be contained, including through the implementation of established safety and health protocols and other preventive measures that have proven effective and *commending* the efforts of the United Nations Mission in Liberia (UNMIL) to communicate, including through UNMIL Radio, such protocols and preventive measures to the Liberian public,

Reiterating its appreciation for the appointments by the Secretary-General of David Nabarro as the United Nations System Senior Coordinator for Ebola Virus Disease and of Anthony Banbury as the Deputy Ebola Coordinator and Operation Crisis Manager operating from the Crisis Response Mechanism of the United Nations, activated on 5 September 2014 and which aims to consolidate the operational work of the United Nations System, Member States, non-governmental organizations and other partners focused on providing assistance to the affected countries in response to the Ebola outbreak, as well as to ensure United Nations System assistance to developing, leading and implementing an effective response to the broader dimensions of the outbreak that include food security and access to basic health services,

Welcoming the intention of the Secretary-General to convene a high-level meeting on the margins of the sixty-ninth United Nations General Assembly to urge an exceptional and vigorous response to the Ebola outbreak,

1. *Encourages* the governments of Liberia, Sierra Leone and Guinea to accelerate the establishment of national mechanisms to provide for the

rapid diagnosis and isolation of suspected cases of infection, treatment measures, effective medical services for responders, credible and transparent public education campaigns, and strengthened preventive and preparedness measures to detect, mitigate and respond to Ebola exposure, as well as to coordinate the rapid delivery and utilization of international assistance, including health workers and humanitarian relief supplies, as well as to coordinate their efforts to address the transnational dimension of the Ebola outbreak, including the management of their shared borders, and with the support of bilateral partners, multilateral organizations and the private sector;

2. *Encourages* the governments of Liberia, Sierra Leone and Guinea to continue efforts to resolve and mitigate the wider political, security, socioeconomic and humanitarian dimensions of the Ebola outbreak, as well as to provide sustainable, well-functioning and responsive public health mechanisms, *emphasizes* that responses to the Ebola outbreak should address the specific needs of women and *stresses* the importance of their full and effective engagement in the development of such responses;

3. *Expresses concern* about the detrimental effect of the isolation of the affected countries as a result of trade and travel restrictions imposed on and to the affected countries;

4. *Calls on* Member States, including of the region, to lift general travel and border restrictions, imposed as a result of the Ebola outbreak, and that contribute to the further isolation of the affected countries and undermine their efforts to respond to the Ebola outbreak and *also calls on* airlines and shipping companies to maintain trade and transport links with the affected countries and the wider region;

5. *Calls on* Member States, especially of the region, to facilitate the delivery of assistance, including qualified, specialized and trained personnel and supplies, in response to the Ebola outbreak to the affected countries and, in this regard, *expresses deep appreciation* to the government of Ghana for allowing the resumption of the air shuttle of UNMIL from Monrovia to Accra, which will transport international health workers and other responders to areas affected by the Ebola outbreak in Liberia;

6. *Calls on* Member States, especially of the region, and all relevant actors providing assistance in response to the Ebola outbreak, to enhance efforts to communicate to the public, as well as to implement, the established safety and health protocols and preventive measures to mitigate against misinformation and undue alarm about the transmission and extent of the outbreak among and between individuals and communities and, in this regard, *requests* the Secretary-General to develop a strategic communication platform using existing United Nations System resources and facilities in the affected countries, as necessary and available, including to assist governments and other relevant partners;

7. *Calls on* Member States to provide urgent resources and assistance, including deployable medical capabilities such as field hospitals with qualified and sufficient expertise, staff and supplies, laboratory services, logistical, transport and construction support capabilities, airlift and other aviation support and aeromedical services and dedicated clinical services in Ebola Treatment Units and isolation units, to support the affected countries in intensifying preventive and response activities and strengthening national capacities in response to the Ebola outbreak and to allot adequate capacity to prevent future outbreaks;

8. *Urges* Member States, as well as bilateral partners and multilateral organizations, including the AU, ECOWAS, and European Union, to mobilize and provide immediately technical expertise and additional medical capacity, including for rapid diagnosis and training of health workers at the national and international level, to the affected countries, and those providing assistance to the affected countries, and to continue to exchange expertise, lessons learned and best practices, as well as to maximize synergies to respond effectively and immediately to the Ebola outbreak, to provide essential resources, supplies and coordinated assistance to the affected countries and implementing partners and *calls on* all relevant actors to cooperate closely with the Secretary-General on response assistance efforts;

9. *Urges* Member States to implement relevant Temporary Recommendations issued under the International Health Regulations (2005) regarding the 2014 Ebola Outbreak in West Africa, and lead the organization, coordination and implementation of national preparedness and response activities, including, where and when relevant, in collaboration with international development and humanitarian partners;

10. *Commends* the continued contribution and commitment of international health and humanitarian relief workers to respond urgently to the Ebola outbreak and *calls on* all relevant actors to put in place the necessary repatriation and financial arrangements, including medical evacuation capacities and treatment and transport provisions, to facilitate their immediate and unhindered deployment to the affected countries;

11. *Requests* the Secretary-General to help to ensure that all relevant United Nations System entities, including the WHO and UNHAS, in accordance with their respective mandates, accelerate their response to the Ebola outbreak, including by supporting the development and implementation of preparedness and operational plans and liaison and collaboration with governments of the region and those providing assistance;

12. *Encourages* the WHO to continue to strengthen its technical leadership and operational support to governments and partners, monitor Ebola transmission, assist in identifying existing response needs and partners to meet those needs to facilitate the availability of essential data and hasten the development and implementation of therapies and vaccines according to best clinical and ethical practices and *also encourages* Member States to provide all necessary support in this regard, including the sharing of data in accordance with applicable law;

13. *Decides* to remain seized of the matter.

United Nations

A/69/389-

S/2014/679



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**Identical letters dated 17 September 2014 from the
Secretary-General addressed to the President of the
General Assembly and the President of the Security
Council**

Ebola virus disease in West Africa is dramatically worsening, with rapidly spreading infections in the three most affected countries and risks of contagion to neighbouring countries and beyond. To date, the World Health Organization (WHO) has reported nearly 5,000 cases, resulting in over 2,500 deaths. Owing to difficulties in monitoring and reporting, the total number of both cases and deaths is likely to be much higher. International experts assess that Ebola is spreading at an exponential rate, with the number of cases now doubling approximately every three weeks. It is clear that the Ebola crisis is no longer just a public health crisis, but has become multidimensional, with significant political, social, economic, humanitarian, logistical and security dimensions.

It is imperative that we mobilize efforts and resources at the international, regional and national levels, and equally important to ensure that such efforts and resources are deployed and delivered to ensure maximum impact in the places where they are most needed, in the shortest possible time frame. The recent upsurge in the response effort is welcome, but we must do more, and we must do it faster. The Governments of Guinea, Liberia and Sierra Leone are determined to respond effectively, but they have, as expressed in their respective letters, asked for and are depending on our assistance and support.

* [A/69/150](#).

I am determined that the United Nations, in support of national efforts, will do everything it can to bring an end to this crisis and will provide the strategic leadership, diverse capacity and operational framework for the action necessary to harness international efforts in a unified and coherent manner in order to manage the crisis effectively and efficiently. To that end, I will rely on the technical capabilities and expertise of WHO and draw on the resources of the World Bank and the International Monetary Fund, as well as on the relevant competencies and capabilities of our United Nations agencies, funds and programmes and the United

Nations country teams. We recognize and appreciate the contributions already committed by Member States and look forward to collaborating and coordinating with other Member States. I will look to Member States and other international partners to honour their pledges, provide much-needed additional support and sustain their commitment for as long as is needed.

Initially, on 12 August 2014, I appointed Dr. David Nabarro as the United Nations System Senior Coordinator for Ebola Virus Disease to provide overall strategic direction and to assist Governments in the region in addressing the crisis. Subsequently, on 8 September 2014, I activated the Organization's emergency response mechanism and named Anthony Banbury as Deputy Ebola Coordinator and Emergency Crisis Manager. In recognition of the rapidly evolving situation on the ground, including the rapid spread of Ebola virus disease, and following consultations with Dr. Margaret Chan and Dr. Nabarro, I have decided to establish a United Nations Mission. The Mission will 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, in order to ensure a rapid, effective, efficient and coherent response to the crisis. The singular strategic objective and purpose of the Mission will be to work with others to stop the Ebola outbreak. To achieve this, the strategic priorities of the Mission will be to stop the spread of the disease, treat the infected, ensure essential services, preserve stability and prevent the spread to countries currently unaffected.

The Mission, through presences within the affected States, will provide needed field-level support to the Governments and peoples of West Africa as they respond to the crisis. The Mission will assist Member States and regional and sub-regional organizations, upon request, as well as other partners, including non-governmental organizations, in delivering their bilateral and multilateral assistance in a coordinated and coherent manner on the ground. In particular, the Mission will coordinate with the African Union, the Economic Community of West African States and the Mano River Union.

Under the joint initiative of the Director-General of WHO and myself, Dr. Nabarro will continue to represent the United Nations system and provide overarching strategic leadership, coordination and guidance, including through consultations with the Member States and other stakeholders participating in or contributing to the international efforts in response to Ebola virus disease. He will lead international efforts to mobilize and sustain the political will and strategic resources necessary to combat this crisis. I invite all Member States, other intergovernmental organizations, civil society and the private sector to join a broad international coalition at the earliest opportunity and to contribute decisively to the international response to the disease.

At the operational level, I intend to immediately establish a United

Nations Mission for Ebola Emergency Response (UNMEER), to be headed by a Special Representative of the Secretary-General (Under-Secretary-General) whom I shall appoint following consultation with Dr. Chan and who will report directly to me. The Mission will build and maintain a regional operational platform, ensuring the rapid delivery of international assistance against the needs identified in the affected States, lead the response at the operational level and provide strategic direction to the United Nations system and other implementing partners on the ground. It will also work closely with all Governments and partners contributing to this effort.

The Mission will have its headquarters in the region, but not in one of the three most affected countries. The Mission will have country offices in each of the three most intensely affected countries, led by a United Nations Ebola Crisis Manager. The Mission leadership will include a senior health official nominated by WHO. It is essential to assess continuously all capabilities for the monitoring and surveillance of the disease in those countries establishing a prevention response. The Mission will work closely and in a coordinated manner with existing United Nations presences and, in particular, with the affected countries and the Governments of countries deemed to be most at risk of Ebola outbreaks. If necessary, the Mission will be able to adjust its presence and activities in a manner commensurate with the needs and demands of the Ebola emergency response, including through the operational deployment to other countries that experience high levels of Ebola transmission, at the request of the Governments concerned. The Mission shall remain mindful of the potential peace and security implications, cognizant of the fact that all three affected countries are presently within the ambit of the Peacebuilding Commission.

The Mission's country offices will rely on, and work in close partnership with, the United Nations country teams and other United Nations presences in the countries concerned and in the region at large, including in particular the United Nations Mission in Liberia. I have consulted with the heads of United Nations agencies, funds and programmes, and we have all agreed on the importance of ensuring unity of effort for all the organizations' Ebola work in West Africa under the Mission's leadership. The Mission will bring together the range of United Nations actors and capabilities, as well as Governments, Member States, non-governmental organizations and other relevant stakeholders, in order to provide effective leadership, avoid unnecessary duplication and ensure the efficient prioritization of available assets and resources. The Mission will work closely with the national Ebola operational centres established by the Governments concerned, as well as with contributing Member States that are providing assistance within affected countries. The Mission will also engage closely with the private sector in order to ensure that the collective international community is drawing upon all possible assets to overcome the outbreak and its destructive secondary effects.

The Mission will be guided by six principles:

1. Reinforce government leadership;
2. Deliver rapid impact on the ground;
3. Closely coordinate and collaborate with actors outside the United Nations;
4. Tailor responses to particular needs in the different countries;
5. Reaffirm WHO lead on all health issues;
6. Identify benchmarks for transition post-emergency and ensure

that actions strengthen systems.

Furthermore, the Mission will be responsible for catalysing a rapid and massive mobilization of international human, material, logistic and financial resources, under a single overarching framework, in pursuit of the objectives of the mandate and strategic priorities cited above. To achieve those strategic objectives, the Mission will focus on 12 mission-critical actions identified by the Senior United Nations System Coordinator, following consultations with major stakeholders, including the Governments of the affected countries, including:

1. Identification and tracing of people with Ebola virus disease;
2. Care for the infected and infection control;
3. Safe and dignified burial;
4. Medical care for responders;
5. Food security and nutrition;
6. Access to basic health services;
7. Cash incentives for health workers;
8. Economic protection and recovery;
9. Supplies of material and equipment;
10. Transportation and fuel;
11. Social mobilization;
12. Messaging.

The Mission will also put in place, with guidance and oversight from WHO and assistance from Member States, a training infrastructure for medical and non-medical, international and national staff to ensure standardized competencies, with a priority attached to preventing Mission staff and associated responders from becoming infected with Ebola virus disease in the conduct of their duties. The protection of United Nations staff and all responders is a top priority for me and a fundamental tenet of halting the transmission of the disease. The Mission will identify key strategic supplies and assets on the basis of advice from WHO and others, and will establish a centralized procurement and distribution system, using the World Food Programme Humanitarian Response Depot in Accra as a logistics hub, and other locations as appropriate. The Mission will be responsible for collecting, analysing and presenting comprehensive information on the spread of Ebola virus disease and the international response to it, including critical gaps in activities or resources.

It is my intention that the Mission will exist only as long as is necessary to stem the crisis. When Ebola virus disease no longer poses a grave threat to the people of the infected countries, the Mission will have achieved its objective and will be disbanded. The Ebola situation has highlighted the need to determine if and how early identification systems need to be improved and how those systems can better translate into more timely action. I intend to consult with Dr. Chan on this issue in order to make recommendations to accelerate the global response in the future. Input from the affected Governments, Member States and other relevant stakeholders will be an essential part of this process.

The Mission, with strong support from WHO and other partners, will also work with the Governments of non-affected countries to ensure that appropriate preparedness and prevention measures are in place to avoid

further spread. I call upon leaders around the world to take the steps necessary at the national level to ensure that every country is prepared to take rapid and appropriate action in the event that any cases of Ebola virus disease enter their countries.

I count on the support of the Security Council, the General Assembly and all Member States in this vital endeavour. A more detailed report outlining the required resource requirements will be submitted for the approval and consideration of the Assembly. I also intend to establish a trust fund to mobilize the necessary voluntary contributions and other resources to further this task and to assist in funding the broader effort, including by addressing any gaps in the activities of United Nations system partners.

I intend to make maximum use of the authority provided to me, including in the area of human resources, in order to promote the timely and effective response to the Ebola crisis.

No one country, no one organization has the resources to stem the tide of the Ebola crisis. Each Government is ultimately responsible for its own people. The Governments and the people of West Africa have asked for our help. We must come together as one United Nations, and we call upon Member States to join us in answering their call.

I would be grateful if you would bring the present letter urgently to the attention of the members of the General Assembly and of the Security Council.

(Signed) BAN Ki-moon
