

Security Council Briefing on the Global Response to Ebola

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13 August 2015, New York

1. Madam Chair, Excellencies, Ladies and Gentlemen. Good morning to all.
2. I would like to thank the Security Council, especially the Nigerian Presidency, for this initiative, I would also like to thank the Director-General of the World Health Organization Dr. Margaret Chan for her leadership and may I also greet all the others who have been invited to offer briefings today – who have played key roles in this Ebola outbreak.
3. I would like to focus on **three components** of the Ebola response:
 - The first is the impact of **decisive and powerful and leadership**.
 - The second is the **importance of community ownership** of the response.
 - The third is the **value of working together in long term solidarity**

First on powerful and decisive leadership

4. **National governments, regional organizations and global leaders have stepped up to the challenge of Ebola like never before.** The leaders of countries that have been affected by the outbreak have taken charge, articulated clear visions, provided strategic direction and enabled a massive response to unfold.
5. **The governments in the affected countries** created mechanisms to engage all the necessary stakeholders. Local and national health actors have been playing an essential role alongside other government sectors, civil society, private enterprises, scientific institutions and the media.

6. **Regional and sub-regional organizations have been instrumental in channelling attention and fostering action – from the start.**
7. **This really has been an extraordinary collective response.**
8. **The African Union established its support to the Ebola Outbreak in West Africa (known as ASEOWA) in September 2014.** And ASEOWA deployed more than 850 medical workers from several African countries, and recruited over 4,000 local volunteers, including people who had survived Ebola. We will hear more about this from Ambassador Tété.
9. **The AU Chairperson, Dr. Zuma, stimulated a private sector fundraising drive** in November 2014 that engaged senior African businesspeople and mobilized more than \$32 million.
10. **On 20 July 2015, AU Health Ministers** adopted the Statute for the African Centre for Disease Control and Prevention, during the International Conference, “Africa Helping Africans”, in Malabo, Equatorial Guinea.
11. **The Mano River Union and the Economic Community of West African States (ECOWAS)** worked intensively on inter-country issues and reinforced national systems for prevention and response.
12. **At the global level, world leaders have shown extraordinary initiative and commitment.** They have mounted massive, rapid and coordinated support to help affected countries take the heat out of this epidemic.
13. **One example, in September, the UN Secretary General called for the whole of the UN system to step up its support for the Ebola response.** This followed a request from the Presidents of Guinea, Liberia and Sierra Leone that the UN help them to coordinate the international response. To this end, our Secretary-General proposed the first-ever United Nations Emergency Health Mission, known as UNMEER.
14. **Known as UNMEER, it was endorsed by the UN General Assembly at the end of September** under the chairmanship

of Sam Kutesa, Foreign Minister of Uganda as one of his first acts as President of the General Assembly. UNMEER, the Mission incorporated enhanced action from many UN entities – and deployed to the region just ten days later after it was approved.

15. **At the same time, the Secretary-General also established the multi-partner Global Ebola Response Coalition.** This has become an integrated platform which engages governments, Non-governmental organizations, intergovernmental groups, academic, philanthropic and private sector organizations in weekly meetings. So far there have been 40 of these and they provide a venue for high-level strategic coordination, identifying challenges, enabling collective and timely adjustments to strategy, and encouraging continued innovation and research and incorporating scientific advances.
16. **The mission, UNMEER, closed on 31 July 2015 having achieved its core objective, having contributed to a scaled up response and having improved coordination** and the World Health Organization has now taken on stewardship of the collective response of the UN system and will continue to encourage everyone to work effectively together.
17. **The past 12 months of the *Response* have been financed from multiple sources.** One example is the UN's Multi-Partner Trust Fund where 40 UN Member States have joined together with private businesses, charities and individuals to contribute funding to the Ebola response that can be used where it was most needed – and this has gone into support for logistics, clinics, staff and the necessary elements to ensure community ownership.
18. **The UN Secretary-General convened the International Ebola *Recovery* Conference on July 10, 2015.** The United Nations, the African Union, the European Union, the World Bank and the African Development Bank together with partners worked to generate over \$ 3.4 billion in financing. The significant pledges are catalysing national and regional Ebola recovery efforts.
19. **But I have to stress that this is not cheap and both the Response and the Recovery need continued solidarity and support from UN Member States.**

20. Now for a little bit about the response. I want to stress what we have learned in the past few months...

II. THE RESPONSE WORKS BEST WHEN IT IS OWNED BY COMMUNITIES

21. **What we have seen is that the implementation of the response has gone well when people whose health is at risk have** felt in control of their own lives – and their deaths as well, and when they have been able to shape the response to suit their interests. People’s concerns and fears are more easily addressed, important cultural practices are made **both safe and dignified**, and concerns are more easily addressed if people own the response. Transmission chains are identified more quickly, contacts are traced more readily and the outbreak ends more rapidly, if communities own the response.
22. **And the response works really well when community leaders take part in directing the response.** When people themselves define the support they require and when their leaders help them to quickly access the assistance they need, when they need it, challenges and obstacles are quickly overcome. But we have seen occasions where the response has not consistently prioritized community ownership: it is clear, now, as we move forward, that this is always an essential ingredient. And now my third point.

III. WORKING TOGETHER IN LONG-TERM SOLIDARITY

23. **The Ebola outbreak in West Africa is not over.** Dr. Chan has briefed us on the work that remains to be done and she has pointed out the need for technical, operational and financial solidarity with the thousands of people who are hard at work in the affected countries. These people are stemming the tide of the current outbreak. They remain vigilant and ready to respond. They cannot afford to let up on the response. And they need our collective solidarity. But there is more.

24. **The thousands of people who have survived Ebola need dedicated support.** The longer-term consequences of living through Ebola become more apparent each day. The survivors face stigma – far too often. Their convalescence is often painful and debilitating: with loss of eyesight, severe joint pains, headaches and extreme fatigue. It is really a serious issue because many survivors need access to dedicated specialized health care and they need help to rebuild their lives: only then are they able to contribute fully to their families, to society and to the economy.
25. **And now let's look at the nature of the response. The importance of an all-of-society response to this health emergency is necessary.** And that means that different actors - from local leaders to mining companies – contributed their specialty knowledge and expertise. The contribution is greatest if all these different stakeholders are helped to align their activities and coordinate their work with each other. And strong engagement by all actors is necessary until the outbreak is brought to an end - and as recovery is advanced.
26. **Countries need help to comply with the International Health Regulations and to ensure their people's health security.** And this is looking ahead means predictable funding for accessible and effective health systems and at the same time predictable support when a health emergency is expected.

27. **And I go a bit further on this, the coming years will see unexpected new outbreaks of disease: we just do not know where, when and how they will strike.**
- And that means that the security of humanity depends on being able to anticipate these outbreaks, to react quickly, to curtail spread of disease and to prevent suffering.
 - And to get that kind of response in place it depends on the whole of society, everywhere being meaningfully engaged: with ring-fenced support for strong basic health systems for community resilience, together with proven surveillance capacities, analysis, early warning and rapid reaction.
 - And societies that collectively recognize these threats to health, that proactively address the challenges, and that engage with their health systems in the response will be at the heart of secure nations and a safer world into the future.
28. **So your Excellencies, reducing the risk of health crises thus does contribute to a more peaceful and a more secure future for all the people in our world. And it does need our continued and collective engagement and that is why I am so pleased to have been given the opportunity to brief the UN Security Council this morning.**
29. **Thank you very much indeed.**
