



# Security Council

Sixty-ninth year

*Provisional*

**7279**<sup>th</sup> meeting

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New York

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<i>President:</i>	Mrs. Perceval .....	(Argentina)
 <i>Members:</i>		
	Australia .....	Mr. Quinlan
	Chad .....	Mr. Gombo
	Chile .....	Mr. Olguín Cigarroa
	China .....	Mr. Liu Jieyi
	France .....	Mr. Delattre
	Jordan .....	Mr. Hmoud
	Lithuania .....	Mrs. Jakubonė
	Luxembourg .....	Ms. Lucas
	Nigeria .....	Mr. Laro
	Republic of Korea .....	Mr. Oh Joon
	Russian Federation .....	Mr. Iliichev
	Rwanda .....	Mr. Gasana
	United Kingdom of Great Britain and Northern Ireland ...	Mr. Wilson
	United States of America .....	Ms. Power

## Agenda

Peace and security in Africa

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*The meeting was called to order at 3.10 p.m.*

### **Adoption of the agenda**

*The agenda was adopted.*

### **Peace and security in Africa**

**The President** (*spoke in Spanish*): In accordance with rule 37 of the Council's provisional rules of procedure, I invite the representatives of Guinea, Liberia and Sierra Leone to participate in this meeting.

In accordance with rule 39 of the Council's provisional rules of procedure, I invite the following briefers to participate in this meeting: Mr. Anthony Banbury, Special Representative of the Secretary-General and Head of the United Nations Mission for Ebola Emergency Response; Mr. Hervé Ladsous, Under-Secretary-General for Peacekeeping Operations; and Mr. Tayé-Brook Zerihoun, Assistant Secretary-General for Political Affairs.

On behalf of the Council, I welcome Mr. Banbury, who is joining today's meeting via video-teleconference from Accra.

The Security Council will now begin its consideration of the item on its agenda.

I give the floor to Mr. Banbury.

**Mr. Banbury:** I thank members of the Council for this opportunity to provide the Council with an overview of operational developments related to the Ebola crisis and of the establishment of the first-ever United Nations system-wide mission and the first-ever emergency health mission — the United Nations Mission for Ebola Emergency Response (UNMEER). This is a unique mission designed to confront an unprecedented, deadly and growing crisis. Since the Secretary-General announced the creation of the Global Ebola Response Coalition on 1 September, a number of important steps have been taken to accelerate the response to the Ebola crisis and to galvanize the international community, among them the establishment of UNMEER on 19 September.

I am inspired by the leadership of President Alpha Condé of Guinea, President Ernest Bai Koroma of Sierra Leone and President Ellen Johnson-Sirleaf of Liberia. I am humbled by the hard work and dedication of national and international personnel fighting Ebola on the front lines as health-care workers, members of burial teams, contact tracers, logisticians and many

other functions. I am grateful for the commitments by Member States of their civilian and military personnel, material and money. But I am deeply worried that all of that combined is not nearly enough to stop Ebola, which got a head start on us. It is far ahead of us, it is running faster than us and it is winning the race. We cannot let Ebola win, for if it wins, we the people of the United Nations will lose so very much. We will lose things that we cannot lose. We cannot let that happen.

The World Health Organization (WHO) advises that the four things we collectively must do to stop the Ebola virus are to identify and trace contacts, manage cases, ensure safe burials and provide people with information they can use to protect themselves. Each of those things is critical, and each involves complex operations on the ground. If we fail at any of them, we fail entirely. The WHO also advises that within 60 days we must ensure that 70 per cent of infected people are in a care facility and that 70 per cent of burials are carried out without causing further infection. We need to do that within 60 days from 1 October. If we reach those targets, then we can turn this epidemic around. The excruciating challenge is that, with each passing day, as more people are infected and the number of people infected grows exponentially, the absolute value of those targets grows rapidly and they become more distant and more difficult to achieve.

If we do not reach the targets within 60 days and the numbers spike, many more people will die. This is what we are fighting for now: we are fighting to prevent unavoidable deaths. We are fighting for people who are alive and healthy today, but who will become infected by Ebola and die if we do not put in place the necessary emergency response. That is the entire focus of everyone in UNMEER. Our plan to stop the crisis. To do the four things I mentioned that the WHO says we must do is the right plan for the current crisis. But if we do not get ahead of the crisis, if we do not reach our targets and the number of people with Ebola rises dramatically, as some have predicted, the plan we have is not scalable to the size of such a new crisis. We either stop Ebola now or we face an entirely unprecedented situation for which we do not have a plan.

To illustrate that challenge we can look at the expected number of new Ebola infections per week at the 60-day mark, namely, 1 December. My colleague Dr. Bruce Aylward, of the WHO and UNMEER, stated today that we can expect a new caseload of approximately 10,000 people per week by 1 December.

That means that we need 7,000 beds for treatment. Under current planning and projections, we expect to have approximately 4,300 beds in Ebola-treatment centres by that date. However, many of those beds have no staff to operate them under current plans. To make up for the gap in beds, we must build about 2,700 beds in community care centres, or about 300 such centres. We will also need staff to manage the facilities and care for the people in the beds. Those staff need to be trained so they themselves do not fall sick, and they need to be paid and properly equipped. Those projected numbers also assume that all the facilities and beds will be used to maximum efficiency, with no beds left unfilled, regardless of the geographical location of the facility.

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

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

Time is our biggest enemy. We must use every moment of every day to our advantage, and that is what UNMEER is doing. Since its establishment by the Secretary-General 25 days ago, UNMEER has set up a headquarters in Accra and deployed an operational presence to the three most-affected countries. We have deployed a total of 84 international staff,

including personnel from the WHO, the World Food Programme, UNICEF, the United Nations Office for the Coordination of Humanitarian Affairs, the United Nations Development Programme, the Department of Field Support, the Department of Political Affairs, the Department of Peacekeeping Operations, the Department of Public Information, the Department of Safety and Security, the Executive Office of the Secretary-General, the Regional Service Centre in Entebbe, eight field missions and the United States Centers for Disease Control. Soon we will also have an expert from the Chinese Center for Disease Control and Prevention. We also have liaison officers from the United Kingdom, the United States and Germany.

We have deployed a plane and five helicopters. We have deployed 69 vehicles, and 140 more are coming soon. We have put in place robust telecommunication and Internet links. We have done all of that in record time. Never before have I seen the United Nations, so many of its parts, move so fast in such a unified manner. The Secretary-General has given clear instructions: Move. Move fast. Do not let discussion and red tape slow us down. I am grateful to the heads of United Nations departments and agencies who have embraced this approach. The United Nations system is throwing all its might and capability into the fight against Ebola.

We have been empowered by the Secretary-General with special authority to hire staff quickly, transfer assets, purchase materials and take action in the best interests of the Organization and in furtherance of our commitment to bring the Ebola crisis to a conclusion. More broadly, UNMEER is playing the critical role of crisis manager. Much good and great work has been done by national Governments, United Nations agencies, non-governmental organizations (NGOs), civil society actors and others these past few months. But responding to a complex crisis, especially one that cuts across multiple national boundaries and is as difficult and fraught with risk as this one, requires an overall perspective, and it requires a comprehensive operational plan.

UNMEER is working with partners to put in place such a plan, one that sets clear objectives, identifies all the lines of activity necessary to achieve those objectives, assigns responsibility for each activity and puts in place metrics and reporting systems to measure performance. The operational plan will ensure that no gaps are left unfilled and that scarce resources are officially allocated to the highest priority requirements.

The plan will be in support of national efforts and will show national authorities what support they can expect from the United Nations and when. National Governments will always retain ownership of the Ebola response in their countries.

This planning process is operationally and organizationally complex due to the multiplicity of actors. For example, something seemingly so simple as community care centres needs detailed planning. I mentioned earlier that we needed to build about 300 of them. Who will speak to the community about Ebola and about putting a care centre in the community? Who will build the centre? Who will staff it and who will train the staff? Who will pay the staff and how will they be paid? Where will the money come from? What supplies will the centre require? How often will they need to be resupplied? Who will deliver the supplies and how? How will the hazardous waste be disposed of and who will do that? What will be the source of the clean water that is necessary for washing? Who will test the patients in the centre for Ebola? How far away will the testing laboratories be? How will the samples be transported. Et cetera.

Community care centres are just one issue that needs such detailed planning and commitment by partners. For each major line of activity within an Ebola response plan, there are an equal number of vital actions that need to be properly addressed. The operational response is especially challenging, because we need to put all elements of the response together correctly everywhere. The contact identification and tracing, case management, safe burials and community engagement all need to be done properly wherever Ebola is. Ebola is spread across a very broad geographical area. If we fail in any one area, then the microscopic virus will find that chink in our armour and continue to spread. As long as there is a single case of Ebola anywhere in any of the three countries, then the deadly virus is a threat to all countries and all peoples. The very best way to protect the people of non-infected countries is by helping the people of Guinea, Liberia and Sierra Leone to stop Ebola now where it is. As recent events have shown, however, Ebola represents a risk today to people in non-affected countries. It is urgent and essential that all countries, especially those identified by the WHO as highest priority and high priority, take immediate steps to prevent the spread of Ebola to their countries and steps to prepare themselves to act quickly in the event of a local case to prevent further spread.

UNMEER will support the WHO and national efforts at prevention and preparedness where appropriate. We will also put in place a rapid response capability with reserve stocks of equipment and materiel and pre-identified medical personnel and transportation assets to move quickly to the site of an outbreak if so requested by national authorities. But those efforts must be bolstered by bilateral assistance.

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

There is much bad news about Ebola. The good news is that we know how to stop it. We know what needs to be done, and we can do it. But UNMEER cannot do it alone. The affected countries cannot do it alone. Even the combination of all the actors now on the ground — national and international, United Nations, bilateral and NGOs — cannot stop Ebola by themselves. We need more NGOs to send trained Ebola treatment and unit managers and health workers. We need more Governments to build and operate Ebola treatment units and diagnostic laboratories. We need more foreign medical teams. We need logistics and transport support. And we need money to pay for the rapid acceleration of the operational response. We especially need — and we owe it to the personnel working on the front line — reliable, high quality medical care for any person engaged in Ebola response, including medical evacuation where appropriate. We need all of that urgently. The penalty for delay is enormous. The penalty for failure is inconceivable and unacceptable.

We must act now. We must act together. We must defeat Ebola, and we must do it fast.

**The President** (*spoke in Spanish*): I thank Mr. Banbury for his briefing.

I now give the floor to Mr. Ladsous.

**Mr. Ladsous** (*spoke in French*): Thank you, Madam President, for giving us this opportunity to discuss what could be a consequence of this major epidemiological crisis, namely, the undermining of all the achievements that have been the product of lengthy work by the United Nations and our three peacekeeping missions in West Africa. While today this may be about Liberia, we have to be very attentive to what could happen in Côte d'Ivoire or perhaps even in Mali. For now, however, I shall focus on Liberia.

Human tragedies are unfolding on an unprecedented scale in Liberia. At the same time, Liberia is a country to which 11 years ago we deployed a peacekeeping operation. Despite a certain degree of fragility, I think we can say that the Mission has accomplished real progress on the path towards peace and stability. I believe this is an opportunity to thank all staff members for their commitment.

Let us recall the history — a century of systemic exclusion, decades of dysfunction, 14 years of successive civil war, each year more brutal than the previous one. But today there are achievements. Yes, they are precarious, but they are significant: the return to constitutional order in 2006, a modest but significant expansion of the economy and access by the population to the most basic services. We can say that Liberia is on the path towards transformation, and this is where the Ebola crisis changes all prospects. A whole series of phenomena are developing. I witnessed them first-hand when I visited a month ago to inspect the status of our Mission to see just what the problems were.

First, political and social divisions are widening; the public health system is on the verge of collapse; the economy is coming to a standstill as civilian flights have halted and fewer ships are docking in Monrovia; and certain businesses — logging, mining — have stopped or packed up because the owners have decided to relocate outside of the country during the crisis. In sum, the prospects and impacts on the most vulnerable populations are deteriorating.

We have been addressing the agenda that the Council adopted in 2012 to promote political reform

and national reconciliation and assist the country, despite remaining divisions, in gradually expanding its political sphere and fostering improved understanding on the part of the Government, thereby promoting State-building in the interest of its citizens.

Nevertheless, I believe the crisis has demonstrated the crucial nature of those tasks. While they are in fact under way, they have not yet achieved results.

One could imagine that such an enormous crisis could bring people together, as long as serious communication on transparent decision-making takes place, as long the allocation of resources is transparent and as long as all of those issues are addressed. Unfortunately, however, it must be admitted that there is major and growing distrust on the part of the population towards State institutions. Questions directed at leadership have resulted in certain changes, including resignations by key Government officials.

We have also seen in the media that a strengthened commitment on the part of the Government is necessary regarding health care workers, some of whom are on strike and many of whom, I am happy to say, are working with courage and determination despite conditions that, one must admit, are truly appalling.

More broadly speaking, the entire health care system is crumbling. Women are dying in childbirth due to lack of care. People are dying from malaria because no health care is available. Children risk dying from curable diseases because the vaccination campaigns have been suspended. There is a widening crisis in Liberia whose consequences are difficult to gauge.

It is also true that the Ebola crisis has led to noticeable political tension and a degree of uncertainty. The Council will know that elections were to have taken place this very day. Clearly, it was not an option. The decision was taken to postpone them. Furthermore, there is a debate in a Liberia regarding the nature of the political and legal body authorized to take that decision.

For the United Nations Mission in Liberia (UNMIL), the importance is to continue to urge leaders and political actors to seek agreement in order to make progress in protecting public health and to enable the continuing operation of the legislative branch.

The Council is also aware that President Johnson-Sirleaf requested Parliament to extend her powers in the context of the state of emergency that was decreed in August. She also sought ways and means

to ensure that the State could take over private assets and sometimes even limit the use of such assets in the interest of security and the public health system. Again, there was no agreement in Parliament on whether to grant or to not grant those extraordinary emergency powers to the executive branch.

In terms of UNMIL, what is important is to respect the rule of law and the rights of the citizens. That has prompted us to take a closer look at the changes being considered — the restrictions that could potentially be established — to ensure that such measures do not extend beyond the absolutely necessary tasks of such an emergency. That requires the ongoing commitment of all Liberian stakeholders, bearing in mind the goal of seeking consensus each and every time, as well as the agreement of all, in order to ensure effective governance and a Government that is accountable and transparent, all the while ensuring the protection of the population from the further spread of Ebola.

Fortunately, up to now there has not been any tangible deterioration on the security front. There was tension in July and August. There was the incident at West Point where, according to media reports, a 15-year old adolescent died after being wounded by Liberian army soldiers. The situation has somewhat improved since that time, but it needs close follow-up. Public discontent remains high, and any public discontent anywhere represents an additional risk factor in terms of security.

We are working very closely with Liberia's security institutions to plan security operations that may be deemed necessary in the context of a state of emergency. As the Council is aware, the army has been removed from domestic security operations. Instead it is concentrating efforts on building humanitarian infrastructure and securing Liberia's still highly porous borders.

I would like to add a few words regarding the situation in Liberia, concerning the human consequences of the crisis. When I visited Monrovia one month ago, I was struck by the fact that people did not touch each other any more. People do not shake hands any more — they wave at one another, at a distance at best. That is taking place in a complicated, complex society that has suffered and remains deeply divided. It is a caring and even tactile society. Traditionally people touch each other and kiss each other. None of that remains. I believe that is something that should draw our attention, for the last rites given when a person dies

are a major part of society. Circumstances now dictate that even when one loves someone, one cannot express one's love or affection or be close to them. I believe that is causing a lot of pain.

I return to the United Nations Mission in Liberia (UNMIL). Until now, no United Nations staff had been affected. However, despite all of the vigilance, a Liberian member of the Mission died at the end of the September. The cause was most likely of Ebola, although we are not entirely sure. As the Council is aware, last night an international staff member of UNMIL died in Germany after having been diagnosed and then evacuated to Europe on 8 October. There are now 39 other UNMIL staff members, half of whom are military staff personnel, who are quarantined or under close watch.

I think what needs to be understood clearly, and it is the reason that I visited Monrovia, is that our missions are made up of men and women who have families, people they love and people who love them. They have the legitimate expectation of being able to return home once their mission has ended. We must continue to do everything possible to ensure that they can fulfil their role and ensure that the Mission can again fulfil its role in maintaining peace and security. It is complicated work. The maximum possible guarantees must be provided in terms of treatment in the country and evacuation — as required. Of course, that is something on which we need to garner the utmost support from the members of the Council and from the group of nations that comprise the international community.

In conclusion, I will mention the situation in Côte d'Ivoire and in Mali. Fortunately, at this point no cases have been reported in either country. The two Governments have taken extremely robust measures to prevent the spread of Ebola in their territories or, if that were to happen, to prepare themselves for it. It should be noted that Côte d'Ivoire and Mali have much more advanced health-care systems than most of their neighbours.

Extensive preparations have been undertaken by the United Nations Operation in Côte d'Ivoire and the United Nations Multidimensional Integrated Stabilization Mission in Mali to respond to any potential outbreak of the epidemic, including developing emergency plans, operational plans based on a variety of scenarios, as well as business continuity plans for the missions if, in spite of all efforts, there is an accident. They have put in place plans for medical isolation and treatment

facilities, all with the support of the United Nations Mission for Ebola Emergency Response, with which the cooperation has been excellent, and other stakeholders.

I would like to conclude by expressing my deep gratitude to all our personnel who, in tragic circumstances and an environment whose danger we are taking the full measure of, do their jobs in spite of everything with courage and determination. In expressing my sadness for all the victims, including the victim we have been personally mourning since last night, I think we owe them assurances that the United Nations is doing everything it can in this collaborative effort to try to keep things from getting even worse.

**The President** (*spoke in Spanish*): I thank Mr. Ladsous for his briefing.

I now give the floor to Mr. Zerihoun.

**Mr. Zerihoun:** As the Ebola outbreak enters its forty-second week, there is growing concern about its impact on peace and security, not only in the affected countries but also in the wider region of West Africa. The outbreak has hampered the efforts of regional groupings in implementing cross-border security strategies and in taking steps to strengthen regional economic and monetary integration. Nationally, it has delayed progress in a number of key electoral and constitutional review processes. At the local level, weak Government structures and mistrust between communities and authorities have led to violent incidents resulting in a number of fatalities.

As some have correctly observed, in a subregion emerging from protracted conflict, the danger Ebola poses to social unrest and violence is ever present. Moreover, far-fetched or not, some in the counter-terrorism field have begun to mention Ebola and terrorism in the same sentence.

In the three most affected countries — Guinea, Liberia and Sierra Leone — the implementation of critical Government programmes has slowed considerably, as national authorities have been forced to refocus their energies and resources on stopping, treating and preventing the spread of the Ebola outbreak. The role of Governments has also been affected, as some elected officials and civil servants have become victims of the disease.

Ebola is significantly disrupting the economic sustainability of those countries, with dire consequences for the delivery of essential State services. As work

disruptions continue in the construction, mining, manufacturing, tourism and transportation sectors due to concerns over the spread of the disease, the effect on the economies and the development prospects of the affected countries could be devastating and destabilizing. There are also concerns about the continuity of critical projects focused on building peace and ensuring sustainable stability in the three countries. Moreover, the adverse consequences of isolation and stigmatization on peace and security in the affected countries should not be underestimated.

In Sierra Leone, in the face of the outbreak, political parties have been relatively unified in efforts to fight the disease, making appearances on national television and radio in support of sensitization efforts. However, consultations in the constitutional review process have been delayed. It remains to be seen whether the referendum that is expected to take place before the next elections will be affected.

In Liberia, the political challenges arising from the Ebola outbreak are daunting. In the past few months, the constitutional review process was temporarily suspended due to the ongoing state of emergency, and senatorial elections scheduled for October may be postponed. Those delays, coupled with preparations for the next general elections in 2017, will significantly stretch the capacity and resources of the National Elections Commission and could compromise the integrity of the electoral processes, raise tensions and even threaten political stability.

In Guinea, little progress has been made in the last few months in preparing for municipal elections that were planned to take place this year. Major political activities of the ruling and opposition parties have slowed as both sides continue to focus their efforts on fighting the outbreak. That has also delayed crucial efforts to bridge the political divide between the Government and opposition parties.

The security situation in the three most affected countries has also suffered significant impacts since the outbreak of the disease. The Governments of the three affected countries have declared states of emergency, passed restrictive laws and taken measures aimed at restricting the spread of the disease. They have also imposed curfews, cordoned off and quarantined communities and robustly deployed security forces, with the objective of enforcing Ebola response measures designed to protect health workers and quarantine facilities and to maintain public order. The states of

emergency were also temporarily accompanied by the closure of schools and restrictions on public meetings and gatherings. Since the outbreak of the disease, there have been incidents of violence perpetrated against health workers and public officials. We have also witnessed community riots fuelled by mistrust and ignorance of, or misinformation about, the disease, as well as threats of strike action by health workers and burial teams.

In south-eastern Guinea, the security situation remains tense in the regional capital of Nzérékoré, following last month's murder in the nearby town of Womey of a team of Guinean health and Government officials who had been distributing information about the outbreak. There have also been riots in Nzérékoré itself following rumours that people were being contaminated by health workers trying to decontaminate a market area. Since February, treatment centres and health workers have also been sporadically attacked by communities accusing medical workers of bringing the virus to the region.

In Sierra Leone, lack of information about the medical facts of the disease has fuelled resentment, leading to low-level public disturbances, attacks on the police and attempts to vandalize treatment centres in Freetown. In Liberia, attacks on security forces, the looting of clinics and the deployment of riot police to quell demonstrations by angry crowds have also been witnessed. Over the past weekend, Liberian nurses have also threatened strike action. These actions and reactions have heightened political tension and have the potential to cause a descent into violence and undermine public security and safety.

The Ebola outbreak has isolated Guinea, Liberia and Sierra Leone from the wider region. Except for Mali, all neighbours have closed their common land borders and are maintaining restrictions on incoming flights from the three affected countries. Their isolation is projected to have grave economic consequences for the three countries and for the subregion. The World Bank has assessed that economic growth rates in the three countries would decline by the end of this year and that the region could face a substantial loss of gross domestic product output by the end of 2015, depending on the spread of the virus. That would undoubtedly have a detrimental impact on struggling populations, on domestic politics and, critically, on stability. The longer the Ebola outbreak continues, the more it threatens to tear at the countries' social fabric, arouse political

divisions and threaten to unravel hard-won gains in democratic practices and good governance.

There has been an encouraging engagement of regional peace and security mechanisms in efforts against the outbreak and to help mitigate its adverse consequences. The recent decision of the African Union (AU) Peace and Security Council to authorize the deployment of an AU military and civilian humanitarian mission was an important contribution. The African Union decision involves the deployment of medical, paramedical and military personnel to the affected countries, working in partnership with the United Nations system to enhance the international community's response to the disease and its potential consequences for political stability and the peace and security of the affected countries and the subregion.

On their part, the heads of State and Government of the Economic Community of West African States have directed the Commission, in liaison with the West African Health Organization, to adopt a regional approach aimed at containing and managing the Ebola outbreak, and requested the Commission to mobilize armed and security forces to strengthen the regional response against the disease.

The Mano River Union is also working to ensure a coherent regional approach in tackling Ebola. The Union is working with the United Nations and other partners to develop field activities in response to Ebola as part of its strategy for cross-border security in the subregion. This will include increased support for the Mano River Union joint border security and confidence-building units in border communities between the three affected countries.

The outbreak of Ebola has exacerbated the peace and security challenges faced by national institutions and Governments in the West African region. As we have seen in the cases of Nigeria and Senegal, swift and effective action by national authorities has succeeded in containing the spread of the virus. The international community must continue to provide support to the subregion and affected countries in their efforts to effectively stop, treat and prevent a looming pandemic, to ensure that the hard-won peace and security gains made in the subregion are protected and preserved.

**The President** (*spoke in Spanish*): I thank Mr. Zerihoun for his briefing.

I now give the floor to the representative of Sierra Leone.

**Mr. Minah** (Sierra Leone): Let me thank the Council for giving us this opportunity to once again reiterate the need for urgent action in our response to the Ebola virus disease.

Sierra Leone welcomes the efforts of the Council and of the General Assembly and their swift action — the move from formal and informal deliberations to unprecedented resolutions — in the context of the response of this House.

Our gratitude also goes to Assistant Secretary-General Banbury, Under-Secretary-General Hervé Ladsous, Mr. Nabarro, Mr. Fukuda, Ms. Margaret Chan and all those United Nations officials who continue, day in and day out, to battle at the forefront of this disease.

It is evident to all of us now that what we face is a global situation — a global calamity, if you will. What started off as a medical emergency has now metastasized into a truly frightening economic and security scourge that we all must address. We are grateful for the efforts that have been made to date to set up the Mission. We urge that the Mission and all those involved in its planning ensure that its vital work of coordination and collaboration be carried out as swiftly as possible. The deployment of staff, essential supplies and logistical chains must take place as rapidly as possible.

Our gratitude goes to all the members of the Council, who, in their various ways, have contributed logistics, personnel, ideas and other support so as to meet this scourge. Now more than ever we must live up to the promise of the Organization and act truly as one — act truly united.

Sierra Leone, Guinea and Liberia find themselves at the epicentre of this scourge, and, despite the best efforts of their public-health systems, public administrations and Governments, they have been overwhelmed. We look to the outside world, to this community of nations, to help.

Some may say that the call or the response was delayed, but now is not the time for us to look back; now is not the time for an audit of what has been done individually, regionally or nationally. Now is the time for increased and deepening action.

To all those who have contributed and have done what they could, we are grateful, but we ask those who can do more to do more. We ask all of those who have pledged contributions to turn those pledges swiftly into contributions. Now more than ever, this is the time for

us to make and accelerate the transition from resolution to action.

On the ground, the numbers are truly horrifying. The number of infections, the number of deaths, the level of misery — all tax our collective imagination and all tax our collective efforts. Now, however, is not the time to retreat into a fear born of ignorance but to move to actions born of knowledge. The greater the media presence around this scourge, the more it appears that medical fiction seems to be taking over from medical fact. Let us be guided by the best medical minds and the best medical advice that we can rely on. Let us not give in to ignorance, fear or emotion, which would paralyse us into inaction.

A Sudanese United Nations official recently passed away in Leipzig despite all the efforts made to airlift him, medevac him and give him the best treatment available. We have seen that countries with the strongest, or perhaps stronger, public-health systems are also being challenged. There is a nurse in Dallas, Texas, who is in isolation. A Liberian gentleman, Thomas Eric Duncan, has passed away. A Spanish priest has fallen victim to this scourge, and a Spanish nurse is in quarantine.

We must not fear Ebola, because Ebola can be defeated. The best medical protocols and the best medical minds tell us so. What simply needs to be done is to identify, contain, control and eradicate. To that end, supplies, logistics and human resources must go to the places where they are most needed. We are grateful to those on the front lines, who, day in and day out, hour after hour, risk making the ultimate sacrifice to act in the finest tradition of the medical profession to help others.

The Mission that has been deployed — the first of its kind — is indeed best described as a public-health Mission. It is not a special political mission. It is not a transitional administration. It is not a classic peacekeeping mission. It is quite simply a mission designed to save lives. It is a mission of health keepers.

As we express sympathy for the families of the deceased, let us also celebrate those who have survived. Let us also provide them with the relevant support so they can be reintegrated into their respective communities, and let us also explore the promise that the plasma in their blood holds for others.

We, as an Organization and a community of nations, have to act in concert because quite simply what six months ago was considered a West African problem

is now truly a global problem. The trust fund that is being set up is woefully underfunded. MS. Chan has also spoken about a twenty-fold increase in support and resources that are needed. We ask that those members of the Chamber who have joined the fight and shown leadership continue to be resolute and continue to show leadership.

What is perhaps most striking about this disease is that it strips the caregiver of the most basic power that he or she has — the power of touch. It turns that very gift into a potential transmitter of the disease. It seeks to strip us of our basic humanity — the ability to care for one another, the ability of a mother to hug and comfort an ailing child, the ability of a father to hug and comfort a grandfather or a grandmother.

As affected countries, we not only face the grim reality of day-to-day survival; the grim reality of corpses not being able to be buried in time, of patients not being able to be received in time in treatment and isolation centres. We also face daily indignities or growing indignities, which I think this Chamber should be aware of. The national football team of Sierra Leone recently went to meet another team to play a scheduled match. They were isolated in the area of the hotel where they were staying. The bus that took them to and from the field was the subject of insults — people crying “Ebola! Ebola! Ebola!” Young children ran away from them and they were treated in a manner that would test the resilience of the strongest of us all.

We ask that we move and act not out of discrimination or ignorance, but out of facts and the fact that we face a common threat. Extraordinary measures are called for, and Sierra Leone, through the leadership of Mr. Ernest Bai Koroma, recently instituted what has been called a lockdown and a temporary shutdown in order to educate and seek to establish the number of cases in the capital and beyond. That act, while criticized and misunderstood by some, has proven to be a success and has been praised as such by qualified medical minds.

We, together, as the three most affected countries, act in unison because we fully realize that eradicating Ebola in Liberia will not solve it in Guinea or solve it in Sierra Leone. Similarly, eradicating it in Sierra Leone or taking action in Sierra Leone, will not help Guinea or Liberia.

We are grateful for the leadership shown by the Mano River Union, under the chairmanship of President Alpha Condé and Secretary-General Daraba. We are

grateful for the leadership shown by the African Union (AU) and other regional and continental organizations that have all stepped into the fight. We are truly grateful for international organizations, such as the European Union, the World Health Organization (WHO) and all the members of the United Nations family that have joined the fight.

But we do ask most sincerely and most humbly for a deepening of action and support. We are grateful for the leadership shown to date, but leadership alone cannot win the fight. All of us individually, collectively, regionally and continentally must do all we can to join the fight. What threatens a subregion today, what threatens a continent tomorrow, has the possibility of engulfing the whole world. To the ambassadors of the three most affected States, Ebola is no longer an abstract issue, as all of us have relatives, family and fellow citizens who face varying degrees of hardship, varying degrees of fear from this scourge.

The President, in a recent televised statement to the World Bank, indicated the critical needs that are required in Sierra Leone to fight this fight. We are in a position to provide details on those needs. The task plan devised in conjunction with WHO — with Margaret Chan and her team, the Mano River Union and the AU — is available and can be shared with all. However, what we have learned is that there is a deepening crisis. All that has been prepared over the past three to six months is fast becoming irrelevant in terms of supplies, resources and the deployment of personnel. The World Bank has indicated quite clearly the economic repercussions of Ebola and the impact it will have on the associated economic development of those nations.

Not long ago we gathered in this Chamber to celebrate the transition of Sierra Leone from a State in conflict to a post-conflict State, and to celebrate its fragile but substantive achievements. It is with a measure of sadness that we appear in the Chamber again for the second time to talk not of continued progress, but of a deepening crisis. Above all, what we require is a sense of hope, a sense that the United Nations and the community of nations that it represents will not abandon the fight, will not fail us and will not relent until the scourge of Ebola has been removed.

What emanated from West Africa has now become a cause for concern and worry in the United States, Spain and other countries of Europe, and other countries far beyond. We ask that all possible actions that are being considered be taken on the basis of medical facts.

Quarantines at airports and the isolation of countries simply do not work. That is not what I believe or what the three most affected nations believe; it is what the best medical minds tell us. There must be a dedicated air bridge in and out of the region to ensure that relevant supplies go in. We therefore urge our neighbours, both near and far, to facilitate those efforts.

We also are grateful to the private sector and non-governmental organizations, the finest of which is Médecins Sans Frontières (MSF). What MSF has shown us is that we, as nations and Members of the United Nations, must do more because if one non-governmental organization can do all that MSF has done, it puts us to shame if we cannot match its efforts and increase our participation.

As the representatives of the three most affected nations, it is our task to maintain the momentum and focus on this deadly scourge. But as I said before, the fight — the challenge — is not for us alone. It is truly a global challenge. Let me just end with this thought. The depth of fear and emotion that has been expended to date concerning Ebola must be matched by the resolute will of all of us to beat the scourge and meet the challenge.

We, as representatives of the three most-affected countries, are available to answer all questions, respond to all queries and make any clarifications necessary regarding the actions of our Governments. We simply ask that, in the reporting of what is being done on the ground and on the front line, we be consulted and asked to state our views so as to avoid unnecessary panic, misinformation or misrepresentation of the true facts. Above all, what we do here and what we say here must make a difference for those who are on the front line. Promises of action, pledges and contributions, financial or otherwise, must translate into effective and much-needed supplies on the ground as soon as possible.

**The President** (*spoke in Spanish*): I now give the floor to the representative of Liberia.

**Ms. Kamara** (Liberia): I thank you, Madam President, for the opportunity to participate in this briefing to the Council on the implications of the continuing spread of the Ebola virus disease on peace and security in the Mano River Basin.

I would also like to thank the previous speakers — the Head of the United Nations Mission for Ebola Emergency Response (UNMEER), Mr. Anthony Banbury; the Under-Secretary-General

for Peacekeeping Operations, Mr. Hervé Ladsous; and the Assistant Secretary-General for Political Affairs, Mr. Tayé-Brook Zerihoun — for their enlightening presentations and the insights they have shared.

Allow me to pay tribute to the fallen heroes and heroines: — the medical staff, national and expatriate alike, such as those of the United Nations Mission in Liberia (UNMIL), and others who have died in the course of the Ebola response.

In the month of September alone, this body was addressed on two separate occasions by the Minister of National Defence and the Minister of Foreign Affairs of Liberia (see S/PV.7268). They outlined in great detail the multidimensional impact of the disease on our country and its citizens: the erosion of the very fabric of the society, the assault on culture, the deepening of existing divisions, the loss of lives and livelihoods, the dwindling revenue, and the dire projections of economic growth. The Council is aware of all of these things.

The welcome initiatives undertaken by the Secretary-General, the Council and the General Assembly brought into sharp focus the urgent need for international action. And we have indeed witnessed a higher level of engagement. The actions taken to rapidly establish UNMEER in Accra were but one example; there are many others — of people dipping into their pockets and of action being taken.

While the situation on the ground is undoubtedly improving a little, we must be honest and admit that it has not changed substantially. Liberia, with a population of 4 million, the smallest of the three most affected countries, is still leading in the rate of infections and deaths. The spread of the disease continues to outpace action; meaning that we are not yet ahead of the curve.

The Government, with support of UNMIL, the United States military and many other faithful partners, is racing against time to establish new isolation and treatment centres, which remain the single most critical need, because if we cannot take in people reporting the disease, we can do nothing — we cannot do a contact trace or manage the case until we have the facilities to bring people in when they report themselves. Such facilities do not exist at present.

Other needs include professional medical staff, medical supplies, including protective gear and equipment, and transport facilities. There are also important non-medical needs, such as upgrading the airport tarmac, augmenting storage facilities and

increasing food stocks. Liberia is immensely grateful for all of the expressions of solidarity, which have taken various forms, including from the media. We are grateful for the very generous contributions and commitments made by Member States. Our common challenge now is to urgently translate those commitments into tangible and impactful support on the ground. It is a challenge we all share.

As Council members are aware, Liberia was actively engaged in the implementation of a joint programme with the Peacebuilding Commission when the Ebola virus struck. We were focused on strengthening the rule of law, implementing measures for security sector reform and promoting national reconciliation, as well as very much engaged in a constitutional review process, all in an effort to consolidate peace and reinforce a fledgling democracy. Even the formula for a responsible drawdown of UNMIL had been agreed and was under implementation. Youth unemployment and containing the spread of small arms and light weapons and transnational crime were challenges high on the national agenda. On all of these fronts, much progress had been registered and Liberians had begun to enjoy some dividends of peace.

The Ebola onslaught, because it is nothing less than that, interrupted these activities and now presents some risks to the gains that we had made. Our society has been placed under immense stress by this virus. Access to food is limited by the high prices of local and imported goods. Livelihoods have been lost or threatened. The movement of and interaction among people are restricted by necessity. A state of emergency, the closure of educational institutions and extended leave for non-essential civil servants — all of these measures remain in place. The senatorial elections, scheduled to take place this month, have had to be postponed to 2015. Paltry resources, already almost exclusively reallocated to the Ebola response, are still inadequate to address the demands of health workers threatening strike action.

I hope that I have provided insights, in addition to what was said by Assistant Secretary-General Zerihoun and Under-Secretary-General Ladsous said, into a set of circumstances full of triggers for conflict. Injected into an already fragile post-conflict country, this could be a recipe for disaster. Or this could be the fuse that ignites the international community to do even more.

In the spirit of my President's statement to the World Bank last week, Liberia urges that all efforts

be made to contain the disease through a more timely and decisive response. This means the construction of treatment and testing centres that are fully staffed and functional as soon as possible and the identification of burial sites. It also means improving and strengthening the regular health-care system because many deaths are resulting from a lack of access to health facilities to treat routine illnesses. Concurrently, we must remain mindful of the imperative of mitigating the economic consequences of the Ebola crisis, which have caused a shifting of resources from ongoing development activities under our Agenda for Transformation. This will require support to stimulate our productive sectors, in particular agriculture, and enable our people to resume self-sustaining livelihood endeavours. The more they remain idle, the greater the prospects for trouble.

As we have heard in many forums, especially from the Deputy Secretary-General, peace, development and human rights are intertwined. We must protect the gains made in Liberia on all three fronts, to which the Council has contributed immensely, and we must support and protect those on the front lines. We should also continue to bring all our energies to bear in the response at the national level and with our regional and global partnerships.

Liberia looks to the future with what I would say is guarded optimism, inspired by the resilience of its people and the heartwarming demonstration by the international community of care and belief in our common humanity.

**The President** (*spoke in Spanish*): I now give the floor to the representative of Guinea.

**Mr. Touré** (Guinea) (*spoke in French*): I thank you, Madam President, for your initiative in organizing this meeting, an indication of the Council's willingness to continue to mobilize the international community in a comprehensive and urgent response to the Ebola haemorrhagic fever virus. I would also like to thank the Special Representative of the Secretary-General, Mr. Anthony Banbury, Under-Secretary-General Hervé Ladsous, and Assistant Secretary-General Tayé-Brook Zerihoun for the pertinent information they have just shared with us, confirming the extent and complexity of the health and socioeconomic crisis that is threatening peace and security in the countries affected.

A number of meetings have been held since the historic one on 18 September that acknowledged that

the Ebola epidemic is a threat to international peace and security (S/PV.7268), including, among many others, the high-level General Assembly meeting on Ebola organized by the Secretary-General (A/69/PV.3), at which the Secretary-General's resolution on deploying the United Nations Mission for Ebola Emergency Response was unanimously adopted (resolution 69/1). My country also welcomes the many announcements of assistance and interventions in the field by bilateral and multilateral partners, aimed at identifying the best strategies for stopping the furious spread of the disease as quickly as possible.

However, it is clear that the number of victims continues to grow alarmingly and the economic, social and humanitarian consequences are worsening, with one of its effects being a general panic among the populations of the affected countries and beyond. Apart from the loss of life and the dislocation to society, we risk seeing the collapse of our economies over the next few years, since the epidemic affects every aspect of people's lives, including health services and the production, sale and export of food.

The exponential spread of the epidemic, coupled with the weakness of our health systems and our lack of resources, has prevented States from responding effectively to its challenges. That gap between people's expectations and the States' actual capacity to protect them and fight the disease has created a crisis of confidence and mistrust between Guinea's authorities and its citizens, which in turn has contributed to the panic and ungoverned movement that has aggravated transmission of the disease. Being badly informed, some people have behaved inappropriately or dangerously, sometimes denying the disease's very existence or accusing the Government of offending cultural norms and attempting to carry out ethnic cleansing. Such attitudes and perceptions threaten our country's stability, and major political tensions are to be avoided, especially in view of the upcoming elections.

In order to respond effectively to the most pressing needs of the affected countries, the Government of Guinea urges the international community to prioritize its efforts in the following way. First, we need a comprehensive and urgent response. The sooner the international community acts, the more successful we can be in overcoming this epidemic, which has the potential to spread rapidly to other African countries and beyond the continent. That is why my Government is asking for a forceful, speedy assistance

effort. For our part, we are committed to minimizing administrative procedures in order to expedite the delivery and distribution of aid and above all to ensure the process's complete transparency. Faced with the ongoing spread of the virus as it has been described by health agencies such as the World Health Organization and the United States Centers for Disease Control, as well as by several of this afternoon's speakers, my delegation believes that for the United Nations Mission for Ebola Emergency Response to be able to rise to the challenge it is vital that it take a new approach through an accelerated deployment that differs from that of classic peacekeeping missions.

Secondly, we must strengthen the weak local health systems of the countries affected, including by training local medical staff and by providing mobile treatment centres, helicopters, vehicles, personal protective equipment and qualified medical staff.

Thirdly, we should take a new approach to communication, globally as well as locally, in order to improve the way we convey our messages of awareness. We therefore emphasize the importance of ensuring that the United Nations Mission for Ebola Emergency Response includes a strong communications component that will work to improve the locals' awareness of the best practices to adopt and also to overcome their reluctance to cooperate with humanitarian staff.

Fourthly, we need financial aid for the countries affected, whose economies have been hard hit by the epidemic, as the international financial institutions have acknowledged. In acting to stop the spread of the virus and care for the sick, the affected countries have been forced to make expenditures that their budgets did not provide for. Investments in some sectors have simply come to a halt. The World Bank has estimated that economic growth in the countries affected by Ebola will be significantly reduced if the epidemic is not quickly quelled.

In order to benefit from first-hand, helpful information, my delegation suggests that the Security Council invite to its next meeting doctors who are on the front line and are the first responders in the countries affected. The time for talk is over. We must act quickly, not only to stop the advance of this health crisis and save lives while there is still time, but above all to preserve the stability and the gains made in recent years by the three countries most affected by the epidemic, particularly in terms of peacebuilding and social tranquillity. In order to achieve that, we

must isolate Ebola itself, not the countries affected by it. We need hardly remind the Council that those three countries are still on the agenda of the Peacebuilding Commission of the United Nations.

The Security Council will therefore understand the urgency of a robust response to eradicate this terrible epidemic, which is spreading death and despair, while undermining the gains of our States in terms of creating an environment for peace, stability and sustainable development. It is an issue of collective security that requires a comprehensive and coordinated approach.

Finally, I would like to reiterate the deep gratitude of Guinea, and in particular of the President of the Republic, His Excellency Mr. Alpha Condé, to all partners for their valuable support and to the courageous health-care workers, who strive daily to combat the epidemic, often risking their lives.

**The President** (spoke in Spanish): There are no more names inscribed on the list of speakers. I now invite Council members to informal consultations to continue our discussion on the subject.

*The meeting rose at 4.30 p.m.*