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Letter dated 10 February 2015 from the Secretary-General addressed to the President of the General Assembly

1. The present letter on the work of the United Nations in response to the Ebola outbreak in West Africa covers developments from 1 January until 1 February 2015, the 120-day mark since the establishment of the United Nations Mission for Ebola Emergency Response (UNMEER). It records activities carried out by my Special Envoy on Ebola and UNMEER, and provides an update on progress made in the Ebola response pursuant to General Assembly resolution 69/1 since my update of 12 January 2015 (A/69/720).

Current situation of the Ebola outbreak

2. As at 1 February 2015, a total of 22,495 confirmed, probable and suspected cases of Ebola have been reported in four affected countries (Guinea, Liberia, Sierra Leone and the United Kingdom of Great Britain and Northern Ireland) and five previously affected countries (Mali, Nigeria, Senegal, Spain and the United States of America). A total of 8,981 people have died of Ebola as of the reporting period.

3. The month of January saw an overall significant decline in the number of new cases of Ebola in the three most affected countries. While the overall trend that month was encouraging, the weekly case incidence increased in all three countries for the first time in 2015 with 124 new confirmed cases reported in the week to 1 February, including 39 in Guinea, 5 in Liberia and 80 in Sierra Leone. This demonstrates that setbacks can quickly follow apparent gains, highlighting the need for constant vigilance to ensure that this promising decline is not reversed and is sustained, especially through the impending rainy season. The rains may compound the difficulties that the response faces through contributing to an increase in the prevalence of cases of malaria, which could potentially be mistaken for suspect cases, and may significantly impede access to affected communities in remote districts. These factors heighten the urgency to get the outbreak under control quickly before the onset of the rains.

4. After fluctuating around an average of 106 confirmed cases per week since September, the national trend in Guinea saw a significant decrease in the month of

January; 39 confirmed cases were reported in the week to 1 February as compared with 102 in the week to 1 January. During the month of January, the epicentre shifted from Guinée forestière to Basse Guinée, adjacent to Conakry, which reported a total of 22 cases in the week prior to 1 February. Eight prefectures out of 34 prefectures in Guinea have reported no cases to date, 12 previously affected prefectures have not documented cases for at least 21 days and four have reported no cases for over 100 days, while 10 have notified of at least one case over the past three weeks, including the first confirmed case in Mali prefecture. As at 1 February, Guinea accounted for 2,975 cases and 1,944 deaths in total.

5. In Liberia, case incidence has been decreasing since mid-November. Five confirmed cases were reported in the week prior to 1 February, compared with four the previous week, and in contrast with the rapid spread in mid-September when more than 350 cases were recorded each week. In January, on average, there was less than one confirmed case per day. Montserrado County, which includes the capital, Monrovia, continues to be most affected, accounting for all five confirmed cases reported in the last week of January. New cases were also reported in Grand Cape Mount County during the reporting period. Twelve other counties have not reported any cases thus far in 2015. As at 1 February, Liberia had reported a cumulative total of 8,745 cases and 3,746 deaths.

6. Sierra Leone has continued to experience the highest incidence of the three affected countries, with 65 new cases in the week to 25 January and 80 cases in the week to 1 February. A total of 9 out of 14 districts in Sierra Leone reported at least one new case during the reporting period. Aside from the increase in the last week of January, the number of new cases has been steadily declining overall in recent weeks, compared with 117 cases reported in the week ending 18 January. Incidence is greatest in the western district of Port Loko and the capital, Freetown. Kenema and Koinadugu also reported cases. There are signs that the epidemic has slowed in Sierra Leone. Nevertheless, continued efforts will be needed to further drive down the number of new cases per week. As at 1 February, Sierra Leone has reported a total of 10,740 confirmed cases and 3,276 deaths.

7. Mali was formally declared Ebola free on 18 January after a period of 42 days without registering a new case. The success in containing the outbreak was largely due to the Government's early and robust efforts in prevention and preparedness, its timely response once cases were reported, and the proactive technical and financial support of numerous international partners. UNMEER and the World Health Organization (WHO) played important coordination roles. While vigilance is still needed to prevent retransmission, the successful response in Mali demonstrates the value of preparedness in all countries.

8. Health-care workers continue to face an acute risk of infection, with a total of 822 confirmed health-care worker infections reported and 488 deaths reported across Guinea, Liberia and Sierra Leone to date.

Current progress on the operational framework to stop the Ebola outbreak

Overall assessment

9. Across the three countries, incidence rates have fallen and the total number of confirmed cases per week has significantly declined since 1 January. Progress in stemming the epidemic is associated with several factors, including strengthened

government and community ownership; improved coordination, especially at the subnational level; and progress on the integration of the four lines of action. The initiative shown by community leaders in identifying local solutions and messaging to tackle the outbreak has also played an instrumental role.

10. Nevertheless, targeted efforts will still be required to further reduce the number of cases in many districts and strengthen surveillance to ensure that new cases emanate from known contact lists. As at 25 January, 54 per cent of new confirmed and probable cases in Guinea, 100 per cent in Liberia and 21 per cent in Sierra Leone derived from registered contact lists. Integration of surveillance with contact tracing and social mobilization is therefore critical. In addition, while case management and laboratory capacities have been strengthened across the affected countries, adjustments continue to be needed in order to ensure sufficient geographic coverage and optimized utilization.

Progress towards meeting key targets

11. During the month of January, the United Nations system, through UNMEER, along with national and international responders, continued to support the Governments of the affected countries in the effort to achieve the targets of treating 100 per cent of people with Ebola and ensuring that 100 per cent of burials in deaths related to Ebola were conducted in a safe and dignified manner. Achievement of these goals continues to be crucial in containing the spread of the disease. In addition, efforts have been made to improve performance in all lines of action of the operational framework: (a) case finding through surveillance, laboratory services and contact tracing; (b) case management in Ebola treatment units and community care centres; (c) safe and dignified burials; and (d) social mobilization and community engagement. At the 120-day mark, the response has strengthened significantly, and is close to achieving the projected goals.

12. All three countries have sufficient capacity to isolate and treat 100 per cent of confirmed Ebola patients. The aggregate availability of Ebola treatment unit beds far exceeds the numbers of reported Ebola patients, particularly in view of the slowdown in new cases. Since 1 January, the number of beds per reported case has increased in Guinea from 2.1 to 13.0, in Liberia from 15.1 to 36.6, and in Sierra Leone from 4.6 to 19.9.

13. The number of beds in Ebola treatment units in Guinea increased from 265 on 1 January to 360 on 1 February. Ebola treatment units now exist in Beyla, Conakry, Coyah, Nzérékoré, Macenta and Guékédou. An additional four Ebola treatment units are under construction in the areas of Kindia, Kankan, Kérouane and Faranah. Guinea has five operational and four planned laboratories as of the reporting period.

14. Sierra Leone also increased bed capacity from 1,046 beds in 19 Ebola treatment units on 1 January to 1,224 beds in 24 Ebola treatment units by the end of January. The overall number of community care centre beds increased from 291 to 536. However, as the number of Ebola cases declines, efforts are under way to scale down the bed capacity in Sierra Leone. Guidelines have been drafted which will help to rationalize isolation capacity and facilitate the recovery of the non-Ebola health system, while ensuring adequate access to Ebola care as long as necessary. There are also 12 operational laboratories and one pending laboratory in Sierra Leone.

15. Bed capacity in Liberia is being adjusted to account for reduced caseloads and wider geographic coverage. As at 1 January, 546 beds were operational in 17 Ebola treatment units. At the end of January, the number decreased to 470 beds in 18 Ebola treatment units. The Liberian Ministry of Health and Social Welfare plans to continue with the construction of six further Ebola treatment units, with 10 beds each, to ensure geographic coverage. WHO is collaborating with partners and the Ministry of Health on the decommissioning of Ebola treatment units to contribute to safely reactivating essential non-Ebola health-care services. One planned Ebola treatment unit was converted to treat patients with severe non-Ebola infections. There are nine operational laboratories in Liberia.

16. In Liberia and Sierra Leone, every district that reported a case in the past 21 days has more than two beds per reported case. However, in Guinea, several districts reporting cases in the past 21 days do not have an Ebola treatment unit or community transit centre and therefore must utilize isolation facilities in neighbouring districts. Efforts are under way to adjust the treatment capacities so that they better reflect the geographical distribution of cases. At the same time, the overall planned number of beds in each country has now been reduced in accordance with falling case incidence.

17. With the planned reduction in overall capacity to treat people with Ebola, priority needs to be given to the continued availability of high-quality treatment facilities. Maintaining high-quality Ebola treatment units, while progressively closing holding centres, is key to ensuring patient access to facilities offering the greatest likelihood of recovery.

18. Similarly, there continue to be sufficient burial teams in place to ensure safe and dignified burials in 100 per cent of all deaths due to Ebola. While not all Ebola-related deaths are reported, at this point, it is estimated that, in January, only 13 individuals in Guinea and three in Liberia reported to have died from Ebola did not receive a safe and dignified burial. Currently, 220 trained safe burial teams are functional across the three countries, with additional teams available if needed.

19. As of the reporting period, there were 61 safe burial teams in Guinea (98 per cent of the target), 69 in Liberia (69 per cent of the revised target) and 90 in Sierra Leone (88 per cent of the target). The number of burial teams in Liberia has declined over the past two months due to an overall decline in Ebola cases. In total, it is estimated that approximately 98 per cent of all reported dead bodies are collected within 24 hours to facilitate a safe and dignified burial in Liberia, while the corresponding estimates are 96 per cent and 88 per cent in Sierra Leone and Guinea, respectively.

20. Despite the availability of safe burial teams, there are still regions with a higher incidence of unsafe practices or secret burials of suspected Ebola cases. Thus, intensified district-specific social mobilization and community engagement efforts are urgently needed in those areas.

21. As the number of new cases per week decreases, rigorous contact tracing will be crucial in further containing the spread and ensuring that any new cases emanate from known contact lists. On 31 January, a total of 5,845 contact tracers and case finders were active in Liberia and 5,039 in Sierra Leone. In Guinea, there were 1,544 community watch committees operational in the reporting period. UNMEER, WHO, the United Nations Population Fund (UNFPA) and the United Nations

Children's Fund (UNICEF), together with the national Governments, are also expanding their field presence to better integrate surveillance and contact tracing with social mobilization.

22. UNICEF continues to lead the social mobilization pillar. Social mobilization activities support networks of more than 50,000 people across the three affected countries. Having already supported the construction of 50 community care centres, mainly in Sierra Leone, UNICEF, along with its partners, is moving towards a rapid isolation model. In Liberia, UNICEF has built 9 of the 13 static community care centres, while 19 mobile community care centres or rapid isolation and treatment of Ebola sites were set up to respond to outbreaks. This will allow greater flexibility in responding to new hotspots.

23. Given the crucial role of social mobilization and community engagement in the response, particular efforts have been made during the reporting period to strengthen this pillar, with support from several United Nations agencies, funds and programmes under the leadership of UNICEF. According to UNICEF, the number of operational community watch committees established in Guinea has increased from 1,464 to 1,544 since 1 January. In Liberia, 17,239 social mobilizers are active. In Sierra Leone, social mobilizers performed door-to-door community sensitization activities and identified 185 suspected cases of Ebola in the past week.

Challenges to achieving key response targets

24. Significant progress has been made in scaling up the Ebola response. However, a number of important challenges remain, which will need to be addressed to fully contain the outbreak.

25. While much success in the Ebola response is attributable to communities taking proactive steps to change their behaviour patterns, some pockets of resistance persist and pose an obstacle to responders. In a number of communities across the three affected countries, denial, mistrust and lack of understanding continue to lead some households to hide Ebola patients, engage in unsafe practices, including washing the bodies of the deceased, or carry out secret unsafe burials, exposing many others to high risks of infection. In several instances, community resistance precipitated violent incidents, particularly in Guinea. During the reporting period, 27 of 34 prefectures in Guinea and 3 of 14 districts in Sierra Leone have reported at least one security incident or other form of non-cooperation. As a result, efforts are being strengthened to build trust and overcome resistance.

26. In the areas of highest transmission in Guinea, UNICEF, UNFPA and the United Nations Development Programme (UNDP), working with the Government, have supported committees composed of village representatives, community workers, youths, religious leaders, teachers and survivors to help conduct contact tracing, identify new infections and identify orphaned children. The committees are also tasked with the promotion of dialogue and play a liaison role between health-care workers and villages. In January 2015, the national coordination cell in Guinea launched the inititative "Zero Ebola in 60 days", which has revived momentum for the operationalization of community watch committees. Through the engagement of local leaders, greater emphasis is also being placed across all three countries on ensuring adequate community involvement in social mobilization. In Liberia, UNMEER and local authorities, supported by the respective field offices of the United Nations Mission in Liberia (UNMIL), are following up on reported unsafe

burials in Nimba and Grand Cape Mount Counties with targeted community sensitization, including the creation of multi-disciplinary community task forces.

27. A second challenge relates to the establishment of adequate surveillance and response capacities in all districts. While the number of affected districts in Liberia and Sierra Leone has declined, cases of Ebola continue to be registered in several prefectures of Guinea. In addition, the movement of people across districts, as well as porous international borders, makes it necessary for all districts to be prepared to rapidly identify and treat cases of Ebola, before the virus can spread further. This will be of increasing importance as the restrictions on movement are progressively lifted. While the lifting of restrictions is desirable to allow the harvesting of crops and the resumption of trading activities, it is crucial that adequate surveillance measures are in place in all districts.

28. As the numbers of new cases decrease, further reducing transmission will require an increased focus on contact tracing and active case finding. Getting the outbreak under control requires that all new cases derive from registered or known contacts. In this way, responders can be sure that there are no unknown transmission chains, especially in border areas. Despite progress in monitoring known contacts, the numbers of contacts identified per case are still low. In Sierra Leone, UNFPA and WHO are working to enhance contact tracing by placing epidemiologists and mentors in all 14 districts with cases. In Montserrado County in Liberia, difficulties in accessing contacts are being addressed through intensified social mobilization and provision of food and psychosocial support for contacts. Border areas pose particular problems, with contacts often crossing borders and insufficient network coverage. UNMEER, in close collaboration with the UNMIL Field Support Team and field offices, has conducted a number of cross-border visits to ensure border security and improve communications among border communities.

29. The response also continues to face financial and mobility challenges. Several Ebola facilities face financial constraints in implementing infection prevention and control recommendations. As a result, cross-infection issues remain critical, particularly during transportation and in holding facilities, as suspected cases are often kept together with confirmed cases. With regard to mobility, last-mile transportation for social mobilization activities remains insufficient, making it challenging to reach remote areas. Uneven terrain and unpaved roads in conjunction with poor mobile phone coverage impede the surveillance efforts in remote districts. The impending rainy season in the second quarter of 2015 will exacerbate these challenges.

Update on the operational activities carried out by the United Nations system, through UNMEER, and its partners

30. As documented in my previous report, 58 foreign medical teams from over 40 organizations and national Governments or militaries are currently supporting the operational response. However, as the cases decrease, the teams are contributing to increased quality of care provided to Ebola patients through training programmes. WHO will convene all providers of foreign medical teams at a meeting in Geneva from 17 to 19 February, to discuss the contribution of the teams to achieving zero cases, improvement of safety, quality and outcomes in Ebola care facilities, and the safe reactivation of essential health services.

31. The African Union has continued to mobilize technical expertise, material and financial resources, and political support. To date, the African Union has deployed over 800 health-care professionals to assist with clinical and public health activities. For example, in Sierra Leone, 42 doctors and key staff from the African Union are working in the Magbenteh Ebola treatment unit in Bombali district, which has one of the highest survival rates, at 67 per cent. In Guinea, the African Union has deployed 81 health-care workers from the Democratic Republic of the Congo.

32. The International Federation of Red Cross and Red Crescent Societies (IFRC) continues to undertake safe and dignified burials in the three countries, ensuring that those who have died from the disease are provided with dignified burials, while also ensuring the safety of their communities. IFRC has provided 54 burial teams in Sierra Leone alone, conducting more than 200 Ebola-confirmed or suspected burials a day. IFRC is further involved in social mobilization, psychosocial support, beneficiary communications and community-based surveillance.

33. Médecins sans frontières (MSF) continues to deploy more than 300 staff in the three affected countries, running eight Ebola treatment units and two community transit centres, providing more than 650 beds in total. Since the beginning of the outbreak, MSF has treated more than 4,800 confirmed Ebola patients. In Guinea, MSF is running clinical trials on the use of antiviral drugs in the Guékédou centre, which commenced on 17 December 2014. In Sierra Leone, MSF recently opened the first 80-bed Ebola treatment unit specializing in the care of pregnant women with Ebola in the Western Area.

United Nations system

34. UNMEER continues to work in close collaboration with the national Governments and United Nations agencies, funds and programmes to align all response actors on a commonly agreed operational framework under the leadership of the host Government to support implementation of national plans. In all three affected countries, UNMEER is supporting the national crisis management centres, and has deployed field crisis managers to district-level coordination offices (18 in Sierra Leone, 15 in Liberia, and 8 in Guinea) to ensure that gaps are addressed. In particular, UNMEER is supporting efforts to define response plans at the district level in coordination with national level counterparts.

35. To further improve the quality of reporting and information, UNMEER is supporting standardization of reporting practices at the national and district levels, and is facilitating data collection through the deployment of over 30 United Nations Volunteers information management officers in field locations, and the provision of mobile devices. WHO has deployed epidemiologists in all 63 districts across the three affected countries, as well as in nine districts in Mali. In addition, key performance indicators are being revised to ensure more accurate reporting against each line of action.

36. UNMEER continues to support the Governments of the affected countries in the implementation of district-by-district response efforts. In Sierra Leone, UNMEER field crisis managers supported district-level command centres in reviewing their operational needs and identifying resource gaps, as part of phase two of the national strategy for the Ebola response. The district-identified priorities are being reviewed regularly at both district and national levels against epidemiological criteria, under the leadership of the Ministry of Health and Sanitation with the support of international technical partners.

37. In Guinea, UNMEER currently has deployed eight of a total of nine envisaged field crisis managers and 5 of 12 planned information management officers deployed in 11 of 35 prefectures in Guinea, including epidemic “hotspots” and priority border areas, to support the implementation of the Government’s response strategy. UNMEER staff participated in government-led delegations to vulnerable prefectures to provide orientation sessions on the strategy and develop prefectural action plans.

38. In Liberia, UNMEER has deployed a total of 15 field crisis managers to ensure coverage of all counties, with the additional support of a Monrovia-based field coordinator and a logistics coordinator. UNMEER has benefited greatly from the UNMIL field presence. Where UNMEER field crisis managers deployed, UNMIL field offices provided invaluable support through information and analysis on key actors, the political context, local perceptions and threat analyses to inform risk assessments and mitigation efforts. With the deployment of additional information management officers, multi-disciplinary mobile teams will be formed and tasked to oversee activities related to cross-border and borderland traffic, in addition to facilitating early warning and contact tracing efforts. Under the chairmanship of the national authorities and with support from international partners, UNMEER initiated a border coordination group to improve the implementation of cross-border actions.

39. Also on cross-border issues, in Guinea, UNMEER supported the organization of a technical cross-border cooperation meeting, at the joint invitation of the Ebola response prefectoral coordinator and WHO, on 24 January in Guékédou. In Sierra Leone, meanwhile, UNMEER supported the Manu River Union in organizing a technical follow-up meeting for experts from the three affected countries and Côte d’Ivoire, as well as international technical experts, in Freetown on 26 and 27 January. The meeting developed a set of protocols for stronger cross-border collaboration in the response. It is expected that these protocols will be formally agreed at a trilateral ministerial conference to be held in Guinea early in February. In Liberia, UNMEER, with support from the International Organization for Migration (IOM), Action contre la Faim, the respective UNMIL field offices and the United States Centers for Disease Control and Prevention, coordinates monthly tri-county coordination meetings (Grand Cape Mount, Bomi and Gbarpolu Counties) bringing together all main response actors in the region, including the local superintendents.

40. The United Nations system, through UNMEER, along with partners, also continued to provide logistics assistance to enable the response. A total of 262 vehicles were received from the African Union — United Nations Hybrid Operation in Darfur (UNAMID) and are due to be distributed to the three affected countries. Since August 2014, UNMEER and United Nations Humanitarian Air Service aircraft have flown a total of 10,346 passengers in 2,078 flights to and between the affected countries. UNMIL continues to maintain an air bridge between Accra and Monrovia to facilitate access for international medical responders and humanitarian aid workers to Liberia. The Air Coordination Cell in Copenhagen coordinated by the logistics cluster has facilitated the transport of a total of 5,132 tons of response supplies. The two C-160 cargo aircraft made available by Germany have carried 495.9 tons of supplies to the affected countries to date. The emergency communications cluster is providing Internet connectivity in 43 locations across the three affected countries, serving 741 staff. The Ebola response is also the

largest-ever supply and logistics response of UNICEF in a humanitarian crisis, with more than 5,000 tons of Ebola-related commodities distributed in the three affected countries.

41. Under the overall coordination of UNMEER, numerous United Nations organizations and partners have continued to bring their expertise to bear in the Ebola response. WHO leads the overall health response strategy, working closely with Ministries of Health in the affected countries. As the technical lead, WHO carries out training for health-care workers, including on infection prevention and control. WHO further supports social mobilization activities through monitoring and evaluation, and provides mental health and psychosocial support training to Ebola treatment unit workers. To date, WHO has trained more than 8,400 health-care workers in Sierra Leone, and more than 1,600 in Liberia. WHO is carrying out infection risk assessments and training with mobile training teams at the district level, and is planning to embed infection prevention and control experts in every district of Sierra Leone.

42. To mitigate the adverse impact of the Ebola outbreak on food security, the World Food Programme (WFP) continues to provide food and nutrition support. To date, almost 2.8 million people have been reached with food assistance in Guinea, Liberia and Sierra Leone. Within the transition phase of the Ebola response, WFP is reviewing its livelihood programmes to address longer-term vulnerabilities. WFP is providing nutritional support to the growing number of orphans, of which it has so far reached 3,000. WFP aviation has chartered two additional helicopters for medical evacuation purposes, one in Guinea and one in Sierra Leone. In Liberia, WFP continues to support the rapid isolation and treatment of Ebola response initiative. In Guinea, WFP supported the construction of three Ebola treatment units, one in Nzérékoré, one in Coyah and one in Beyla. In Sierra Leone, following a request from UNMEER, WFP supported the Western Area surge in Sierra Leone, augmenting storage capacity on behalf of the Ministry of Health. Lastly, as part of the second phase of the response and in line with the district-by-district approach, WFP and WHO are currently conducting joint assessments in key districts throughout the three countries, analysing the need for additional infrastructural and logistics support to enable the work of WHO technical field teams.

43. With funding from the Ebola Response Multi-Partner Trust Fund, UNDP is supporting the national authorities, together with partners, to ensure that all Ebola workers are paid correctly and on time. As a result of this work, 97 per cent of registered Ebola workers are linked to payment mechanisms and 90 per cent of registered Ebola workers have been paid on time. In Sierra Leone, three successful e-payments targeting more than 19,000 Ebola response workers have been carried out, leading to improved transparency, efficiency and financial inclusion, compared to direct cash. In Liberia, UNDP and partners are supporting the Government to verify Ebola response worker lists across the country, and payments (including back payments owed) were made in January. In Guinea, UNDP and partners are harmonizing payment scales across organizations and are helping to improve the quality of Ebola response worker lists.

44. Since 1 January, UNFPA has trained and deployed 5,039 contact tracers in Sierra Leone, who have collectively followed up a total of 75,325 Ebola contacts. In Liberia, UNFPA has trained 400 contact tracers in Grand Cape Mount County and another 50 in Bomi County. In Guinea, UNFPA has trained and equipped

518 contact tracers in 19 affected prefectures. With the support of the University of Columbia, UNFPA and the Government of Guinea are strengthening contact tracing at the district level through the installation of 30 solar panels and the provision of 38 computers across the districts to address electricity shortages and improve surveillance and data collection systems.

45. The International Organization for Migration has contributed to the Ebola response through the operational and clinical management of three Ebola treatment units in Liberia, including the provision of psychosocial services for patients and families, and a strong social mobilization component. In Sierra Leone, IOM has trained more than 2,000 Ebola treatment unit workers in the National Ebola Training Academy, and monitors the exit and entry health screening at Lungi International Airport. In Guinea, IOM has supported 18 prefectural emergency operation centres with office and information technology materials, generators and fuel for power supply, and Internet connectivity for effective coordination with the national coordination centre.

46. The World Bank is providing $162 million to Sierra Leone to support the country's Ebola response, and its efforts to rebuild essential health-care services and other social services. The Bank has funded the deployment of foreign medical staff, hazard pay to Ebola response workers and the provision of essential medicines and equipment, food supplies to Ebola-affected populations, community mobilization, surveillance and contact tracing. It has also funded the procurement of ambulances and other vehicles for the purposes of surveillance and contact tracing, in addition to supporting the National Ebola Response Centre with office logistics and administrative cost, and provides $30 million budget support to the Government. In Guinea, the World Bank will sign new funding contracts at the end of January, including with the Food and Agriculture Organization of the United Nations (FAO), the United Nations Office for Project Services (UNOPS) and UNDP, to procure equipment, vehicles, human resources and consumables for treatment centres.

47. In Liberia, UNMIL has provided support to UNMEER as co-lead of the logistics cluster, liaison support with the United States Army Joint Task Force Operation United Assistance, and situational awareness and local community contacts through its field offices to support the rollout of sensitization efforts, contact tracing, community engagement and other activities.

Activities of the Special Envoy on Ebola

48. My Special Envoy continued to monitor the progress of the Ebola response through weekly meetings of the Global Ebola Response Coalition, which supports information-sharing and unified messaging among response actors and helps to sustain momentum.

49. To further understand the progress and current challenges in the global Ebola response and align strategic messaging accordingly, my Special Envoy returned to the region from 5 to 14 January for consultations with key response partners. Accompanied by my Special Representative, my Special Envoy met with the Presidents of the affected countries, as well as with national and international responders.

50. The Ebola Response Multi-Partner Trust Fund has mobilized $142 million from 39 donors and has allocated $130 million for UNMEER, WHO, WFP,

UNICEF, UNDP, UNOPS, UNFPA and International Civil Aviation Organization programmes. The Trust Fund has addressed critical gaps by funding activities ranging from logistical operations to district surveillance, infection prevention and control, and community mobilization and preparedness.

Building resilience and supporting recovery

Review of the overview of needs and requirements

51. In order to update to better reflect the current evolution of the outbreak and the costs of essential services and preparedness needs beyond the immediate response, my Special Envoy, together with the Office for the Coordination of Humanitarian Affairs, led a revision of the overview of needs and requirements, which was launched on 21 January. The total financial needs were increased from $1.5 billion to $2.3 billion for the period from October 2014 to June 2015, of which 54 per cent has been funded and a gap of $1 billion remains. The revised overview takes into account only partial recovery needs pending a comprehensive assessment.

Ebola recovery assessment

52. In response to my request to prepare for the recovery of the affected countries to complement the ongoing emergency response, UNDP has made initial progress through the coordination of an Ebola recovery assessment. The revised overview will be taken into account in this assessment process.

53. Under the leadership of national Governments, an integrated team of experts from the African Development Bank, the European Union, FAO, the International Labour Organization, the Peacebuilding Support Office, UNDP, the United Nations Educational, Scientific and Cultural Organization, UNFPA, UNICEF, UN-Women, WHO and the World Bank conducted a joint desk review exercise and visited Guinea, Liberia and Sierra Leone from 12 to 16 January 2015. The team also consulted with the African Union, the Economic Community of West African States (ECOWAS) and the Mano River Union to ensure that the regional dimensions of the Ebola recovery process, as well as recognition of the need for regional responses to future epidemics, were fully incorporated into their assessment. The team has outlined a plan and timeline for continued engagement with the affected countries over the first quarter of the year for the finalization of the Ebola recovery plans and to reach agreements with Governments on sustainable support strategies.

Non-Ebola health care

54. Efforts are under way to rebuild and strengthen the health sectors in the affected countries, which have been devastated by the Ebola outbreak. In view of the impending rainy season when certain infectious diseases, other than Ebola, are more widespread and given the limited immunization of vulnerable people over the past few months, these efforts need to be accelerated.

55. WHO is supporting the safe reopening of non-Ebola health services through strategic and technical support to the Ministries of Health, as well as developing guidance on infection prevention and control and triage. Ensuring that newly reopened non-Ebola health facilities do not become sites of disease transmission is critical. WHO is contributing to this process through infection prevention and control assessments of facilities, including of clinical areas, waste management and water/sanitation capacities.

56. In Guinea, UNDP contributed to the improvement of hygiene and health conditions through rehabilitation of buildings and waste management in the urban districts, completing small community infrastructure works in support of community engagement activities, and creating income opportunities for over 1,500 youths. In order to help to develop sustainable practices in the health sectors in all three countries, UNDP is in the process of deploying environment-friendly sterilizing equipment to help to dispose of the vast amounts of contaminated protective equipment and infectious waste generated in treating Ebola patients.

57. UNICEF and partners provided water, sanitation and hygiene assistance for 500 non-Ebola health-care centres through equipping them with hand-washing stations. More than 80,000 people have been provided with hygiene kits.

58. In Liberia, two thirds of all non-Ebola health-care centres have now reopened. Services include maternal and newborn care, nutrition, immunization, emergencies and epidemic control. UNFPA has supported these health-care centres through the provision of infection prevention and control kits and obstetric gloves for maternity services. UNFPA has also provided rape treatment kits for 300 survivors and 1,600 individual clean delivery kits for pregnant women.

59. A national multi-stakeholder consultative workshop on 12 January 2015 launched a process of training technical experts to conduct assessments of health systems and the development of a costed national health sector plan for building a resilient health system for Liberia. The Government is also pursuing the possible reassignment of foreign medical teams to support restoration of health services at county and district levels.

Protection

60. More than 10,000 children have lost one or both parents because of the outbreak. UNICEF is providing assistance to these children and their caretakers. More than 2,000 community volunteers, social workers and responders have been trained in providing psychosocial support, to the benefit of more than 30,000 children. More than 5,500 children have benefited from family tracing and reunification. By mid-January, more than 50,000 packs of material support had been distributed to families supporting orphaned children and 1,640 cash transfers were made to support the registered children.

61. UNFPA continued providing protection for women, girls, young people and health-care workers in Guinea, Liberia and Sierra Leone through the distribution of hygiene and emergency reproductive health kits in preparation for the planned reopening of schools. In Sierra Leone, UNFPA, together with the Government and the World Bank, has designed and is implementing a project to revitalize reproductive, maternal, adolescent and newborn health services in the context of Ebola.

62. In Liberia, the protection cluster, led by the Office of the United Nations High Commissioner for Human Rights (OHCHR), supported the health cluster to conduct a rapid health facility assessment in all counties. The assessment focused on the functioning of health-care facilities and services in comparison with the pre-Ebola period to support the restoration of health services nationwide. This initiative aims at enhancing health monitoring by UNMIL human rights officers in each county, with additional support from health cluster partners.

Education

63. While schools remain closed, UNICEF has been supporting Governments and partners to maintain access of communities to education services through supporting remote education in the three countries via radio broadcast. One million children benefited from remote education programmes. The closure of schools, and girls being out of school, has been associated with an increase in adolescent pregnancies in all three countries.

64. Schools reopened across Guinea on 19 January, with UNICEF and partners providing support to national authorities, including support to ensure that schools were supplied and that safety protocols were observed. In Liberia, preparation for the reopening of schools is ongoing. OHCHR and UNMIL are also monitoring the school registration process, assessing compliance with preventive and protective measures contained in the "Protocols for safe school environments in the Ebola outbreak in Liberia", endorsed by the Ministry of Education on 11 January. In Sierra Leone, the Ministry of Education, Science and Technology, with support from partners, plans for the safe reopening of schools by the end of March 2015. This will require intense efforts, given the need to avoid overcrowded classrooms; ensure adequate provision of water and sanitation; and provide the necessary training to school staff. In preparedness for the reopening of schools, more than 300,000 children in the three affected countries have benefited from hand-washing stations in schools.

65. WFP, working in partnership with Governments and education leads such as UNICEF, plans to renew its focus on school meals as a social safety net that gets children back to school and keeps them there.

66. As schools and universities reopen, it is important to acknowledge that there is a risk that some contact tracers, who have been drawn in large numbers from teachers and university students, as well as medical students currently engaged in managing the national and district Ebola response centres, will return to their normal functions, and these response activities may be adversely affected.

Economic impact, livelihoods and early recovery planning

67. In terms of the economic impact of the outbreak, the World Bank has cut its 2015 GDP growth forecast for Guinea to -0.2 per cent, down from 4.2 per cent pre-Ebola. For Liberia, the forecast was reduced from 6.8 per cent to 3 per cent, and for Sierra Leone from 8.9 per cent to -2.0 per cent, translating into total income losses of $1.6 billion for the three countries combined. Economic activity has also contracted, including in export industries such as mining and in the agricultural sector. In Guinea, estimates indicate reductions in the production of rice (20 per cent), corn (25 per cent), cocoa (33 per cent) and coffee (50 per cent). These impacts have resulted in increased unemployment and insecure livelihoods. In Sierra Leone, an estimated 9,000 wage workers and 170,000 self-employed workers outside of agriculture have not worked since the onset of the outbreak. UNDP studies have found that the crisis is also impairing the ability of Governments to raise revenues, increasing their exposure to domestic and foreign debts and making them potentially more dependent on foreign aid.

68. UNDP has started to provide equipment, funding and emergency stipends to help affected communities to recover from the economic crisis. In Guinea, 14 tons

of fertilizer and 59 tons of seeds were distributed for rice cultivation, and public works programmes were created, generating incomes for 1,550 youths in the heavily affected forest region. In Liberia, $2 million will be disbursed to provide social safety nets for 20,000 households. UNDP is working with trade unions and private sector companies to develop Ebola safety standards and procedures for a selected group of professions to reassure the public that the service providers are safe. In Sierra Leone, UNDP is assisting young entrepreneurs to develop new business ideas, such as developing home deliveries and using mobile money transactions. In Liberia, UNDP has worked with the Ministry of Finance and Development Planning to finalize the Liberia Economic Stabilization and Recovery Plan.

69. In Sierra Leone, UNDP funded and advised the Office of National Security to roll out new standard operating procedures for 2,000 security forces working at checkpoints and in quarantined neighbourhoods across the country. Observation units are in place to minimize the risk of Ebola transmission in the country's most crowded prisons. In addition, with UNDP assistance, the Bureau of Immigration and Naturalization of Liberia is setting up new border posts in remote areas where people are suspected to be crossing.

Food security

70. In Guinea alone, the number of food-insecure people is projected to increase from 970,000 as of December 2014 to 1.2 million by March 2015, owing in large measure to the Ebola outbreak. The food security response will need to address short-term recovery needs, while reviewing the design of longer-term measures. Livelihood support will remain a critical focus, particularly for vulnerable communities and small farmers. This support will be reconfigured to ensure that it provides seasonal livelihood support, while serving as a social safety net so that farmers receive assistance during the lean months.

71. WFP will continue to purchase food locally, while providing a much-needed injection of cash into local economies. WFP is also introducing the use of cash and vouchers in communities where households have access to markets and can purchase locally produced food.

Preventing outbreaks in non-affected countries

72. WHO and other United Nations system entities continue to strengthen Ebola preparedness capacities in non-affected priority countries in Africa. Inter-agency preparedness support team missions have been deployed to 14 priority countries in Africa, as well as to Equatorial Guinea in the lead-up to the Africa Cup of Nations tournament. From 14 to 16 January, WHO convened a meeting on Ebola preparedness with over 150 partners, including national representatives from Côte d'Ivoire, Mali and Senegal, where partners reaffirmed their commitment to Ebola preparedness, recognizing that Ebola preparedness supports International Health Regulations commitments, overall global health security and the strengthening of health systems. UNDP has been helping the Gambia and Côte d'Ivoire to develop preparedness activities, assisting in the creation of national Ebola coordination units, strengthening the capacities of police and border patrols and raising awareness among communities.

Way forward

73. There are encouraging signs that the worst of this unprecedented Ebola outbreak may be behind us. I would like to express my gratitude to all the courageous governmental and non-governmental responders who have fought Ebola on the frontlines and to all of the donors and Member States that have generously contributed funding, medical expertise, and supplies. I extend my deep appreciation also to the African Union Commission and its Chairperson, Nkosazana Dlamini-Zuma, for mobilizing African Member States and businesses in support of the response and recovery process. This mobilization is a testament to the strength and positive impact of regional solidarity.

74. However, as the number of new cases per week declines, complacency is the enemy. If communities cease being vigilant and stop conducting active surveillance, donors turn to other priorities, and the Ebola response effort is abandoned too soon, there is a risk that flare-ups could lead the situation to worsen again and that Ebola could become endemic in the region. The next few months before the impending rain season in April are some of the most critical: this is when we must continue to consolidate and integrate our efforts in surveillance, case management and community engagement on the ground and to further drive down transmission rates before the rains complicate our response efforts. I therefore call upon all donors and responders to remain committed and stay the course through this decisive period.

75. Moving forward, should the case incidence continue along this positive downward trajectory, it is also time for UNMEER to begin to fade out through the gradual, seamless and coordinated handover of functions, capacities and assets to United Nations agencies, funds and programmes in country to continue to support the nationally led response efforts, as well as the transition to post-Ebola recovery. This transition must be based upon clearly defined thresholds of sufficient national and partner capacity to take over UNMEER functions, as well as to continue with active surveillance, case management and community engagement efforts. Just as the response in each country has varied, so too must the fade-out be differentiated and tailored to country- and district-specific exigencies on the ground. Since the countries are in different phases of their response, as UNMEER begins to fades out from one country it may also need to redeploy its capabilities to other countries where the outbreak is not yet under control.

76. It is also important that the financial resources and policies are in place to ensure that cash payments to Ebola response workers are not abruptly interrupted and, where it is possible for capacities to be reoriented, continue through the transition into the recovery phase.

77. From the outset, UNMEER was envisaged as a temporary and short-term entity to galvanize the United Nations system, align all response partners on the ground, provide the logistics backbone to scale up the response and identify gaps and redirect resources until Ebola no longer posed a grave threat to the region and there were sufficient existing national and international capacities to contain the situation. It is of utmost importance not to leave a vacuum where Ebola can elude us and continue to flourish, but to allocate the time for a planned and coordinated transition that will consolidate gains we have collectively made.

78. Throughout this transitional period and ahead of the UNMEER drawdown, my Special Envoy will play a particularly instrumental role in continuing to galvanize

high-level political and financial support to maintain momentum and ensure that the United Nations agencies, funds and programmes are equipped with the necessary resources to take over and to work towards further progress towards zero new cases. My Special Envoy will also play a key role at this critical juncture in bridging the transition between the conclusion of the response effort and the early recovery work led by UNDP. I call upon the United Nations system to work in closer coordination than ever before to ensure a seamless transition to consolidate, not compromise, the progress on the ground that has been achieved.

79. As the emergency phase continues through this transition period, and recovery efforts accelerate, the establishment of an UNMEER presence in Dakar will assist in the coordination with the United Nations system and its regional partners.

80. Importantly, this work — eventually achieving our goal of zero new cases — will require additional financial resources. I ask all donors to remain committed and encourage you to contribute either directly through United Nations agencies, funds and programmes or through my Ebola Response Multi-Partner Trust Fund, which continues to be an effective and flexible mechanism to fund critical gaps.

81. The response continues to face challenges in some areas, such as pockets of community resistance, and in ensuring that new cases come from registered contacts. Going forward over the next few months, particular emphasis must be placed on the three pillars of active surveillance, case management and community engagement. Where the communities have been engaged, we have seen dramatic results. Where resistance continues to be faced, there is a need to ensure a more localized approach to earn trust and gain access. The support of communities, even in unaffected areas, is essential to ensure active surveillance and prevent retransmission.

82. The United Nations system must also continue to adjust its operational approach to the evolving nature of the outbreak. When UNMEER was first established, significant logistics capacities were needed to transport supplies on a large scale to support rapid build-up of bed capacities, often in remote locations. As the epidemiology has shifted to smaller, more geographically dispersed outbreaks, the response must become more nimble, with greater emphasis on rapid reaction capacities, to detect early and address a smaller number of cases, but in a greater number of locations.

83. In this context, ahead of the rainy season, UNMEER is accelerating its efforts to support the Governments in rolling out the response at the district level. This will involve deploying more staff to the field, and building basic surveillance, contact tracing and response capacities in each district. In this way, new cases can be quickly identified and isolated, preventing a new outbreak. Building these response capacities will also strengthen the resilience of the health sector in the affected countries, and pave the way for a gradual transition from UNMEER and the immediate Ebola response to longer-term recovery efforts.

84. The United Nations system, under the technical lead of WHO, will also continue its work, in collaboration with regional organizations such as the African Union, ECOWAS and the Mano River Union, to foster cross-border collaboration in the Ebola response, including joint monitoring at the borders, exchange of information, cooperation on cross-border contact tracing, as well as sharing of response assets. I welcome the initiative of the Mano River Union to organize a

ministerial meeting on cross-border collaboration in the Ebola response in Guinea early in February.

85. As the threat of Ebola becomes less acute, we cannot ignore the devastating wider socioeconomic impact that the outbreak has had on the affected countries. The international community, and the United Nations, must continue to stand by the affected countries to reach zero cases and assist them in the long road to socioeconomic recovery. Significant needs exist in the areas of essential services, such as non-Ebola health care, education, and food security and nutrition, as well as broader livelihoods and economic recovery.

86. The global mobilization for the short-term emergency response has been tremendous from community to national to international levels. This same momentum will need to be maintained in order to address the longer-term impact of the Ebola outbreak. Progressively, existing emergency human resources, infrastructure and funding should be reoriented to address the immediate and longer-term consequences of the outbreak.

87. The Ebola outbreak has revealed the systemic vulnerabilities in critical institutions in the affected countries. I have asked UNDP to lead the United Nations system effort to support recovery in the affected countries. I look forward to the findings of the joint assessment mission that visited the three countries in January, which will form the basis of an integrated assistance plan to support recovery. I also welcome the World Bank's commitment of significant resources to support the recovery effort.

88. We owe it to all of those who have lost their lives due to Ebola, and those who have had their communities and livelihoods disrupted or decimated by this terrible disease, to support the affected countries in building back better and more resilient. We owe it to the hundreds of health-care workers who have lost their lives in this fight and the thousands of responders who continue to put themselves at personal risk to end this epidemic to work with the affected countries, and their neighbours, to build more resilient health-care systems to withstand future outbreaks. I assure you that the United Nations system will remain committed to supporting the affected countries in this regard.

89. I should be grateful if you would bring the present letter to the attention of the members of the General Assembly.

(*Signed*) **BAN** Ki-moon