

**Briefing by Mr. Anthony Banbury  
Special Representative of the Secretary-General  
and Head of the United Nations Mission for Ebola Emergency Response**

**United Nations Security Council**

**14 October 2014**

Madam President,

Distinguished members of the Security Council,

Thank you for the opportunity to provide you with an overview of operational developments related to the Ebola crisis, and of the establishment of the first-ever United Nations system-wide mission and the first-ever emergency health mission -- the United Nations Mission for Ebola Emergency Response -- UNMEER. UNMEER is a unique mission designed to confront an unprecedented, deadly and growing crisis.

Since the Secretary-General announced the creation of the Global Ebola Response coalition on 1 September, a number of important steps have been taken to accelerate the response to the Ebola crisis and to galvanise the international community, among them the establishment of UNMEER on September 19.

I am inspired by the leadership of the President Alpha Conde of Guinea, of President Bai Koroma of Sierra Leone, and of President Johnson Sirleaf of Liberia. I am humbled by the hard work and dedication of national and international personnel fighting Ebola on the front lines as health care workers, members of burial teams, contact tracers, logisticians and much more. I am grateful for the commitments by member states of their civilian and military personnel, of material, and of money. But I am deeply – deeply – worried that all of this combined is not nearly enough to stop Ebola.

Ebola got a head start on us, it is far ahead of us, it is running faster than us, and it is winning the race. We cannot let Ebola win. For if Ebola wins, we the peoples of the United Nations lose so very much, we lose things that we cannot lose. We cannot let that happen.

The World Health Organization advises that the four things we collectively must do to stop Ebola are to identify and trace contacts; manage cases; ensure safe burials; and provide people with information they can use to protect themselves. Each of these is critical, and each involves complex operations on the ground. If we fail at any one of these, we fail entirely.

WHO also advises that within 60 days we must ensure that 70% of infected people are in a care facility and 70% of burials are done without causing further infection. We need to do that within 60 days from October 1. If we reach these targets, then we can turn this epidemic around. The excruciating challenge is that, with each passing day, as more people are infected, as the number of people infected grows exponentially, the absolute values of these targets grows rapidly and those targets become more distant and more difficult to achieve.

If we do not reach those targets within 60 days, and the numbers spike, many more people will die. This is what we are fighting for now – we are fighting to prevent unavoidable deaths. We are fighting for people who are alive and healthy today, but will become infected by Ebola and die if we do not put in place the necessary emergency response. This is the entire focus of everyone in UNMEER.

Our plan to stop the crisis, to do the four things mentioned above that WHO says we must do, is the right plan for the current crisis. But if we do not get ahead of the crisis, if we do not reach our targets and the numbers of people with Ebola rises dramatically, as some have predicted, the plan we have is not scaleable to the size of

such a new crisis. We either stop Ebola now, or we face an entirely unprecedented situation for which we do not have a plan.

To illustrate this challenge we can look at the expected number of new Ebola infections per week at the 60-day mark, December 1. My colleague, Dr. Bruce Aylward of WHO and UNMEER, stated today that we can expect a new caseload of approximately 10,000 people per week by 1 December. This means that we need 7,000 beds for treatment. Under current planning and projections, we expect to have approximately 4,300 beds in Ebola Treatment Centers by that date. However many of those beds have no staff to operate them under current plans. To make up for the gap in beds, we must build about 2,700 beds in Community Care Centers, or about 300 such Centers. We will also need staff to manage the facilities and care for those people in the beds. And those staff need to be trained so they themselves do not fall sick, and they need to be paid, and properly equipped. These projected numbers also assume that all the facilities and beds will be used to maximum efficiency, with no beds left unfilled, regardless of the geographical location of the facility.

The disease is spreading most rapidly in urban concentrations. Over half of the new cases will be in one urban center alone. We will need to provide tailored special assistance to the urban settings. The same expansion of activity to achieve the same intended effect is true for all the other interventions that are necessary to turn the epidemic around. For example we estimate that we need approximately 15 more diagnostic laboratories capable of processing 100 samples per day each. And we need to go from about 50 burial teams to about 500, and we need to equip those teams with about 1,000 vehicles, and the workers and the burial teams need to be given protective suits and chlorine sprayers, they need to be trained and paid. And we need to do all of this before December 1.

With every day that passes, the number of sick people increases, creating the need for this greater response. As time passes, we need to do more contact tracing, and that means more trained staff with more motorcycles and more cell phones. Time passing means a more robust supply chain, it means more transportation assets, it means more UN international and national staff, it means more medical support to the staff and security arrangements for them, it means more partners on the ground, it means more generators and laptops and bandwidth, it especially means more money, it means many, many more things. And it means more complex crisis management.

Time is our biggest enemy. We must use every moment of every day to our advantage. And that is what UNMEER is doing. Since its establishment by the Secretary-General 25 days ago, UNMEER has set up a Headquarters in Accra, Ghana, and deployed an operational presence to the three affected countries. We have deployed a total of 84 international staff including personnel from WHO, WFP, UNICEF, OCHA, UNDP, DFS, DPA, DPKO, DPI, DSS the EOSG, the Regional Service Center in Entebbe, eight field missions, and the US Centers for Disease Control, and soon we will have an expert from the Chinese Center for Disease Control. We also have liaison officers from the United Kingdom, the United States and Germany.

We have deployed a plane and 5 helicopters. We have deployed 69 vehicles and 140 more are coming soon. We have put in place robust telecommunications and Internet links. And we have done all of the above in record time. Never before have I seen the United Nations – so many of its parts – move so fast and in such a unified manner.

The Secretary-General has given clear instructions: move; move fast; do not let discussion and red tape slow us down. I am grateful to the heads of UN Departments and agencies who have embraced this

approach. The United Nations system is throwing all its might and capability into the fight against Ebola. We have been empowered by the Secretary-General with special authorities to hire staff quickly, to transfer assets, to purchase materials – to take action in the best interests of the Organization and furtherance of our commitment to bring the Ebola crisis to a conclusion.

More broadly, UNMEER is playing the critical role of crisis manager. Much good and brave work has been done by national governments, UN agencies, NGOs, civil society actors and others these past few months. But responding to a complex crisis, especially one that cuts across multiple national boundaries and is as difficult and fraught with risk as this one, requires an overall perspective, and it requires a comprehensive operational plan. UNMEER is working with partners to put in place such a plan – a plan that sets clear objectives, identifies all the lines of activity necessary to achieve those objectives, assigns responsibility for each activity, and puts in place metrics and reporting systems to measure performance. The operational plan will ensure no gaps are left unfilled and that scarce resources are efficiently allocated to the highest priority requirements. This plan will be in support of national efforts, and will show the national authorities what support they can expect from the United Nations and when. The national governments will always retain ownership of the Ebola response in their country,

This planning process is operationally and organizationally complex due to the multiplicity of actors. For example, something seemingly so simple as Community Care Centers needs detailed planning. I mentioned earlier we need to build about 300 of them. Who will speak to the community about Ebola and about putting the care center in their community? Who will build the center? Who will staff it, and who will train the staff, and who will pay the staff? How will they be paid? Where will the money come from? What supplies will the center require? How often will they need to be resupplied?

Who will deliver the supplies and how? How will the hazardous waste be disposed of and who will do that? What will be the source of the clean water that is necessary for washing? Who will test the patients in the center for Ebola? How far away will the testing laboratories be? How will the samples be transported? etcetera, etcetera, etcetera. Community care centers are just one issue that needs such detailed planning and commitment by partners. For each major line of activity within an Ebola response plan, there are an equal number of vital actions that need to be properly addressed.

The operational response is especially challenging because we need to put all elements of the response together correctly everywhere. The contact identification and tracing, the case management, the safe burials, and the community engagement all need to be done properly wherever Ebola is. And Ebola is spread across a very broad geographic area. If we fail in any one area, then the microscopic virus will find that chink in our armour and continue to spread. And as long as there is a single case of Ebola anywhere in any of these three countries, then the deadly virus is a threat to all countries and all peoples. The best way, the very best way, to protect the people of non-infected countries is by helping the people of Guinea, Liberia and Sierra Leone to stop Ebola now, where it is.

As recent events have shown though, Ebola represents a risk today to people in non-affected countries. It is urgent and essential that all countries, especially those identified by the WHO as highest priority and high priority, take immediate steps to prevent the spread of Ebola to their country and steps to prepare themselves to act quickly in the event of a local case to prevent further spread. UNMEER will support WHO and national efforts at prevention and preparedness where appropriate. We will also put in place a rapid-response capability, with reserve stocks of equipment and materiel, and pre-identified medical personnel and transportation assets to

move quickly to the site of an outbreak if so requested by national authorities. But these efforts must be bolstered by bilateral assistance.

Madame President,

Today the United Nations lost a member of our family when a United Nations Volunteer working in UNMIL died of Ebola. He is the second UN staff member to have died from the disease. I am very grateful to the medical team in Germany who worked so valiantly to try and save his life. We all mourn his passing and the passing of his colleague. I pay tribute to the dedication and commitment of the members of the UN Country Teams and UNMIL who have been working on the front lines of the fight against this disease from the beginning. And I am deeply grateful to the UN personnel who are literally flocking to UNMEER to join this fight. We all owe a debt of gratitude to the national and international personnel on whose bravery and skills we now collectively depend. We also owe it to the national personnel that they get paid a decent wage for the work they are doing, and that they get paid on time. And the world must not punish its own first responders by stigmatization based on hysteria and a misunderstanding of the facts of Ebola.

Madame President,

There is much bad news about Ebola. The good news is that we know how to stop it. We know what needs to be done. And we can do it. But UNMEER cannot do it alone. The affected countries cannot do it alone. Even the combination of all the actors now on the ground – national and international, UN, bilateral, and NGO – cannot stop Ebola by themselves. We need more NGOs to send trained Ebola treatment unit managers and health workers; we need more governments to build and operate Ebola treatment units and diagnostic laboratories, we need more foreign medical teams, we need logistics and transport support, and we need money to pay for the rapid acceleration of the operational response. We especially need,

and we owe it to the personnel working on the frontlines, reliable, high-quality medical care for any person engaged in the Ebola response, including medical evacuation where appropriate. And we need all of that urgently. Urgently. The penalty for delay is enormous. The penalty for failure is inconceivable and unacceptable. We must act now. We must act together. We must defeat Ebola. And we must do it fast.

Thank you.