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Letter dated 16 June 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 May to 1 June 2015, the 240-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 22 May ([A/69/908](#)).

Current situation of the Ebola outbreak

2. As at 31 May, a total of 27,181 confirmed, probable and suspected cases of Ebola had been reported in Guinea and Sierra Leone, in addition to 1 case now under treatment in Italy, and in seven previously affected countries (Liberia, Mali, Nigeria, Senegal, Spain, the United Kingdom of Great Britain and Northern Ireland and the United States of America). A cumulative total of 11,162 confirmed, probable and suspected deaths had been reported.

3. In May, the combined weekly incidence fluctuated between 9 and 35 cases in Guinea and Sierra Leone. In Guinea, after a decrease to 7 confirmed cases reported in the week to 10 May, the case incidence increased to 27 the following week. In Sierra Leone, 2 confirmed cases were reported in the week to 10 May, with the incidence increasing to 12 cases in the week to 31 May, the highest reported in more than a month. The Ebola outbreak in Liberia was declared over on 9 May, after 42 consecutive days had elapsed since the burial of the last laboratory-confirmed case. The country has now entered a three-month period of heightened vigilance.

4. The geographical area of active transmission has nearly halved since April in both Guinea and Sierra Leone. While 12 districts and prefectures reported at least one confirmed case in April, only 7 reported a case in May. Almost all transmission is now centred in and around the western coast of Guinea and Sierra Leone. In Guinea, the western districts of Boké, Dubréka and Forécariah accounted for 11, 31 and 56 per cent, respectively, of all confirmed cases in May. The prefecture of Fria reported one case in May after more than a month without reporting a case.

5. In Sierra Leone, Western Area Urban (including the capital, Freetown), Kambia and Port Loko accounted for 41, 17 and 41 per cent, respectively, of all confirmed cases in May; the other 11 districts reported no cases.



6. The epicentre of the initial outbreak, in the tri-border area around the Guinean prefecture of Guéckédou, the Liberian county of Lofa and the Sierra Leonean district of Kailahun, has not recorded a confirmed case for more than 160 days; it has been more than 90 days since the last confirmed case was reported from the Guinée Forestière region. Further restricting the geographical area of transmission to more easily accessible areas will be particularly important with the onset of the rainy season in June. Owing to the proximity to Guinea-Bissau of the recent cluster of cases in the Guinean prefecture of Boké, a response team from Guinea-Bissau has been deployed to the border to assess points of entry. An epidemiological investigation team has also been mobilized to ensure contact tracing across the border.

Progress towards ending transmission

Overall assessment

7. The persistence of transmission and fluctuating numbers of weekly cases call for sustained mobilization of all lines of activity of the Ebola response. Community engagement, case finding, safe burials and targeted, active surveillance are being strengthened in areas of continuing transmission to ensure that the remaining chains of transmission are detected and contained. In Liberia, an enhanced surveillance framework for priority communicable diseases is currently being implemented.

Progress towards meeting key targets

8. Case identification through active case finding, contact tracing and case detection campaigns remains a crucial activity in this last mile of the response. The Governments of Guinea and Sierra Leone have also taken significant steps to improve early case detection. At a meeting of the Presidents of those countries along their common border in Gbalamouya (Pamelap) on 5 June, they agreed to extend the national emergency health measures, initially agreed upon in late March, until 30 June.

9. In Guinea, that decision resulted in the extension of the 45-day reinforcement of emergency measures declared by the President on 28 March in the prefectures of Forécariah, Coyah, Dubréka, Boffa, Kindia and Conakry. The measures include the restriction of movement in areas of transmission, the temporary closure and quarantining of private hospitals and clinics where Ebola cases have been detected and limitations restricting participation in burials to close relatives only. As part of the initiative, an awareness-raising and early case detection campaign, with funding from the Ebola Response Multi-Partner Trust Fund and supported by the United Nations Children's Fund (UNICEF) and other partners, was conducted in Forécariah between 16 and 19 May, targeting 20 priority villages that had reported cases in the past 21 days. More than 8,000 households were visited by joint awareness-raising and early case detection teams in the door-to-door campaign. During the four-day period, 400 alerts for sick people and 73 alerts for suspected cases of and deaths from Ebola were recorded. Seven confirmed cases in Forécariah were identified through routine surveillance channels.

10. In Sierra Leone, sustained surveillance and active case detection, together with community engagement, remain priority response activities. The decreasing case numbers notwithstanding, the proportion of cases identified from post-mortem testing demonstrates that some individuals continue to be unable or unwilling to

seek diagnosis and treatment. In addition, although many alerts are received and responded to every day, most continue to emanate from the general public, demonstrating the need to reinforce active surveillance. Between 4 and 24 May, there were 11,134 alerts for people with Ebola-like symptoms throughout the country and 4,457 burial alerts. Some 97 per cent of alerts, both for sick people and for burials, were responded to within 24 hours. Some 93 per cent of the alerts for sick people came from the general public and 7 per cent from active surveillance activities. In an effort to further improve the response, UNICEF and partners, with funding from the Ebola Response Multi-Partner Trust Fund, supported the Kambia community action plan, launched on 1 May, with a focus on community engagement, active case finding, security reinforcement and cross-border collaboration. The active case finding component will be carried out in 880 villages, following a period of enhanced community engagement with the commitment of community leaders and through radio messaging. Cross-border collaboration is continuing with the neighbouring Guinean prefecture of Forécariah through fortnightly meetings and the sharing of district plans for reaching zero cases.

11. In Guinea and Sierra Leone, contact tracing remains vital in understanding the chains of transmission and rapidly isolating contacts in the event of symptoms. In Guinea, an average of 44 new contacts were registered per confirmed case, with 1,880 contacts under follow-up as at 31 May. Some 85 per cent of those contacts are being traced daily. In Sierra Leone, cases are distributed across three districts, with an average of 572 contacts under follow-up in May. Some 99 per cent of those contacts are being traced daily, with an average of 18 newly registered contacts per confirmed case. Of the new confirmed and probable cases reported, 43 per cent arose from registered contacts in Guinea in May, compared with 72 per cent over the same period in Sierra Leone.

12. In Liberia, the level of vigilance remains high as an enhanced surveillance framework for priority communicable diseases is being implemented. The framework takes advantage of routine surveillance and support functions at all levels and includes community and cross-border surveillance components. There will also be regular monitoring and reporting in relation to 10 epidemic-prone diseases and public health events.

13. In the context of declining case incidence and a shrinking area of transmission in Guinea and Sierra Leone, current treatment capacity far exceeds need. Accordingly, the World Health Organization (WHO), in coordination with ministries of health and partners, has continued to pursue the safe decommissioning of surplus Ebola treatment centres. Each country will retain a core capacity of high-quality centres strategically located to ensure complete geographic coverage, with additional rapid-response capacity held in reserve; 7 core centres will be retained in Guinea, 5 in Liberia and 12 in Sierra Leone. As facilities are decommissioned, the district health facilities are being supported to safely assume responsibility for triage and isolation or referral of cases. Given the current epidemiological situation in Guinea, the decommissioning of centres has not yet begun. In Sierra Leone, UNICEF, in coordination with the national authorities, has decontaminated and closed 29 community care centres, leaving 17 operational across four districts. In Guinea, three of six centres remain functional. In Liberia, the equipment and commodities to implement 16 rapid isolation and treatment facilities remain pre-positioned. In May, a health-care worker was infected with Ebola in Sierra Leone; none were infected in Guinea or Liberia.

14. There is sufficient laboratory capacity in Guinea, Sierra Leone and Liberia to meet existing needs. In May, the number of operational laboratories, coordinated by WHO, remained at 4 in Liberia and decreased by 1 to 9 and 11 in Guinea and Sierra Leone, respectively. In the three weeks to 24 May, 1,736 new and repeat samples were tested in Guinea, 7 per cent of which tested positive for Ebola. In May, 5,716 new samples were tested in Sierra Leone, of which less than 1 per cent tested positive. Of the 895 new samples tested in Liberia during the same period, none tested positive. In the three weeks to 24 May, 99 per cent of samples from suspected and probable cases were tested within one day of collection in Guinea, 65 per cent in Liberia and 76 per cent in Sierra Leone.

15. Effective community engagement remains a key priority in all countries and there has been continued progress. The average number of prefectures that reported at least one security incident or other form of refusal to cooperate per week in Guinea decreased from four to two per week in May. In addition, the Guinean authorities reported a good level of collaboration with communities during the door-to-door campaign conducted in Forécariah; of the 8,000 households visited, only six refusals were reported. However, security incidents or other forms of refusal to cooperate continue to hinder the response in those prefectures with active transmission, especially in relation to burial and case investigation teams.

16. There has been continued progress in the area of safe and dignified burials. In May, 254 burial teams were operational: 83 in Guinea, 69 in Liberia and 102 in Sierra Leone. It is estimated that some 98 and 92 per cent of all reported dead bodies were collected within 24 hours for a safe and dignified burial in Sierra Leone and Guinea, respectively.

17. The sufficient capacity to conduct safe burials at the national level notwithstanding, 17 of the 39 deaths from Ebola reported in Guinea in May occurred in the community. Over the same period in Sierra Leone, there were no reported unsafe burials, and five of the nine deaths from Ebola occurred in the community.

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

18. With the Ebola outbreak in Liberia declared over, the response is now focused on activities to support the transition from response to early recovery and longer-term health system strengthening. In Guinea and Sierra Leone, activities have been largely centred on strengthening active surveillance, contact tracing and community engagement, while at the same time restoring basic services and planning for the transition from response to early recovery.

United Nations partners

19. Médecins sans frontières continues to respond to the outbreak in Guinea and Sierra Leone with three Ebola management centres currently operational. Its teams continue to conduct surveillance, contact tracing and social mobilization activities and to operate two clinics for survivors in Freetown and Monrovia. In Liberia, its teams are providing medical care in Monrovia, where a 50-bed paediatric hospital has been at full capacity for the past month.

20. The International Federation of Red Cross and Red Crescent Societies continued to work with national Red Cross societies as the lead partner in safe and dignified burials in Guinea and Sierra Leone. In accordance with the health emergency plan of the Government of Guinea, the International Federation and the Guinean Red Cross are supporting the safe and dignified burials of all persons who died in their communities in the Ebola-affected prefectures. In May, Guinean Red Cross teams conducted an average of 294 safe and dignified burials and disinfected an average of 285 houses per week; safe and dignified burials are carried out for all deaths in the community pending confirmed laboratory results. The Sierra Leonean Red Cross currently has 54 safe and dignified burial teams in operation; they conducted 1,645 safe burials (half of all safe burials nationwide). On 30 April, the Liberian Red Cross, supported by the International Federation, handed back responsibility for safe and dignified burials in Montserrado County to the Ministry of Health.

United Nations system

21. UNICEF continued to work with communities to promote behavioural change to stop transmission. With partners, it has intensified efforts in the remaining hotspots. In Sierra Leone and Guinea, UNICEF and partners have reached 1,332,017 and 1,221,437 households, respectively, with Ebola prevention messages. Educational talks, mass awareness-raising sessions and door-to-door visits, as well as the distribution of hygiene supplies, remain important parts of the community outreach strategy. In the most recent door-to-door campaign in Forécariah, more than 38,000 people were sensitized and 70,000 bars of soap were distributed to 6,000 households. In partnership with the National Association of Scouts of Guinea, door-to-door visits and local screenings of films reached more than 62,000 people. The National Association of Scouts also distributed in excess of 4,000 hand-washing kits in Conakry, Fria and Kindia. Rural radio stations are now operating in Forécariah, Boffa, Lola and Yomou. In Sierra Leone, the Ministry of Water Resources, with the support of UNICEF, delivered some 850,000 litres of water to Ebola-affected communities, including to Ebola treatment centres.

22. In Liberia, awareness-raising campaigns continued to stress the need for vigilance in the coming months. In Guinea-Bissau, the national authorities, together with UNICEF and partners, have strengthened community-level social mobilization, including at border posts.

23. To gain the trust of communities, it is vital that non-Ebola health service delivery be strengthened, in parallel with the Ebola response. To that end, UNICEF has continued to support capacity-building for health-care workers and provided essential commodities and medicines for primary health care. In Sierra Leone, for example, it supported the training of national supervisors in the coaching and mentoring of peripheral health unit workers on infection prevention and control. The supervisors were, in turn, able to coach staff providing treatment in 368 community health centres and peripheral health units. UNICEF is rapidly scaling up water, sanitation and hygiene services to ensure that non-Ebola health facilities meet minimum standards for infection prevention and control to support their safe reopening. In Guinea, UNICEF partnered with a non-governmental organization, RTI International, to train and equip 679 health-care workers in non-Ebola health centres. In Liberia, it supported the Ministry of Health to strengthen community-based health systems, including the community health

workforce and the supply chain and reporting systems, in addition to revamping community structures to increase access to and rebuild confidence in health-care services.

24. Ebola has left 17,000 children orphaned across Guinea, Liberia and Sierra Leone, of whom almost 10,000 have now benefited from a full package of support measures. On 4 May, the President of Sierra Leone launched a new social safety net programme, supported by the World Bank and UNICEF. Cash transfers will be provided to 21,000 extremely poor households, benefiting 126,000 people, including children, Ebola survivors and other vulnerable persons. UNICEF has provided cash transfers to the caregivers of 4,147 children in Guinea and 2,300 children in Liberia through the Ministry of Gender, Children and Social Protection.

25. In Sierra Leone, UNICEF is supporting the Ministry of Social Welfare, Gender and Children's Affairs to protect and care for vulnerable children through 13 protection desks offering family tracing and reunification, psychosocial support, relief/welfare packages and community-based child protection mechanisms. In Guinea, it has supported the establishment of 636 community councils for the protection of children. More than 100,000 children have now benefited from psychosocial support interventions.

26. In May, WHO had 835 staff, including more than 400 epidemiologists, deployed in some 70 locations in Guinea, Liberia, Mali and Sierra Leone, with 53 per cent in Guinea, 22 per cent in Sierra Leone and 21 per cent in Liberia. As at 21 May, there had been more than 2,050 deployments through WHO (including network and partnership arrangements) in Guinea, Liberia, Mali, Nigeria and Sierra Leone. WHO has also recruited an additional 200 national workers in Guinea to support vaccine trials now being conducted, bringing the total number of staff under the WHO remit to in excess of 1,000. WHO intends to sustain a large presence beyond the end of the outbreak to ensure sufficient surveillance capacity and to support the countries in the implementation of early recovery plans for health system strengthening.

27. WHO has continued to coordinate and deploy international technical assistance from the Global Outbreak Alert and Response Network for nationally led response efforts, deploying 45 experts for critical response functions in Guinea, 20 in Liberia, 24 in Sierra Leone and 2 at WHO headquarters. A further 65 experts are being deployed. Since March 2014, WHO has deployed more than 800 experts from Global Outbreak Alert and Response Network partners and networks.

28. In Sierra Leone, the World Bank Group delivered 602 tons of certified lowland rice seed, 22 tons of certified upland rice seed and 75 tons of foundation seed and made payments to more than 8,900 targeted individuals under the cash transfer programme.

29. Under the World Food Programme (WFP)-WHO joint collaboration, nine prefabricated structures were positioned in agreed locations in Guinea for office space and accommodation. In Liberia, WFP is procuring 38 prefabricated structures, ablution units, items of furniture, generators, water storage containers and Internet connectivity services for the five locations where the joint collaboration will be implemented. In Sierra Leone, it is providing routine assistance to WHO, including infrastructure and administrative support and staff and fleet management for WHO transportation needs.

30. The United Nations Humanitarian Air Service has transported more than 15,000 passengers throughout the region since the outbreak began. Its fleet currently consists of four fixed-wing aircraft and six helicopters, three of which are specially equipped for the medical evacuation of health and humanitarian personnel with Ebola-like symptoms. The WFP-led emergency telecommunications cluster is providing Internet services to 91 humanitarian facilities in Guinea, Liberia and Sierra Leone. Since the beginning of the operation, the cluster has ensured reliable Internet access for more than 3,300 humanitarian responders. The handover of information and communications technology equipment and services from UNMEER to the cluster has been completed in all three countries at several locations, including forward logistics bases and the Cockerill helipad in Sierra Leone.

31. In addition to reinforcing all storage facilities in Guinea, Liberia and Sierra Leone in view of the rainy season, WFP is pre-positioning fuel, trucks, food and non-food items at WFP offices and forward logistics bases. In Guinea, new United Nations Humanitarian Air Service helicopter routes have been established from Conakry to some of the current hotspots in anticipation of the potential deterioration of road conditions during the rainy season. In Forécariah, Boffa, Fria and Kindia, suitable existing landing zones have been identified, while a new helipad will be built by WFP in Coyah. In Sierra Leone, the WFP-led logistics coordination mechanism shared a rainy season toolkit checklist for vehicles to enhance preparedness in the coming months.

32. During the reporting period, WFP in Guinea provided food to more than 190,000 people, including patients, survivors, orphans and their foster families and people living in areas of former and current transmission. The figure also includes more than 35,000 people living in the villages targeted in the awareness-raising and early detection campaign in Forécariah. In Liberia, WFP efforts are focused on providing support to kick-start Ebola-affected economies and the economic revitalization of stigmatized groups through cash transfers. In Sierra Leone, WFP shifted from a phase of containment to transition in Ebola-free communities in Kenema, Kailahun and Kono, where the resumption of markets and economic activities remains a challenge. It also continues to provide food assistance to contact cases in current hotspots, together with food to more than 25,000 school clean-up volunteers.

33. In Liberia, the International Organization for Migration (IOM) has finalized the decommissioning and decontamination of the red zones of the Bomi and Grand Bassa Ebola treatment units, in accordance with WHO guidelines, and will hand over the remaining structures to the county health teams. The IOM-managed Ebola treatment unit in Grand Cape Mount will remain open to patients until the subregion has been declared free of Ebola. To build resilience to respond to future health-related challenges, IOM is supporting county health teams in enhancing local capacity for safe isolation, triage and referrals. IOM has identified 30 health-care facilities for renovation and for the provision of associated training on infection prevention and control to health-care workers. As part of the Border Coordination Group workplan, IOM has provided training on primary screening, basic personal protective equipment, chlorine preparation and temperature monitoring at border posts in five priority counties.

34. In Sierra Leone, the second phase of the IOM health and humanitarian border management project includes the opening of a sub-office in Kambia. IOM will also add 150 new staff members to act as health screening monitors at flow monitoring points along the border between Guinea and Sierra Leone in Kambia and Bombali districts, while also monitoring health screening activities at all seaports in Freetown.

35. IOM in Sierra Leone continued to work with implementing partners on the distribution of emergency care kits in areas of high case incidence. It will also look to repurpose some care kits as hygiene kits to make them applicable to other potential disease outbreaks during the rainy season. IOM and implementing partners have continued to undertake social mobilization activities in Kono and Bombali districts and have supported action on the measles outbreak in Kono and a high incidence of late-stage malaria cases by providing training on the identification of signs and symptoms of measles, while also remaining vigilant for possible Ebola cases. In Guinea and Sierra Leone, IOM carried out awareness-raising activities for travellers on infection prevention and control.

36. In Guinea, IOM continues to provide logistical support to 25 prefectural emergency operations centres. The support includes monthly office supplies, fuel for generators, the provision of Internet connectivity and computers and printers and repairs or improvements to buildings. As a means of further developing activities for safe migration and better health management, IOM is currently carrying out humanitarian health and border management activities at the border with Mali, aimed at enhancing the border health surveillance system by monitoring flows of travellers from that country. To that end, it has trained 53 persons on the alert system and contact tracing, as well as the identification of suspected cases at three flow monitoring points located at the border (Kourémalé, Nafadji and Niany). In addition, it is currently identifying local non-governmental organizations for the implementation of its umbrella grant project, which is aimed at working with local non-governmental organizations, such as transport unions and women's groups, to carry out activities geared towards the eradication of Ebola.

37. The World Bank Group continued to provide financing to the Governments of Guinea, Liberia and Sierra Leone and United Nations agencies, including UNICEF, WHO, the United Nations Office for Project Services, the United Nations Population Fund (UNFPA), WFP, the Food and Agriculture Organization of the United Nations (FAO) and the United Nations Development Programme (UNDP). As at 20 May, it had disbursed \$363 million for the emergency response in the three countries. Activities in May included continued financing of hazard/indemnity pay and Ebola risk allowance, death benefits in Guinea and Liberia and funding of \$9 million to the African Union for the deployment of 415 international responders in Guinea and Liberia.

38. In Sierra Leone, UNFPA continued to support contact tracing. There are currently 1,169 enhanced contact tracers and 234 contact tracing supervisors supported by UNFPA nationwide. The Ministry of Health and Sanitation, UNFPA and WHO are continuing to roll out training on interpersonal communication skills for effective community engagement.

39. In Guinea, UNFPA provided technical and financial support to the early detection and awareness-raising campaign in Forécariah by supporting the training of additional community agents on how to use CommCare, a smartphone data

collection application. UNFPA worked in collaboration with Columbia University to monitor maternal health communities through mobile data collection.

40. In Sierra Leone, UNDP and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) facilitated the implementation of a joint project for the social rehabilitation of and payment to Ebola survivors and destitute families with the distribution of a one-off discharge package to survivors. The project was launched in Moyamba and Bo districts, with outreach to 69 beneficiaries, and will be continued in Bombali, Port Loko, Kenema and Kailahun with a planned target of 500 beneficiaries. UNDP and UN-Women are also working with line ministries to provide financial support to 2,500 survivors and destitute families.

41. In Liberia, UNDP has been working with the Ministry of Gender, Children and Social Protection in completing implementation arrangements for the roll-out, expected by June, of cash transfers, covering two counties, for which there is an allocation of \$1.5 million.

42. UNMEER has almost completed the distribution of more than 9,000 mobile phones donated by corporate partners to support timely and efficient data collection as part of the Ebola response. Local authorities, health officials, non-governmental organizations and United Nations agencies in the affected countries use the devices in support of case management, surveillance, community mobilization and safe and dignified burials. As Ebola-related activities are phased out, the devices will be used to support health system recovery through integration into continuing monitoring and surveillance mechanisms.

43. Through the Ebola Response Multi-Partner Trust Fund, UNMEER in Sierra Leone has also scaled up its capacity to swiftly respond to and urgently fill gaps. It has supported 42 community-based projects, in 13 of the 14 districts, totalling \$881,000. In May, the Trust Fund continued to support important areas in the last mile of the response, including social mobilization and community awareness, especially engaging and empowering women in Kambia district, raising awareness with regard to the reopening of schools, cross-border meetings to improve screening and border monitoring protocols and active surveillance.

44. UNMEER continues to support the Government of Sierra Leone through the Trust Fund to fill critical gaps within the National Ebola Response Centre. To intensify social mobilization and active surveillance efforts, the Centre has gained access to more than \$1.5 million to carry out surge efforts in districts, while focusing on enabling activities such as case investigation and contact tracing (especially in riverine areas); active case searching; implementation of community-event-based surveillance; border health screening; and local healer support and alert programmes. UNMEER is also supporting district-level engagement through the allocation of more than \$600,000 to implementing partners to increase the response capacity of the district Ebola response centres and district health management teams in the 12 rural districts.

45. With a view to restricting the movement of contacts, UNMEER funded a new community-based project in Guinea to provide food support for quarantined families. Cash was also provided to allow families to purchase complementary food items to sustain normal eating habits.

46. The Office for the Coordination of Humanitarian Affairs has increased its footprint in the affected countries. In Guinea, it focused on increasing surge capacity in hotspots, supporting awareness-raising and detection campaigns, facilitating intersectoral/inter-cluster coordination and engaging in advocacy on key thematic issues tied to the health crisis.

Activities of the Special Envoy on Ebola

47. My Special Envoy has continued to provide strategic leadership and guidance, including through weekly meetings of the Global Ebola Response Coalition. He also held meetings with permanent missions to the United Nations in New York to mobilize resources to support United Nations agencies, funds and programmes in sustaining the last mile of the response. He is currently assessing the minimum resources required by the agencies, funds and programmes from June to December 2015 to sustain the response and thus reach zero cases.

48. The Ebola Response Multi-Partner Trust Fund, which is managed by my Special Envoy, had received \$140.4 million as at 1 June, including \$2.5 million from the Russian Federation and Turkey during the reporting period. Of the total amount, \$128.12 million has been disbursed to nine United Nations entities. The Fund has allocated funding for district surveillance (WHO, UNFPA and UNDP), logistics and transport (WFP), community care centres (UNICEF), social mobilization (UNICEF and WHO), strengthening of the payment system for Ebola workers (UNDP), strengthening of national response capacity (UNMEER and the United Nations Office for Project Services), airport preparedness and technical assistance training (International Civil Aviation Organization), support to the Mano River Union joint border security and confidence-building units (UNDP, UNICEF and UNFPA) and support to Ebola survivors (UNDP and UN-Women).

Building resilience and supporting recovery

Ebola recovery planning

49. Following the World Bank spring meetings, national Ebola recovery plans are currently being finalized by the Governments of Guinea, Liberia and Sierra Leone for release early in June. The resident coordinators in each country are working closely with their government counterparts and the private sector to ensure that the plans are aligned with donors' recovery expectations, while the New Deal for Engagement in Fragile States mechanism and the UNDP Regional Service Centre are supporting the Mano River Union in revising and costing its regional plan.

50. UNDP country offices have now completed the development of their early recovery and resilience support frameworks aimed at providing effective support to both the national Governments and the Mano River Union in attaining their recovery goals. The strategies are intended to stimulate economic recovery and livelihoods, restore the functionality and promote the recovery of the health sector, strengthen resilient governance, peace and stability and prevent future Ebola outbreaks. They also include action to strengthen regional cooperation on issues pertaining to health, cross-border security, disaster risk reduction and management and subregional socioeconomic development.

Non-Ebola health care

51. Following the high-level meeting on building resilient systems for health in Ebola-affected countries organized by WHO in December 2014, the Governments of Guinea, Liberia and Sierra Leone have formulated health system recovery and resilience plans. Concurrently, and following the International Health Partnership Plus principles, WHO is seeking to mobilize partners to harmonize and align their current and future support with the plans to maximize synergies, improve efficiencies and enhance resilience and sustainability.

52. WHO has undertaken a preliminary analysis of health-care worker infections in the three-high transmission countries, which summarizes the impact of the Ebola outbreak on their respective health workforces. It investigates the determinants of infection and describes safe practices put in place to protect health-care workers during the outbreak.¹

53. WHO has provided technical support to the ministries of health of Guinea, Liberia and Sierra Leone to determine human resource needs, improve administrative efficiency and design recruitment and deployment strategies for the public health sectors, with the aim of rapidly reactivating health services.

54. A WHO task force on the safe reactivation of essential health services was convened to respond to the technical requirements of each country. Using the national basic packages of essential health services, a checklist of minimum standards for health-care services was developed, taking into account the reactivation of essential services and the reopening of health-care facilities in transition and early recovery phases.

55. WHO has worked closely with the ministries of health of Guinea, Liberia and Sierra Leone to improve infection prevention and control practices. In all three countries, it has been working on training packages that are intended to increase the capacity of all health-care workers in relation to infection prevention and control, clinical management, Ebola case management and psychosocial support. WHO also worked closely with the ministries to develop harmonized standard operating procedures for health-care practices. In Guinea, it is working with partners to oversee the construction of permanent infrastructure for effective triage, including waiting, screening, registration, triage and isolation areas.

56. As a result of the reduction in immunization programme delivery and uptake at the height of the outbreak, the ministries of health, with support from UNICEF, WHO and other partners, have accorded priority to immunization campaigns.

57. In Liberia, a countrywide integrated polio, measles and deworming campaign, including a social mobilization component, supported by UNICEF and WHO, concluded in May. The aim was to reach 683,573 children under 5 years of age for polio, 603,153 for measles and 522,732 for deworming. Preliminary data show that coverage exceeded 99 per cent of the target population.

58. In Liberia, WHO established a reproductive health technical committee to meet reproductive and maternal health needs in the Ebola context. Joint guidance by WHO, UNICEF and Save the Children on safe delivery and newborn care was adopted and safe delivery kits were included. In Sierra Leone, a WHO clinical

¹ The final report is available from www.who.int/csr/resources/publications/ebola/health-worker-infections/en/.

management team is supporting the establishment of minimum standards for front-line reproductive and maternal health services. Expertise in infection prevention and control, screening, triage and clinical management will be used in maintaining vigilance and ensuring the provision of safe services. Working with the national authorities and other partners, UNICEF supported Sierra Leone in the first maternal and child health campaign since the Ebola outbreak with interventions including vitamin A supplementation, mid-upper arm circumference assessments, deworming, routine immunization defaulter tracing and HIV counselling and testing.

59. UNFPA continues to support the Mano River Midwifery Response initiative, which is aimed at building resilient health systems with a focus on establishing a strong midwifery workforce placed primarily in health centres, with strong links to communities and referral facilities. The first phase is intended to contribute to a reduction in maternal and newborn mortality and morbidity in the prefectures of Gueckedou and Macenta in Guinea, the county of Lofa in Liberia and the district of Kailahun in Sierra Leone.

60. In Sierra Leone, UNFPA continues to support the Ministry of Health and Sanitation in mitigating the impact of the Ebola outbreak on sexual and reproductive health and rights and in preventing maternal deaths. It is supporting 51 front-line safe maternal clinics with medical and non-medical equipment and staff from national and international health-care providers, including midwives. In addition, it is also mobilizing the Ministry and other development partners to support the upgrade of the referral system, including the provision of outreach services with a focus on women and adolescent girls.

61. The World Bank Group has also accelerated its recovery support, while restructuring its Ebola emergency response project. In May, the support included financing of measles and meningitis campaigns in Liberia (\$1.3 million) and Guinea (\$2.2 million).

Protection

62. In Liberia, the protection cluster, led by the Office of the United Nations High Commissioner for Human Rights and the United Nations Mission in Liberia and co-chaired by the Ministry of Justice, continued its engagement with more than 150 organizations and institutions, including government ministries and agencies, civil society organizations, the Independent National Commission on Human Rights, international non-governmental organizations and United Nations agencies. The cluster has continued to coordinate community engagement and empowerment dialogues in identifying good practices to strengthen the capacities and resilience of communities and to build alliances to respond to possible future outbreaks and humanitarian emergencies. National and international civil society organizations and network members of the cluster representing diverse groups of the Ebola-affected population, including children, women, young persons, older persons, health-care workers, Ebola survivors and other vulnerable groups, are currently conducting community engagement and empowerment dialogues in all 15 counties.

63. In May, the protection cluster geared its activities towards sustaining the momentum in relation to raising awareness, monitoring and reporting on protection issues regarding Ebola-affected populations, together with advocacy for community participation in decision-making processes in the post-Ebola recovery phase. It continued to monitor and report on stigmatization and discrimination in connection

with Ebola and supported training activities for protection actors and communities on accepting and supporting survivors, orphans and families of patients in the community. For example, women's organizations embarked on a campaign to spread preventive messages in 192 communities and more than 200 youth and disability organizations provided hygiene education to persons with disabilities.

64. In Guinea, the Office of the United Nations High Commissioner for Human Rights interacted with the judicial authorities on protection issues regarding the detention of persons arrested during incidents relating to resistance to Ebola workers in Kamsar in the Boké region and Forécariah in the Kindia region. It also participated in a meeting of the gender-based violence cluster group of the Ministry for Social Action and the Advancement of Women and Children. Among the topics discussed was an assessment of the situation of women, girls and widows who have survived Ebola and reports from cluster members showing an increase in the number of gender-based violence cases as a result of the outbreak.

Education

65. The ministries of education, UNICEF and partners continue to monitor school attendance and adherence to safe school protocols. After almost nine months of no schooling owing to the outbreak, schools in Sierra Leone have now reopened, with the return of 1.8 million children. Learning kits have been supplied by UNICEF to schoolchildren nationwide to help them catch up on missed learning owing to the prolonged closure of schools at the height of the outbreak. Data indicate that, of 2,447 schools visited, 96 per cent are open. Safety and hygiene supplies have been distributed to all 9,000 schools. Forty-one radio stations are broadcasting learning programmes.

66. The most recent figures in Guinea show that there are 1.59 million pupils attending lessons at primary schools nationwide, about 92 per cent of those present at the same time in the previous academic year. UNICEF and partners continue to train teachers in providing psychosocial support and in Ebola prevention protocols, in particular in the remaining contaminated areas.

67. In Liberia, UNICEF and partners are working to ensure that all schools have back-to-school kits containing infection prevention and control equipment and awareness-raising materials. To date, 1.2 million children have benefited from the supplies and almost 6,000 teachers have been trained. A further 5,000 schools will receive learning materials in the coming weeks. UNICEF also continues to support remote learning opportunities.

68. UNICEF and partners continue to ensure the availability of hygiene supplies and kits in schools. In Guinea, for example, they are working to replenish soap supplies for 9,120 primary schools and are working with parents' associations to prepare for the coming academic year. In Liberia, a water, sanitation and hygiene in schools programme was officially launched by the President at the end of April. During the event, UNICEF handed over 2 million bars of soap to be distributed to schools. UNICEF and partners have also dug wells, undertaken water quality testing, disposed of solid waste and built school latrines in the three countries.

Economic impact, livelihoods and food security

69. The economic impact of the outbreak continues to be felt in the region, with reports of job losses, lower productivity, widening fiscal deficits, shortfalls in domestic revenue and associated effects on countries' gross domestic product. The sharp decline in iron ore prices has exacerbated the reduction in revenue. The short-term economic outlook remains fragile.

70. A food security vulnerability assessment in Guinea, Liberia and Sierra Leone has confirmed that, the recent improvements in the functioning of markets notwithstanding, food access is currently reduced following disruptions to agricultural activities, crop sales and trade over the past year, together with high food prices in Sierra Leone and Liberia, in particular for rice and cassava. From June to August, at the peak of the lean season, an estimated 2.2 million people are expected to be in a food crisis situation and in need of immediate assistance to protect their livelihoods and prevent malnutrition.

71. WFP and FAO will continue to work with partners to respond to immediate food and livelihood needs through targeted food distribution, including cash transfers, the provision of food production support to Ebola-affected households and savings and loan associations. Food security stakeholders will increase food availability and household incomes for members who have been affected by Ebola by restoring and maintaining agricultural livelihoods and essential assets and developing livelihood-generation and income-generation activities, taking into consideration the needs of each segment of the affected communities by age, gender and diversity.

72. Nationwide assessments of the impact of Ebola on food security, livelihoods and markets will be invaluable for post-Ebola recovery planning. In Sierra Leone, with the support of the African Development Bank, FAO will conduct a nationwide assessment of the impact of Ebola on food and nutrition security. In Liberia and Guinea, the national authorities, with the assistance of FAO, WFP and other partners, are preparing food security assessments that will be completed in June.

Preventing outbreaks in non-affected countries

73. WHO continues to provide dedicated and field-based support to States to assist with Ebola preparedness. In priority countries in Africa, WHO is implementing operational plans for Ebola preparedness activities, with strong support from international partner organizations. Continuing preparedness efforts are directly linked to strengthening health systems and the implementation of the International Health Regulations.

74. Twelve WHO Ebola Preparedness Officers are providing continuous support to priority countries. Nine are assigned to priority WHO country offices for six months, while three experts in infection prevention and control, coordination and health logistics are providing support to multiple countries over the same period. In May, further deployments have provided additional technical assistance to five priority countries to meet specific needs. In addition, WHO organized clinical management training in Dakar for participants from Benin, Burkina Faso, Côte d'Ivoire, Mauritania, the Niger, Senegal and Togo.

75. In Benin, WHO has assisted in the implementation of outbreak logistics systems and trained staff from the Ministry of Health and the Benin Red Cross on

safe and dignified burials at the National Ebola Treatment Centre. In Guinea-Bissau, WHO has supported the replenishment of personal protective equipment and other equipment and increased the presence of epidemiologists and community engagement experts in regions bordering Guinea. In Côte d'Ivoire, WHO has provided support in logistics and stock management ahead of simulation exercises planned for July and supported additional partner training undertaken by the United States Centers for Disease Control and Prevention. In Mauritania, support is being provided for surveillance and early warning systems for the detection of Ebola and other infectious diseases. In Senegal, WHO is deploying three national epidemiologists to border areas to increase cross-border surveillance and collaboration with Guinea, has given assistance in planning forthcoming simulation exercises and has provided logistics and stock management assistance in regions classified as being at higher risk of Ebola importation.

76. The progress made by priority countries is updated regularly on the Ebola preparedness dashboard. As at 31 May, 50 per cent of priority countries had implemented at least 50 per cent of the Ebola preparedness checklist, compared with 7 per cent in December 2014, including all four countries neighbouring the three most affected by the outbreak. The average implementation rate is 44 per cent, with average rates by component as follows: coordination (49 per cent), rapid response teams (45 per cent), public awareness (57 per cent), infection prevention and control (45 per cent), case management (55 per cent), safe and dignified burials (35 per cent), epidemiological surveillance (54 per cent), contact tracing (34 per cent), laboratory (75 per cent), capacity at points of entry (46 per cent), budget (33 per cent) and logistics (21 per cent).

77. To establish a further evidence-based approach for monitoring progress and overall levels of preparedness, WHO will be supporting priority countries to undertake robust outbreak simulation exercises. The exercises will be conducted regularly for countries that have implemented 50 per cent or more of the Ebola preparedness checklist.

Way forward

78. Further significant progress was made in efforts to combat Ebola during the reporting period. On 9 May, 42 days after the last laboratory-confirmed case was buried on 28 March, WHO declared Liberia — once the worst affected country — to be free of the disease. Furthermore, the geographical area of active transmission has halved since April in both Guinea and Sierra Leone. There continue, however, to be setbacks on the road to zero cases: the week to 17 May saw the highest weekly total of confirmed cases for more than a month, with 35 cases reported in Guinea and Sierra Leone. This serves as a reminder that the last mile of the response is the most difficult and that there is a need to better engage with communities and strengthen forensic investigations to allow more informed decision-making on potential corrective action.

79. I should like to congratulate the President, the Government and the people of Liberia for their commitment, resilience and efforts in staying the course. Liberia has reached an extremely important milestone. The Liberian people, their community leaders and their Government should be recognized for their unified efforts in this critical achievement. In addition, the support of the international community, including the significant commitment in terms of human expertise and

resources of the United States and other international partners that heeded the call for action in support of the President's mobilization efforts, has been instrumental. I urge everyone to ensure that active surveillance efforts continue so as to prevent against future cross-border transmission and reinfection. I echo the sentiments of the Presidents of Guinea, Liberia and Sierra Leone that the region stands together as one in the efforts to combat this terrible disease and that no country is safe until the entire region has been declared free of Ebola.

80. Moving forward, the last mile of the response will require a targeted, almost surgical, approach to identify and then tailor interventions to the specific triggers of transmission in the remaining affected localities. UNMEER has shifted its footprint to strengthen operations in Sierra Leone and Guinea, with a greater focus on the prefectural, district and subprefectural levels. Leadership and management of the response at the local level are critical to ensuring unity of effort among all responders. Just as his predecessor, my new Acting Special Representative has been moving between the two affected countries. My Special Envoy and WHO continue to provide the strategic and technical direction, respectively, on reaching zero cases and helping to ensure unity of purpose and clear focus among all responders.

81. In Liberia, the transition process has been completed and the Ebola response coordination function was handed over to the Resident Coordinator on 1 May. UNMEER Sierra Leone is expected to hand over operations to national partners and the United Nations agencies, funds and programmes on 30 June. UNMEER Guinea is projected to hand over operations by 31 July. The targets are, however, subject to the evolving epidemiological situation and to the assessment of existing capacity on the ground. A full closure of UNMEER is envisaged by the end of August, with liquidation in September.

82. I should like to avail myself of the opportunity to thank the President, the Government and the people of Ghana for hosting UNMEER at a critical juncture in the response to the outbreak, especially when the stigmatization of the affected countries was at its highest. The role of Ghana as the hub for UNMEER was critical in efforts to combat Ebola and the hospitality and support of the Government and the people contributed greatly to the progress that has been achieved.

83. The commitment of the United Nations system to supporting the people and Governments of Guinea and Sierra Leone to reach and stay at zero cases remains steadfast. As UNMEER scales down, United Nations agencies, funds and programmes, in addition to the United Nations Mission in Liberia, are assuming several of the essential functions of UNMEER, such as logistics, field crisis management and information management, to sustain the last-mile efforts. Additional resources, however, are needed to equip United Nations partners and increase their capacities to the level required to bring the outbreak to a definitive end, while in parallel beginning early recovery activities in an integrated manner. In particular, in the medium to long term, the United Nations will work with national Governments to assist them to improve their health governance systems by decentralizing key functions. The Ebola Response Multi-Partner Trust Fund has been an invaluable tool to finance and overcome key obstacles to the response, but it needs to be replenished. I ask Member States to remain supportive in this last mile of the response and to mobilize the resources within their means, and in response to the appeals of my Special Envoy, to finish the job.

84. Preparations for the International Ebola Recovery Conference, to be held on 10 July in New York, are progressing. The Conference will be a significant opportunity to show solidarity with the affected countries by pledging support for post-Ebola recovery. Consultations continue with the Governments of Guinea, Liberia and Sierra Leone, in addition to the secretariat of the Mano River Union, regarding the recovery strategies and plans to be presented at the Conference. The Governments will indicate the sequence of recovery activities being planned with a focus on both their priorities for early recovery over the coming two years, together with their intentions for longer-term revitalization of socioeconomic development. Consultations with other Member States and partners are continuing with a view to securing specific support for those strategies and plans. The substantive participation of the private sector and non-governmental organizations involved in recovery efforts is being actively pursued. It is anticipated that the priorities of the Peacebuilding Commission in the affected countries will be integrated into early and longer-term recovery planning as appropriate.

85. I should like to thank the Presidents of Guinea, Liberia and Sierra Leone for the continued national leadership that they have provided to the global Ebola response effort. Nine months since the establishment of UNMEER, we have collectively made great strides towards bringing the outbreak under control. There remains, however, much more work to do in the last mile of the response to reach and remain at a resilient zero cases. We must fight back against complacency and exhaustion to stay the course. I call upon all responders and United Nations agencies, funds and programmes to remain focused and sustain the momentum necessary to finish the job.

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