The scale of the crisis continues to grow. There are now a total of 8399 confirmed, probable, and suspected cases of Ebola virus disease (EVD). The vast majority has been reported in Guinea, Liberia, and Sierra Leone with a small number of cases in Nigeria, Senegal, Spain, and the United States of America. There have been 4033 deaths. The Secretary General's Special Envoy on Ebola, Dr David Nabarro, has stated: “the number of cases is probably doubling every three-to-four weeks”.

2. The worst affected countries are suffering broader political, social and economic consequences. Senate elections were suspended in Liberia - almost three million voters were to take part yet Liberian officials said there was no way a “mass movement, deployment and gathering of people” could go ahead without endangering lives. Liberia has also banned journalists from visiting Ebola treatment centers. Health and burial workers in affected countries have either planned or undertaken industrial action in response to difficult working conditions and insufficient incentive payments.

3. World Bank analysis was released showing that the regional financial impact of a worsening crisis could reach USD 32.6 billion by the end of 2015. Similarly the WFP concluded that under this kind of scenario local markets are likely to stop functioning and food shortages to occur, compounded by a significant drop in household incomes and purchasing power. Briefing the General Assembly on Friday, SRSG Banbury explained: “the Ebola epidemic is not just a health crisis, it is a complex, multidimensional crisis”.

United Nations System Response

4. The United Nations system is continuing to scale-up its response to the crisis. The General Assembly has allocated almost USD 50 million of funding for UNMEER and the Office of the Special Envoy. The UN Secretary-General Ban Ki-Moon has appointed Ebola Crisis Managers for the most affected countries - Marcel Rudasingwa for Guinea, Peter Jan Graaff for Liberia, and Amadu Kamara for Sierra Leone. The DSG and the Special Envoy also held the first meeting of the Global Ebola Response Coalition to help achieve the needed “20 fold resource mobilization” called for by the Secretary General. SRSG Banbury visited Liberia, Sierra Leone and Guinea to listen, to learn, and to identify areas where UNMEER could be most helpful, and to find ways in which it could accelerate the response to this crisis. He met with President Ellen Johnson Sirleaf of Liberia, with President Ernest Bai Koroma of Sierra Leone, and with President Alpha Conde of Guinea. He also met with government ministers and officials, with civil society actors, women's groups, NGOs, UN country teams and the diplomatic community and had the opportunity to visit two Ebola treatment centres, one holding centre for patients, as well as a WHO training centre.

5. On the ground, the WFP launched a regional emergency operation to provide food to around 1.3 million people in the worst affected countries over the next three months. UNHAS also opened a Humanitarian Corridor connecting Dakar, Conakry, Freetown, Monrovia and Accra from 7 October. UNICEF reached 85,415 households through door-to-door campaigns and distributed 211,924 bars of soap 78,000 bottles of chlorine for hand washing and tens of thousands flyers. UNDP is training and deploying 500 police to some of the areas most vulnerable to Ebola infection and the WHO confirms that 11 laboratories across the worst affected countries are operating at full capacity.

Member State Contributions

6. Members States also continue to make significant contributions yet much more is needed, and rapidly, if we are to get ahead of the crisis. The Norwegian Government announced a new donation that brings its total to over USD 28 million. Sweden also allocated additional support that now totals around USD 20 million.

7. Over 100 US marines have landed in Liberia bringing the total number to more than 300. The US military and the Liberian Army are building 17 new Ebola treatment units, each containing 100 beds, and the first will open in two to three weeks. The US has also begun the construction a medical unit for national or international medical personnel infected with EVD in Liberia.

8. The U.K. Defence Secretary Michael Fallon also committed 750 military personnel to establish of Ebola treatment and training centres in Sierra Leone. Two flights containing ambulances and other
equipment to assist with the construction and operation of the U.K.’s 92-bed treatment facility as well as a 165-member team of Cuban medical professional arrived in Freetown.

9. An EU-backed flight arrived in Sierra Leone, the first of three to the affected countries, each carrying 100 tons of humanitarian aid

Support from partner organisations

10. Key partner organizations continue to play a vital role. The first dedicated children’s Interim Care Center has opened in Monrovia for children who have lost one or both parents to Ebola. ChildFund International is running the center in collaboration with the Liberian Government. Médecins Sans Frontières International has also distributed more than 16,000 family protection and home disinfection kits in Monrovia.

11. The International Federation of Red Cross and Red Crescent Societies and partners continue to support the implementation of preventive and control measures. In Liberia, there are currently 16 burial and four disinfection teams operational, in Sierra Leone, 4,561 new contacts were traced and followed up during the week and 448 people received psychosocial support. In Guinea, 44,678 people were reached through community campaigns and 83,456 people reached through door-to-door campaigns. The French Red Cross will also manage the 50-bed French Ebola Treatment Centre and laboratory to be built in Guinea.

12. A clinical trial of a promising Ebola vaccine, developed by researchers at the US National Institutes of Health and British drug manufacturer GlaxoSmithKline, has gotten underway in the west African country of Mali.

Summary of Key Gaps and Needs

13. The provision of additional financial assistance and in-kind support remains critical. The Special Envoy informed the General Assembly on Friday that without the mass mobilization of the world to support the affected countries in West Africa, “it will be impossible to get this disease quickly under control, and the world will have to live with the Ebola virus forever”. Deputy Secretary-General Jan Eliasson explained: “of the $1 billion sought by the UN consolidated appeal, only one quarter has been funded”.

14. Establishment of Ebola treatment centers with skilled managers and medical personnel continue to be a priority. The WHO has estimated the number of beds required in each of the three most affected countries.

<table>
<thead>
<tr>
<th>Country</th>
<th>Current number of beds</th>
<th>Estimated number of beds required</th>
<th>Current capacity/estimated demand (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guinea</td>
<td>160</td>
<td>210</td>
<td>76%</td>
</tr>
<tr>
<td>Liberia</td>
<td>620</td>
<td>2930</td>
<td>21%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>304</td>
<td>1148</td>
<td>26%</td>
</tr>
</tbody>
</table>

Bed capacity in each district is planned on the basis of a needs assessment carried out by the relevant Ministry of Health.

15. Other key health gaps include non-functioning essential health services and supply challenges which have resulted in a suspension of the distribution of essential drugs in many counties. There is also a lack of capacity to address prevalent common childhood illness due to focus on Ebola, the need for interim community-based triage and care and the requirement for a more rapid turnaround of laboratory diagnosis.

16. A number of additional non-medical areas continue to be of concern including food security, water and sanitation, early recovery and social mobilization. This reflects the complexity of the crisis which requires an intense effort across multiple sectors if it is to come to an end.

17. There is also insufficient quality and accuracy of data in all three of the most affected countries for a comprehensive overview and analysis of the situation. UNMEER is currently prioritizing the deployment of experienced field crisis managers and information management experts to address this issue and expects the first wave to be in place this week.

18. Underlying all aspects of the response is the crucial importance of speed. As SRSG Banbury reported to the General Assembly: “Time is our enemy. The virus is far ahead of us and every day – every day – the situation gets worse.”