



**STATEMENT TO THE GENERAL ASSEMBLY BY ISMAIL OULD CHEIKH AHMED,
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UNITED NATIONS MISSION FOR EBOLA EMERGENCY RESPONSE (UNMEER)
ON 18 FEBRUARY 2015**

Your Excellency, Mr. Kutesa, President of the General Assembly,

Mr. Secretary-General,

Excellencies,

Ladies and Gentlemen,

I am very pleased to be with you again today to update you on progress in the Ebola response, five months since you welcomed the establishment of UNMEER.

Since my briefing last month, there has been further considerable progress in the response. As the Secretary-General noted, we have reason to believe that the worst of the outbreak is behind us.

I am speaking to you today from Liberia where progress has been particularly remarkable: the number of new cases per week has decreased from several hundred only a few months ago to fewer than five cases per week for several consecutive weeks. On average, there has been less than one confirmed case per day in 2015, with cases in recent weeks all isolated to a single chain of transmission in Montserrado County.

In view of such progress in Liberia, we are now pursuing the redeployment of some UNMEER resources and capabilities to bolster surge efforts in Sierra Leone and especially in Guinea. In Sierra Leone and Guinea, we also saw an overall, significant decline in the number of new cases in January. Since then, however, weekly case incidence has increased, demonstrating that progress in fighting this outbreak will not be linear and that there is a need for constant vigilance to ensure sustained progress.

In Guinea, the epicentre of the outbreak has shifted to Basse Guinée, adjacent to Conakry, while in Sierra Leone incidence continues to be greatest in the western district of Port Loko and the capital, Freetown. In both countries, targeted efforts are being pursued to further reduce the number of cases, as well as geographic dispersal, and to strengthen active surveillance to ensure that new cases emanate from registered contact lists.

Mr. President,

Ladies and Gentlemen,

While acknowledging how far we have come in the response, we cannot afford to become complacent. The impending rainy season poses a considerable risk for the response. It will lead to an increase in the prevalence of other diseases, such as malaria, which could be mistaken for suspect Ebola cases. It may also mask the presence of Ebola cases that emerge, as well as significantly impede our ability to access affected communities in remote districts. These factors heighten the urgency for us to re-double our efforts over the next 10-12 weeks to get the outbreak under control.

The UN system, through UNMEER, has continued to adjust its operational posture to the evolving nature of the outbreak. As the epidemiology has shifted to smaller, more geographically dispersed outbreaks, the response has become more nimble, with greater emphasis on rapid reaction capacities, in order to detect cases earlier and address a smaller number of cases in a greater number of locations.

In this context, ahead of the rainy season, UNMEER is accelerating its efforts to deploy staff to the field and build on basic surveillance, contact tracing and response capacities in each district. This will help new cases to be quickly identified and isolated, preventing a new outbreak. Longer-term, these response capacities can also be leveraged to strengthen the resilience of the health sector in the affected countries and pave the way for a gradual transition from UNMEER and the immediate response to reconstruction and recovery efforts.

While significant progress has been made, a number of important challenges remain related to the integration of active surveillance, case management and community engagement which must be addressed in Guinea and Sierra Leone.

First, much success in the response is attributable to changes at the community level. Where communities have been engaged, we have seen dramatic results. However, denial, mistrust and lack of understanding continue to fuel some pockets of resistance to the response and lead some to engage in unsafe practices risking further transmission. Enhanced community engagement efforts through a more localized approach will target these communities to help garner trust, gain access and overcome resistance. The support of communities, even in unaffected areas, is essential to ensure active surveillance and prevent transmission. In Guinea, the rise in case incidence this month likely reflects not greater transmission, but rather, better access to remote communities. I just returned from a four-day mission to Guinea where I visited Forecariah, Nzerekoreh and Lola. The progress made in the Guinée Forestière illustrates well that Guinea can overcome the major outbreak we are currently witnessing in Forecariah, Coyah and the belt of Conakry. But this ambitious objective will require a major boost to the community engagement efforts and a strong international partners' support to the extremely committed Government of President Condé.

Second, the geographic dispersal of Ebola cases and the movement of people across districts, as well as across porous borders, make it necessary for all districts to be equipped with adequate surveillance and response capacities to rapidly identify and treat Ebola cases before it can spread further. While sufficient case management and laboratory capacities exist across the affected countries, adjustments continue to be needed in order to ensure sufficient geographic coverage and optimized utilization.

Third, as the number of new cases per week decreases, rigorous contact tracing is crucial to further contain the spread and ensure that any new cases emanate from registered contact lists. Getting the outbreaks under control requires that all new cases derive from registered or known contacts to ensure that there are no unknown transmission chains, especially in border areas. Efforts are underway to strengthen contact tracing through deploying epidemiologists to all districts with cases.

The response also continues to face mobility challenges in accessing remote areas for social mobilization and surveillance efforts – which will become much more pronounced during the rainy season.

Mr. President,

Ladies and Gentlemen,

Allow me to update you on support from our regional partners, who continue to play an important role in our efforts. The Special Envoy and I were in Addis Ababa during the last African Union Summit and held talks with our partners, including the Chairperson of the African Union Commission, Dr. Nkosazana Dlamini-Zuma. The Chairperson convened a stakeholder's conference on Ebola, which I joined her in co-chairing. The workshop was well received and the support of the African Union, particularly through the contribution of over 800 health care workers from the AU Support to Ebola Outbreak in West Africa has been crucial.

During a Summit of the Mano River Union on 15 February in Conakry, Guinea, the Presidents of Guinea, Liberia and Sierra Leone collectively validated the strategic framework (STEPP) that the Special Envoy and WHO developed. UNMEER has been supporting the affected governments to implement this strategic framework. The Presidents have called on UNMEER and all partners to accelerate our efforts and support them to achieve 'Zero Ebola Infection' within 60 days, effective 15 February 2015.

Mr. President,

Ladies and Gentlemen,

UNMEER has also concurrently started planning for the time when national governments and UN agencies, funds and programmes no longer need our support.

If the epidemiological situation shows that we have been successful in our surge efforts over the next few months, then the time also draws nearer for us to begin a phased transition in which we will transfer UNMEER's functions and capabilities to national governments and UN partners. This transition must ensure a gradual, seamless and coordinated process so that UN country teams can continue to support the nationally led response efforts and be based upon clearly defined thresholds in terms of both the epidemiological situation and existing national and partner capacities. Just as the outbreak and the response in each country has varied, so too must this transition be tailored to country and district-specific exigencies on the ground. Since the countries are in different phases of their response, UNMEER may also need to redeploy its capabilities to other countries where the outbreak has not yet been brought under control.

It is critical to transfer operations carefully through a planned and coordinated transition to consolidate the gains that we have collectively made and leave no voids behind. As UNMEER scales down, the UN agencies, funds and programmes will scale up and support the affected countries in reaching zero new cases of Ebola and then in re-establishing essential services and commencing reconstruction and recovery efforts.

Important efforts are already well underway to support the safe re-opening of non-Ebola health services, including through the decommissioning of some Ebola treatment units in Liberia, as well as the resumption of education services.

As schools and universities re-open, it is important to acknowledge that there is a risk that some contact tracers, very often teachers and university students, as well as medical students currently engaged in managing Ebola response centres, will return to their normal functions, adversely affecting response activities.

It will also be important to ensure that cash payments to Ebola response workers are not abruptly interrupted and that capacities, where possible, are re-oriented to support the transition into reconstruction and recovery.

Mr. President,

Ladies and Gentlemen,

UNMEER's relevance comes from making ourselves irrelevant. The sooner we work ourselves out of a job – the better for the people of West Africa.

For now, let us focus on the core work ahead. We must invest all of our energy into surging the response and increasing impact through integrated surveillance, case management and community engagement efforts ahead of the rainy season when seasonal epidemics of malaria and road closures will impede operations.

The people of West Africa have never confronted Ebola on this scale before. In spite of this and the challenging conditions they faced, their efforts have stemmed the disease and prevented the worst-case scenario we all feared.

I share the objective of getting to zero transmission that President Alpha Condé of Guinea, President Ellen Johnson-Sirleaf of Liberia, President Ernest Bai Koroma of Sierra Leone have declared on 15 February. In this regard, I reaffirm UNMEER's and my commitment to the Presidents, that UNMEER will support them with their national and regional plans.

We have important work ahead to reach this objective and to ensure that we have collectively put in place the systems, capacities and mechanisms to sustain this progress so that these gains can be leveraged for longer-term reconstruction and recovery processes.

I continue to be humbled by the task entrusted to me by the Secretary-General in heading UNMEER, as well as by the resilience of the affected countries, the courage of national and international responders, the powerful mobilisation of regional actors from the African Union to ECOWAS to the Mano River Union, and by the collective solidarity you have all demonstrated through your generous contributions.

I congratulate His Excellency, Mr. President Ketusa, President of the General Assembly, for his personal leadership and commitment to end this crisis.

I ask you to continue to stand with us through this decisive period.

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