PART TWO
BENDING THE CURVE

With the Secretary-General's Special Envoy focusing on strategic coordination, UNMEER's mandate was concentrated on operations. Under the leadership of Special Representative Anthony Banbury, UNMEER was tasked with identifying priorities, meeting logistical needs, implementing activities at the request of the affected governments, aligning its support with other actors and delivering effective analysis, reporting and communications. All operational work of the UN system in the three affected countries was to be brought under the coordination of UNMEER. UNMEER would leverage the existing presence and expertise of UN country teams, as well as international partners, including NGOs on the ground. WHO was to be responsible for overall health strategy and advice, while other UN agencies would act in their area of expertise under the overall direction of UNMEER. The World Food Programme (WFP) was tasked with providing logistical support, as well as working on food security, the International Federation of Red Cross and Red Crescent Societies was responsible for safe burials, and UNICEF and the UN Population Fund (UNFPA) would assist with essential social mobilization. Many organizations and governments provided intense support with the provision of treatment facilities, laboratory services, capacity for safe and dignified burials, social mobilization, essential services for communities affected by the outbreak, and actions to prevent disease spread to neighbouring countries.

UNMEER's deployment began immediately, and by 1 October, the mission had established its headquarters in Accra, Ghana, with country offices in Guinea, Liberia and Sierra Leone. Specific objectives guided the response during the first 90 days of UNMEER's existence. In the initial 30 days, beginning 1 October, the objective was to ensure the rapid build-up of capacities to enable the response—Ebola Treatment Units (ETUs); Community Care Centres (CCCs); trained medical personnel; and the infrastructure needed to ensure continuity of supplies and the smooth flow of information. By the 60-day mark, the objective was to have all major inputs in place, reduce the infection of healthcare workers by 60 per cent, ensure that 70 per cent of Ebola cases were under isolation and treatment, and 70 per cent of burials were conducted safely and with dignity. By the 90-day mark, the ambition was 100 per cent case isolation and safe burial, the establishment of Ebola-free areas, particularly the capital cities, and an overall decline in cases.

> "I have never seen a health event threaten the very survival of societies and governments in already very poor countries. I have never seen an infectious disease contribute so strongly to potential state failure.
>
> **Margaret Chan,**
> WHO Director General

Anthony Banbury, Special Representative of the Secretary-General and Head of the United Nations Mission for Ebola Emergency Response (UNMEER), with President Ellen Johnson Sirleaf, of Liberia, on 4 November 2014 in Monrovia, Liberia. During a visit to Liberia's Foya District, UNMEER head Anthony Mr. Banbury applauded the work being done by district health officials and organizations such as Médecins Sans Frontières and Samaritan's Purse. He noted that patients continued to arrive at the field hospitals and the threat of transnational contagion remained. "The only way we will end this crisis is if we end every last case of Ebola so there is no more risk of transmission to anyone," Mr. Banbury said. "When that's accomplished, UNMEER will go home."
© UNMEER/Ari Gaitanis

As the UNMEER head, Anthony Banbury toured the three affected countries, the WFP Regional Director for West Africa, Denise Brown, highlighted the scale of the challenge. "The virus is running faster than the international community," she said. Although the outbreak in Guinea appeared to be easing, cases were rising exponentially in Liberia and Sierra Leone. On 2 October, WHO reported 7,470 confirmed, probable or suspected cases, with 3,431 deaths.

As well as the toll in illness and mortality, Ebola was having a major impact on food prices, which WFP had been monitoring along with the Food and Agricultural Organization (FAO). The two organizations responded by launching a programme to assist 90,000 vulnerable households in Guinea, Liberia and Sierra Leone. "Our comprehensive response is part of overall United Nations efforts to save lives and protect livelihoods," said Vincent Martin, Head of FAO's Dakar-based Subregional Resilience Hub. "These actions cannot wait," said Bukar Tijani, Assistant Director-General at the FAO Regional Office for Africa. "The outbreak is already reducing purchasing power of vulnerable households, which means less food on their plates and increased nutritional risks for families already on subsistence diets. Fear and stigmatisation also threaten to reduce agricultural activities, thereby placing food security at risk."

With commerce badly hit, the three affected countries saw their previously strong economic growth slow dramatically. By the beginning of December, the World Bank was projecting negative growth for 2015 for Guinea and Sierra Leone. In Liberia, where there were signs of progress in containing the epidemic and some increasing economic activity, the World Bank's 2015 growth estimate was 3.0 per cent—less than half the pre-crisis estimate of 6.8 per cent. The Ebola outbreak had not only weakened the ability

> “We have worked very closely with the government of Liberia and with NGOs and UN partners on setting up a response apparatus in Liberia that has been fairly successful. If you told me after my first trip out there at the end of August that by December we’d be down to somewhere in the neighbourhood of 10 new cases a day in Liberia I wouldn’t believe you. This is not all USAID-led; it’s a very collaborative effort with the government in the lead. What USAID has done is provide assistance but also as a conveyer of US government capabilities across the whole wide range of actors. One of the really unique elements of this response is you need a whole different range of capabilities. You need epidemiological, heavy logistical, and in some cases direct medical treatment capabilities. They may not all be in-house for USAID but we can pull them from across the US government.
>
> **Jeremy Konyndyk,**
> USAID

of governments to collect revenue, it had raised expenditures by about 30 per cent in Guinea, Liberia and Sierra Leone. Furthermore, household incomes were also dropping. In Liberia, nearly half of those working when the outbreak was first detected in March no longer had jobs by the end of the year. And Ebola was not just affecting economies in the three most affected countries. Tourism-dependent economies across Africa were coming under increasing pressure as people cancelled travel plans, with tour operators experiencing drops in forward bookings between 20 per cent and 70 per cent because of fear of Ebola.

The fear and stigma surrounding Ebola was pervasive and widespread. In the affected countries, the sick and their relatives and other contacts, survivors, orphans and health workers found themselves shunned by families and communities. Border closures and travel restrictions threatened to further limit the movement of goods and hamper the global response. The Africa Cup of Nations football tournament was relocated from Morocco to Equatorial Guinea. A fatal case of Ebola in Texas in October raised major public anxiety in the United States, and some returning health workers—one of whom reported sick with Ebola—found themselves greeted not as heroes risking their lives for others, but as pariahs putting a nation at risk.

“The Ebola outbreak is very much an international concern, and governments are legitimately putting measures in place to protect their citizens. However, closing borders and limiting entry to people travelling from West Africa are not effective ways to contain the outbreak,” said Mr. Elhadj As Sy, Secretary-General of the International Federation of Red Cross and Red Crescent Societies. “Actions such as these only contribute to the stigmatization faced by the very brave people who are volunteering to respond to this outbreak.”

It was against this backdrop of fear that the global response to Ebola continued to gather momentum. The United Nations Secretary-General contacted world leaders and encouraged them to make robust commitments and deliver rapid assistance. Many world leaders responded with generous pledges of material and financial support, and encourage each other to do all they could to sustain an effective response. World leaders all agreed that Ebola posed a major threat.

The United States initiated a major programme of support in Liberia; the United Kingdom offered significant assistance to Sierra Leone, and France scaled up contributions for Guinea. The African Union began to mobilize health workers from around the continent, and nations from Asia, Oceania, the Middle East, Europe and the Americas came forward in increasing numbers to offer in-kind and financial support. At the same time, Médecins sans Frontières, the Red Cross, international NGOs and the UN continued to support national governments with critical elements of the response, and the private sector provided its own contributions ranging from providing earth-moving equipment to assisting with social mobilisation and helping to keep employees Ebola-free.

This Global Coalition, which had been called for by the UN Secretary-General in September, played—and continues to play—an important role in encouraging aligned support for the national Ebola plans of the three

> “Our major contribution has been to mobilize young African men and women in the health field to go to the three countries. We started with mobilizing individual volunteers, and we got about 100, but then we realized that we needed much more so we then wrote to Member States to give us health workers. At the moment we have 500 health workers on the ground. We are going to send another 500 or more, and we are also planning to take on retired health workers in these affected countries who are also interested in being part of our programme. We are going to train them and support them. By mid-January we should have more than 1,000 health workers deployed in the three affected countries.
>
> We sent epidemiologists, doctors, nurses, laboratory technicians. We try and cover the whole range of people who will be needed. We also mobilized African business people to contribute financially. We have received pledges up to $32 million. If we send health workers they expect to be supported by us, we can’t put the burden on the three countries.
>
> **Nkosazana Dlamini-Zuma,**
> African Union Commission Chairperson

affected countries. To promote the alignment of operations by different groups supporting the response, UNMEER convened a four-day conference in Accra in mid-October. The participants included senior representatives from the World Bank, donor partners, and senior United Nations officials. The outcome was an operational framework for unified and coordinated support to the response. This was subsequently presented to the governments of each affected country as well as to partners to ensure it dovetailed fully with national plans. Wrapping up a tour of the affected countries, where he met with the presidents and national and international partners, Anthony Banbury, head of UNMEER, said: “The framework sets out the step-by-step process on how the UN and international partners can support the three governments achieve the overarching objective of assisting them to become Ebola-free.” Mr. Banbury’s meetings with President Alpha Condé of Guinea, President Ernest Bai Koroma of Sierra Leone, and President Ellen Johnson Sirleaf of Liberia provided inputs and direction for refining the operational framework.

As the outbreak continued through October and November, the number of cases and deaths continued to climb and new chains of transmission appeared in Mali. It was becoming clear that the Ebola emergency was evolving: having originated as a single outbreak spreading from an epicentre, it was increasingly characterised as a collection of discrete outbreaks, each with their own momentum—some subsiding, some intensifying.

The United Kingdom has committed £230 million to the global Ebola response in Sierra Leone. This includes supporting 700 treatment beds for up to 8,800 patients over six months. and funding the construction of six Ebola Treatment Centres across the country.

The UK is also opening facilities to provide safe isolation beds where people who suspect they might be suffering from Ebola can seek swift and accurate diagnosis and appropriate care. The UK is already supporting 542 isolation spaces.

The UK is building, running and staffing three new laboratories, and supporting over 100 burial teams nationally. It is supporting NGOs on the ground to work with people to agree practices that will allow them to honour their friends and relatives, while ensuring bodies are safely buried.

A deployment of 200 military staff will run the Ebola Training Academy in Freetown, training over 4,000 healthcare workers. There are more than 800 Ministry of Defence personnel deployed to help with the establishment of Ebola Treatment Centres and the Ebola Training Academy.

The UK also provided £20 million to the Secretary General’s Trust Fund. Jonny Hall, Deputy Director, UK Ebola Task Force

> "The anecdotal evidence is clear: people who have worked for a large company and those in the surrounding community have had less chance of getting Ebola than those who don't. We have quietly gone along and done a good job ourselves but have not been seen as a major player in the movement to combat the disease. The development world and NGOs should look at the private sector as equal partners and not as an easy source of cash and staff. I think if there is a good outcome from this it should be a new relationship between the private sector and the development world, particular in West Africa.
>
> **Alan Knight,**
> Ebola Private Sector Mobilization Group

It was also becoming apparent that where the strategy of isolation and treatment and safe burial was being implemented, rates of transmission would drop significantly. A key element in successfully bringing cases down has been government leadership and local ownership – backed by the resources of the international community. In a speech to the Security Council on 21 November, the Secretary-General's Special Envoy on Ebola, David Nabarro, noted that the response capacities available to national and local authorities had expanded substantially and the degree to which societies were engaged in the response had deepened.

"When societies take responsibility for responding and partners align their support, authorities are able to react rapidly and effectively. We are seeing that, where the response strategy is implemented, transmission is decreasing. While the total number of cases continues to rise, the overall rate of increase has begun to slow. This is a good sign. Results are uneven among and within the affected countries, but we are seeing the curve bending in enough places to give us reasonable hope." But, with hotspots in northern Guinea and western Sierra Leone, and a new chain of

"I think the overall Ebola response in all three countries has been significantly improved, accelerated, made more effective, by the fact this plan is in place, and it's accepted by everyone, that people understand that we need to do case management, have case isolation, the beds, contact identification tracing, safe burials, social mobilization, all those elements. If all those elements weren't functioning together in the pursuit of a plan, we would have what we had before UNMEER, which is a lot of good activity, but not activity that's changing the crisis. Before UNMEER was deployed, there were more cases every day, every week, every month. The crisis was getting worse and worse. The rate of increase was growing. Now it's significantly slowed, the curve has been bent. That's to do with the efforts and work of a lot of different actors, not just UNMEER by any means, but I think UNMEER gets a lot of credit for that."
Anthony Banbury, Head of UNMEER
© UNICEF/Tanya Bindra

> "The world needs to know that we are not as good as we should be, but we are much better than we were as a UN team in addressing this response—and we are getting better. And we are willing across the organisation to ensure that whatever is the best way, the most effective way, the most impactful way for us to meet the needs of those who require our support, we are going to do it. I have never seen the UN community work like this together before."
>
> **Ertharin Cousin, Executive Director,**
> World Food Programme

transmission in Mali, "we must remain vigilant and persevere with a flexible and well-adapted response," David Nabarro said. "If we take our eye off the ball, case numbers will climb again and we will all count the cost."

China has provided four batches of humanitarian and medical aid with a combined value of more than $120 million to Ebola-stricken and neighbouring countries, and dispatched around 400 medical workers to the front-line. In addition, China has offered another $16 million to international and regional organizations as part of the global collective efforts to end the outbreak, including $6 million to the UN Ebola Response Multi-Partner Trust Fund. Material contributions include personal protective equipment, transport and a mobile bio-safety level III laboratory. A 100-bed treatment centre in Liberia has been built, the first solely built and managed by a foreign country in the affected areas. China is also working to help African countries to enhance public health capacity and accelerate their economic and social recovery.