



# Security Council

Sixty-ninth year

*Provisional*

**7318**<sup>th</sup> meeting

Friday, 21 November 2014, 3 p.m.

New York

---

*President:* Ms. Bishop/Mr. Quinlan . . . . . (Australia)

*Members:*

Argentina . . . . .	Mrs. Perceval
Chad . . . . .	Mr. Gombo
Chile . . . . .	Mr. Llanos
China . . . . .	Mr. Liu Jieyi
France . . . . .	Mr. Delattre
Jordan . . . . .	Mrs. Kawar
Lithuania . . . . .	Mrs. Jakubonė
Luxembourg . . . . .	Ms. Lucas
Nigeria . . . . .	Mr. Sarki
Republic of Korea . . . . .	Ms. Paik Ji-ah
Russian Federation . . . . .	Mr. Iliichev
Rwanda . . . . .	Mr. Nduhungirehe
United Kingdom of Great Britain and Northern Ireland . . .	Mr. Wilson
United States of America . . . . .	Ms. Power

## Agenda

Peace and security in Africa

---

This record contains the text of speeches delivered in English and of the translation of speeches delivered in other languages. The final text will be printed in the *Official Records of the Security Council*. Corrections should be submitted to the original languages only. They should be incorporated in a copy of the record and sent under the signature of a member of the delegation concerned to the Chief of the Verbatim Reporting Service, room U-0506. Corrected records will be reissued electronically on the Official Document System of the United Nations (<http://documents.un.org>).

14-64281 (E)



Accessible document

Please recycle



*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:** I would like to warmly welcome Special Envoy Nabarro, Special Representative Banbury and Mr. Mauget, as well as the representatives of Guinea, Sierra Leone, Liberia and Mali.

Today's meeting continues the very close engagement of the Security Council on the Ebola outbreak, which the Council has declared to be a threat to international peace and security. Ebola was last discussed in the Council on 14 October (see S/PV.7279). The briefings today will provide us with a crucial opportunity to discuss the evolving nature of the crisis, the challenges faced by Ebola-affected countries on the ground and the mobilization of the response.

In accordance with rule 37 of the Council's provisional rules of procedure, I invite the representatives of Guinea, Liberia, Mali and Sierra Leone to participate in this meeting.

The presidency also acknowledges the specific requests of some countries to participate via video-conferencing and regrets that that was not possible for technical reasons.

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 on Ebola Emergency Response; Mr. David Nabarro, Special Envoy of the Secretary-General on Ebola; and Mr. Thomas Mauget, Head of the French Red Cross in Guinea.

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

I give the floor to Mr. Nabarro.

**Mr. Nabarro:** I am delighted to have this opportunity to speak to the Security Council today. Two months ago, the Council adopted resolution 2177 (2014). It was a memorable day, for two reasons. At that time, we were aware that the outbreak was advancing very rapidly. We were also clear that a major and intense response was needed. On that day, a resolution

was adopted with enormous support. Today for me is also memorable. The reasons today are a combination of hope and fear. There is hope, because the signs are good, particularly in Liberia. But there is also fear, because the virus is unforgiving. Any complacency and it will punish us. I wish to thank the Security Council for its continued attention to the current Ebola outbreak and its consequences.

Much has happened since we last met. The response capacities available to national and local authorities have expanded substantially. The United Nations Mission for Ebola Emergency Response is coordinating support for what national Governments are doing, and it is strengthening capacity in districts, counties and prefectures. The degree to which societies are engaged in the response has deepened. When societies take responsibility for responding and partners align their support, the authorities are able to react rapidly and effectively. We are seeing that where the response strategy is being implemented fully, transmission is decreasing. While the total number of cases continues to rise, the overall rate of increase really has begun to slow. That is a good sign.

But the results are uneven among and within the affected countries, and we are seeing quite a lot of variation. The curve is bending in enough places to give us the hope I described at the beginning. Because transmission is still intense and rapid in many locations and because the outbreak has spread geographically, we realize that we still have a lot more to do. We see hot spots in northern Guinea and western Sierra Leone, and new transmissions in Mali. We must remain vigilant and persevere with a flexible and well-adapted response. If we take our eye off the ball, case numbers will climb again, and we will all count the cost. The outbreak and the threat that it poses to the region and the world will not be over until the last case is identified, isolated and under treatment.

The primary credit for progress in the fight against Ebola goes to the communities that have made difficult decisions to abandon generations of traditional practices. Social mobilization has been the key to success — from the safe burial of those who have died and caring for the sick to limiting physical contact and improving hygiene. Good medical care is also critical. That means Ebola treatment units and community care centres that are staffed by health personnel who know how to treat Ebola. It means quicker identification of cases as well as rapid contact-tracing and follow-up. Where

those ingredients are present, the rate of transmission slows. But where they are absent, communities remain vulnerable. And the fact is that too many communities remain vulnerable.

As the Council has emphasized, Ebola is not simply an urgent public health crisis, it is a complex emergency. Ebola and the fear and stigma that it creates have affected health-care provision, education, food security, trade and economic well-being. We encourage all engaged in the response to align their support so that authorities can promote resilience, repair damage and hasten recovery. That recovery starts now, even during the outbreak, beginning particularly with the restoration of essential services. In the longer term, we must all work with the countries concerned so that they can build back better and be able to prevent future health crises of this kind.

The members of the Council and United Nations States Members have already shown solidarity and generosity by providing material and financial assistance to the affected countries. But winning the battle is going to require considerably more resources and effort. We have met our initial short-term target for the Secretary-General's Ebola Multi-Partner Trust Fund of \$100 million dollars. We thank all who have so generously contributed. The money committed is being disbursed quickly to fund critical programmes. But by the end of the year, we would like to see much more in the Fund in order to cover the cost of unfunded priorities. Looking at it more broadly, we estimate that the United Nations system will need \$1.5 billion through to March 2015 in order to play its part in ending the outbreak. Much has been committed, but there is a shortfall of over \$600 million dollars. I am sure that we will meet that shortfall. The affected countries will also need support in order to enable the recovery of their economic, social and health-care systems.

Another immediate priority is for self-sufficient, staffed and equipped international responders. Again, Governments from Africa, the Americas, Asia and Europe have been generous, but more skilled health personnel are needed to provide assistance wherever it is most required — especially in remote districts — because there is a need to chase this virus down and root it out from its last hiding place. That will require breaking the chains of transmission by identifying and treating all cases and tracing their contacts so that everyone in West Africa and beyond is safe.

The longer the Ebola outbreak continues, the greater the impact will be on the affected countries and the greater will be the chance of its spreading to other countries. That will require a continued, urgent response from the international community. First, we must mitigate the risk Ebola presents to health, development, peace and security by ending the outbreak as soon as possible. Secondly, we must ensure that essential services can be maintained and that stability can be preserved. Thirdly, we must start to look at recovery and consider what it will involve.

As the Council knows well, strong systems and institutions are the foundation of peace and prosperity. Let us do our utmost to ensure that there are no more outbreaks like this one ever again.

**The President:** I thank Mr. Nabarro for his comprehensive briefing.

I now give the floor to Mr. Banbury.

**Mr. Banbury:** It is a pleasure to appear before the Security Council to share the latest developments on the Ebola crisis and response by the United Nations Mission for Ebola Emergency Response (UNMEER).

When the Security Council met in September and adopted resolution 2177 (2014), almost 5,000 people contracted the Ebola virus that month. There was a rapid acceleration in cases and some very frightening worst-case-scenario projections about what might happen. While those worst-case scenarios have not arisen, it is still the case that Ebola is a very serious crisis threatening the entire region and that it poses a global threat. A total of eight countries have had Ebola cases within their borders, and many more are threatened today.

The countries of the subregion that are at highest risk, according to the World Health Organization, in many cases do not have the capabilities or the systems to respond quickly and effectively in the case of the exportation of an Ebola case to one of those countries. Even now, while the worst-case scenarios did not materialize, they remain parts of Liberia, Sierra Leone and Guinea where we see increasing case-loads and indeed, in some cases, rapidly increasing case-loads that are posing both big risks and big challenges.

Ebola is also a very complex emergency, and it is very difficult to combat. While more than 5,400 people are known to have died, it is certainly the case that many more than that have actually died. Those are the

total reported cases, but we know that the real number is no doubt significantly higher and that many more people are still going to die — people who have not yet become infected, who will become infected and are going to die from this virus.

But beyond the human toll, Ebola is taking a devastating toll on the social and economic livelihoods of the most affected countries. This is a message I heard repeatedly and quite strongly from the Heads of State of Guinea, Liberia and Sierra Leone, as well as from Government officials at all levels, down to the *préfet* or district level. Even when Ebola was no longer a very prevalent disease in their communities, its aftereffects were widespread in the economies and livelihoods of these communities.

There are many statistics that can demonstrate the impact of Ebola beyond the health impact. The Liberian Minister of Finance recently reported that, while the Liberian economy had been projected to grow at 5.9 per cent, it is now projected to shrink by 0.4 per cent. UNICEF has reported more than 3,300 Ebola orphans. In the three most affected countries, 10,000 schools are closed and more than 2 million children who should be in school are now not able to go to school. The World Bank has reported that, in Liberia, 46 per cent of the workforce at the time of the outbreak of the Ebola crisis is now unemployed — almost half the members of the workforce have lost their jobs since the outbreak began.

One of the impacts of all this is that, as the virus spreads in countries, the needs of their Governments to respond — including the financial needs — are increasing significantly, but Government revenues are decreasing. The gap between available means and needs is therefore getting larger on a virtually daily basis. There are many significant operational challenges posed by the Ebola crisis. One of the most difficult is the unknown nature of it. The world has never faced a crisis like this before. Those countries have not; their health-care systems have not; their societies have not; nor have the United Nations health experts. We are therefore obliged to fight this invisible enemy with tools that we are forging at the same time that we are putting them into use.

In addition, the Governments and countries most affected do not have well-developed systems, be they health-care systems, surveillance infrastructure, road and transport infrastructure or communications infrastructure; nor do the United Nations or non-governmental organization partners have the kind

of infrastructure and geographic presence throughout those countries that are now necessary in order to effectively combat this disease.

In part because of all these reasons, the Secretary-General decided to establish UNMEER following the unanimous adoption of resolution 2177 (2014) and General Assembly resolution 69/1. The attention that the Security Council has paid to the Ebola crisis has, I believe, been extremely important in mobilizing the international political will and resources necessary to effectively combat the disease.

In UNMEER's first 30 days of its existence, we were very focused on deploying the necessary capability on the ground. What we were trying to achieve in 30 days in terms of information collection, analysis, planning, deployment and the establishment of operational capability is something that would normally be done sequentially for a United Nations mission over period of several months, and we tried to do it all simultaneously and combine it in essentially a 30-day period. I believe that, to a very large extent, we were successful at that. We established a presence in four countries; we are operational in the three most affected ones. We have the leadership teams and the necessary operational capability in place to carry UNMEER operations. We are additionally deploying more and more staff not just to the three most affected countries but to remote locations in those countries, where the disease is increasingly spreading and where, in the end, we will have to fight it.

I should pause here for a minute to talk about today's developments concerning Mali. While I said that the Mission was operational in three countries and had established a presence in four, today, following consultations with President Keita of Mali, the Secretary-General directed us to immediately establish a presence in Mali to support that country's national efforts to stop the disease before it spreads. The Secretary-General is drawing on important lessons from the current crisis and is determined that the United Nations system take rapid and decisive action at an early stage on the crisis in Mali before it has the kind of devastating impact that some of Mali's neighbours are experiencing.

UNMEER is a unique mission, tailored in many ways to deal with a unique and unprecedented crisis. It is unique in many ways. It is the first emergency health mission and the first United Nations system-wide mission. At its heart, it is a crisis-management mission,

with the singular objective of stopping Ebola. That is the Mission's only objective. It is also unique because of the way in which it is structured and focused on the things that it must achieve, including safe burials, case treatment and contact identification and tracing. That means that the Mission is organized and structured around the outcomes that it must achieve, as opposed to the inputs it has been offered. We have put in place a comprehensive 30-, 60- and 90-day plan, along with an operational plan based on the objectives embedded in the 30-, 60- and 90-day plan.

The operational plan is an absolutely necessary precondition for success. We need a plan that is achievable and that will, if achieved, accomplish the identified objectives. That is an essential element of good crisis management and one of the values that UNMEER can bring to the table. Our work in the operational area — those outcomes to which I just referred, including case identification, safe burials, case treatment and so on — are supported by five underlying enabling activities: logistics; information management, which is absolutely essential to accomplishing our operational objectives; human resource mobilization, not only with respect to UNMEER but in terms of contact tracers; social mobilization; and the payment of workers. UNMEER will not itself undertake all of those activities. We will work on some of them, but most are being carried out by others, including United Nations agency partners working within the UNMEER framework, as well as the non-governmental organizations that are playing such an important role in bringing the crisis under control. In that regard, I would like to pay tribute to Médecins Sans Frontières, with whom I have met on all my trips and from whose advice I have benefitted greatly. They have done outstanding work in dealing with the Ebola crisis from its outset in March.

As the Special Envoy of the Secretary-General noted, we are starting to see significant improvements in the crisis response. We have received some very encouraging news. We know that the worst-case scenarios of exponential growth have not materialized. The new cases every week are declining or are at least stabilizing. In terms of response, the latest World Health Organization figures show that, for known cases, we are achieving 55 per cent of our target in terms of case isolation, and 87 percent in the case of case burials. Those are very significant achievements compared to where we were when the Council last met

on this subject (see S/PV.7279). However, we are far from ending the crisis.

First of all, those numbers look better than they are, because they refer to case isolations and safe burials of known cases. The real number of cases is much higher, so the achievement percentages are going to be much lower. And even while we see important progress in some areas, we see dramatic declines in others with rapid acceleration in cases. Guinea in particular is facing some difficulty. It has not received the attention and resources from the international community that Liberia and Sierra Leone have. Even though the numbers in both those countries are higher, the complexity of the response in Guinea, for a variety of reasons related to geographic dispersal, aspects of some of the communities, security concerns, as well as resources from the international community, make the challenges in bringing the crisis in Guinea under control particularly severe. As a result, UNMEER is enhancing its attention to the situation in Guinea and is trying to focus additional resources there, even as we try to do everything we can to support the efforts in Liberia and Sierra Leone.

I would like to underline one of the important reasons for success in the areas where progress has been achieved, as pointed out by Special Envoy Nabarro: communities themselves are taking action and changing their behaviour to protect themselves. That has been absolutely essential, and the United Nations takes absolutely no credit for the work and actions of the communities. However, it must be said that another reason that we have seen important progress has been the response by Governments, non-governmental organizations and the United Nations system. I believe that we have been able to prove that the strategy we have adopted works when we apply it. It succeeds. That is very heartening, but it also presents especially large challenges, because the necessary operational response is very complex. It requires a lot of moving pieces. It is operationally complex and resource-intensive. It takes a lot of people, infrastructure and assets to do all that is required in an area facing an Ebola outbreak. That means that the goal that Mr. Nabarro spoke of, which we all share — the goal of zero transmission, where we see the last case under treatment — is going to require a tremendous increase in the resources on the ground in a dispersed geographical area. We are not going to be able to succeed based only on work in the capitals, much less in Accra.

I would also like to highlight that we know not only the strategy that works, but also some of the underlying factors for success. In addition to the plan to which I referred earlier, it is essential to have strong Government leadership and a crisis management structure in place. I am happy to say that in Sierra Leone, Guinea and Liberia the Governments have taken a leadership role, and there is strong support from UNMEER and other partners for the crisis management structure. It is working to varying degrees, but it is in place in each country. We also need to ensure that there is a coherent, coordinated international response. Again, I think that is getting better on a daily basis in each of the three countries, thanks in part to the role that UNMEER has been playing. However, it is clear that much more must be done to bring this crisis under control. Bending the curve was hard, and getting to a declining case-load was very hard. Getting it down to zero is going to be much harder. The amount of effort, resources, contact tracers, mobility and hard work in the most remote areas required to bring it down to zero is going to be very significant. There is a long battle ahead of us.

One of the great challenges we face is the increased geographic dispersion of the disease, which has significantly expanded the requirements of having resources on the ground. Therefore, in order for us to get ahead of the disease — not react to it, but to be able to defeat it where it is — we need not only greater geographic dispersal of capabilities, but more mobility and a rapid response capability that includes the contact tracers, health experts, laboratory capabilities, social mobilization and the burial teams and the accompanying infrastructure. It is highly challenging, but will be absolutely necessary.

In conclusion, I believe we should be very heartened, as Mr. Nabarro said in his remarks, by the progress achieved. Those responsible for that, especially the Governments and communities, as well as the non-governmental organization community, should take great pride in their achievements.

But we are deep in the midst of this Ebola crisis — a very dangerous crisis that poses today, and will pose tomorrow, a very serious threat to the people, societies, communities and countries that are now affected, as well as other countries throughout the world. As long as Ebola is present and spreading in one country, we know that it is a danger to all countries.

This is a unique challenge. The attention of the Security Council is deeply welcomed. Right now we

must work hard, we must work fast, we must work smart and we must work until the disease is finished.

**The President:** I thank Mr. Banbury for his timely and comprehensive briefing.

I now give the floor to Mr. Mauget.

**Mr. Mauget** (*spoke in French*): At the outset, I want to commend the Council's devoted attention to the reality on the ground, as evidenced by having given me the floor.

The French Red Cross has been involved alongside the Guinean Red Cross since April in combating the Ebola crisis through community-based activities. I now have the heavy responsibility of sharing our daily struggle with Ebola and the difficult reality, as well as the hope that coordinated global action will, as swiftly as possible, contain the epidemic.

On 18 November, the French Red Cross welcomed the first patients in the first Ebola treatment unit. Although the unit was built in record time, it became operational due to the remarkable mobilization efforts undertaken by Doctors Without Borders in Macenta, in the Guinea forest region, and the commitments from all levels of the French and Guinean authorities. The region is the original epicentre of the Ebola epidemic, where it has now been raging for nine months without stop. The epidemic has affected all sectors of the population without distinction. In Macenta, those who are ill are referred to the centre or arrive on their own to receive medical care. Given the high hopes of the response community in the Macenta centre, it has provided an additional asset in the form of hope for survival for those who are ill. Nevertheless, the centre alone will not be able to curb this formidable epidemic.

Ebola is raging in Macenta as we speak. Our teams are overcoming the challenges one by one in order to increase our capacity as quickly as possible, but they are not able to address the totality of the needs. Establishing access channels to essential provisions and mobilizing Guinean and international medical and non-medical personnel are essential conditions in strengthening our response capacity as soon as possible. Biosecurity for the operation's staff is also a central part of the intervention.

The epidemic in Guinea is not yet under control. In recent weeks, there has been an upsurge of cases in the infection zones, new cases in new provinces and re-emergence in areas once considered cured. The

effects of the international mobilization efforts have started to materialize on the ground. We therefore welcome the commitments made by Governments, the United Nations and humanitarian actors. Despite that, Ebola is always one step ahead. The epidemic is ahead of us, forcing us to react in view of the humanitarian imperative, without the ability to anticipate or to limit its development. Strengthened international mobilization efforts are necessary to generate concrete action to respond to the needs on the ground. Moreover, diverse efforts are needed to ensure the proper implementation of all required elements in this struggle.

The action of the Red Cross is based on the five pillars of its response strategy: medical care; funerals carried out safely and with dignity, and disinfection; awareness-raising and communication; the monitoring of contacts; and psychosocial support for people and staff on the ground. Coordination of those factors around the areas of outbreak will one day make it possible to contain the epidemic. On the ground, daily coordination meetings, hosted by the prefect coordination unit in the fight against Ebola, play a fundamental role in ensuring such efforts, especially related synergies.

Among the essential non-medical activities in this fight, we must highlight those carried out, courageously, since the start of the epidemic by the volunteers of the Guinean Red Cross: transporting the ill, disinfection and ensuring safe burials. Since March they have responded to warnings about suspected cases and deaths in communities. They are the ones who have been exposed both ethically and physically. They risk exposure to the epidemic by working in the most affected communities and dealing with people who are suffering. They fetch the sick and bring the bodies back in body bags. It is a terrible task that the volunteers of the Guinean Red Cross carry out with determination. Their commitment will lead to breaking the chains of transmission and recurrence both today and tomorrow.

Again I would highlight to the Council my admiration for those volunteers who have been daily stigmatized by their families and neighbours. In Macenta, some have been made to move regularly, some have been abandoned by their spouses and children, without a word, and some have lost their loved ones.

Today, our role and that of the international community remains, above all, to assist those who help — those whose translate national and global strategies in each community and outbreak area of the epidemic, down to the affected households.

The task of the Guinean workers, whether from the Guinean Red Cross, the military or civilian society, continues to be undermined by the people's mistrust. As such, awareness-raising remains essential to an effective reference base. That work must be carried out daily.

During the morning coordination meeting in Macenta, new outbreaks are identified. Outreach teams leave to open the doors of the communities to volunteers from the Guinean Red Cross, who are responsible for monitoring case contacts.

Sometimes we fail, faced with overwhelming cultural resistance and the terrible feeling that the struggle will never end. If we do not gain access to the community, the transmission paths will not be stopped in time. The epidemic moves from here, to there, depending on the movements of the people who have been in this border region. To succeed, we must move beyond traditional awareness-raising messages and win the confidence and the ear of the people where they live. We cannot defeat Ebola without the participation and contributions of the affected populations.

As a national member of the International Federation of Red Cross and Red Crescent Societies, and as our colleagues in non-governmental organizations on the front line of the Ebola crisis have noted, the implementation of our work is a new challenge. The Council recognizes the difficulties we face in mobilizing competent human resources that are ready to deploy in the field to face a complex epidemic. Aside from the medical personnel, we need water and sanitation specialists, field coordinators, administrators, logisticians and many other talents. The global media coverage and some decisions on managing the return of personnel exposed in the field can affect the recruiting of international talent. States' commitments to ensure safe medical evacuation is essential to providing the best guarantees to all participants, without regard to nationality.

Finally, let us not forget our Guinean colleagues, who in case of contamination must also be able to receive optimal care and psychosocial support. The other great challenge is the logistics of supplying essential products to areas that may be very remote. The production, purchase and transport of those critical materials are undertaken along a precarious chain of supply, and any disruption of the process could cause a slowdown or even a halt in these activities.

In this tense and uncertain situation, we can still find a few “happy” endings: the cured patient who leads community outreach meetings; the nursery that welcomes the children of patients and strives to support them; and the joy that overcomes our teams when a community is opened to response and a transmission chain is broken. Those small victories belong to the workers on the ground and are often due to solidarity among the people in the field, whatever their institutional affiliation: Red Cross, international non-governmental organizations or United Nations agencies. The World Food Programme, which is shouldering tasks in Guinea that are not traditionally part of its mandate, has been most helpful with its construction of care centres and air transportation of people and freight.

To conclude, I also wish to say that Guinea is a wonderful country, with genuine positives, and that Guineans are charming and welcoming. Despite Ebola, life there goes on and must go on. The indirect impact of the epidemic remains to be tallied, but we already know that health services have been significantly affected, that food security could become a real concern, and that the overall pace of development has slowed. As humanitarian actors, our primary objective is to help contain the epidemic, not only for reasons of health, but also so that the pace of development will resume.

I thank the Council for its attention and I hope it will contribute to the overall consideration of the Security Council.

**The President:** I thank Mr. Mauget for his briefing and acknowledge in particular his outstanding frontline service with the French Red Cross in Guinea. I should also acknowledge that Mr. Banbury and his staff have been working long days in combating Ebola. I think it is around midnight in Ghana, so we deeply appreciate his participation.

After consultations among Council members, I have been authorized to make the following statement on their behalf:

“The Security Council reiterates its grave concern about the unprecedented extent of the Ebola outbreak in Africa, which constitutes a threat to international peace and security, and the impact of the Ebola virus on West Africa, in particular Liberia, Guinea and Sierra Leone. The Security Council expresses its appreciation for the crucial contributions and commitments made by the Member States of the region, to continue to

lead the ground-level response against the Ebola outbreak, as well as to address the wider political, security, socioeconomic and humanitarian impact, including on food security, of the Ebola outbreak on communities and the need to plan for the longer term recovery in the region, including with the support of the Peacebuilding Commission. The Security Council underscores the continued need for robust contact tracing, social mobilization and community-level engagement efforts, especially outside of major urban areas in the most affected countries.

“The Security Council stresses the importance for the United Nations Mission for Ebola Emergency Response (UNMEER) to continue to strengthen coordination with the governments of Guinea, Liberia and Sierra Leone and all national, regional and international actors, including bilateral partners and multilateral organizations, including the Mano River Union, African Union, Economic Community of West African States, European Union, World Bank Group and the United Nations System, in order to more readily identify gaps in the response effort and to utilize all Ebola response assistance more fully and efficiently, particularly at the local level. In this regard, the Security Council requests that the Secretary-General accelerate efforts to scale-up UNMEER’s presence and activities at the district and prefecture level outside of the capital cities.

“The Security Council expresses its concern about the recent reported Ebola infections in Mali. The Security Council recognizes the important steps taken by the government of Mali, including by appointing an Ebola Incident Coordinator to lead a whole-of-government response. The Security Council affirms the importance of preparedness by all Member States to detect, prevent, respond to, isolate and mitigate suspected cases of Ebola within and across borders and of bolstering the preparedness of all countries in the region. The Security Council recalls the International Health Regulations (2005), which aim to improve the capacity of all countries to detect, assess, notify and respond to all public health threats.

“The Security Council welcomes the efforts undertaken by UNMEER to provide overall leadership and direction to the operational work of the United Nations System, as mandated

by the United Nations General Assembly. The Security Council underscores the need for relevant United Nations System entities, including the United Nations peacekeeping operations and special political missions in West Africa, in close collaboration with UNMEER and within their existing mandates and capacities, to provide immediate assistance to the governments of the most affected countries.

“The Security Council lauds the critical, heroic and selfless efforts of the first-line responders to the Ebola outbreak in West Africa, including national health and humanitarian relief workers, educators, and burial team members, as well as international health and humanitarian relief workers contributed by the Member States of diverse regions and non-governmental and intergovernmental organizations. The Security Council expresses its condolences to the families of the victims of the Ebola outbreak, including national and international first-line responders. The Security Council urges all Member States, non-governmental, intergovernmental and regional organizations to continue to respond to the outstanding need for medical personnel, as well as related critical gap areas such as personnel with expertise in sanitation and hygiene.

“The Security Council underscores the critical importance of putting in place essential arrangements, including medical evacuation capacities and treatment and transport provisions, to facilitate the immediate, unhindered and sustainable deployment of health and humanitarian relief workers to the affected countries. The Security Council welcomes the steps announced by Member States and regional organizations to provide medical evacuation capacities for health and humanitarian relief workers, as well as other treatment options in situ.

“The Security Council notes the considerable efforts of the international community to scale-up its coordinated response to the Ebola outbreak and the important progress on the ground as a result of these contributions. In this regard, the Security Council commends those Member States, which, in concert with other actors on the ground, have opened Ebola Treatment Units and provided other crucial support in the affected countries. The Security Council urges all Member States, bilateral

partners and multilateral organizations, to expedite the provision of resources and financial assistance, as well as mobile laboratories; field hospitals to provide non-Ebola related medical care; dedicated and trained clinical personnel and services in Ebola Treatment Units and isolation units; therapies, vaccines and diagnostics to treat patients and limit or prevent further Ebola infection or transmission; and personal protective equipment for firstline responders. The Security Council calls on Member States, especially in the region, to facilitate immediately the delivery of such assistance to the most affected countries.

“The Security Council emphasizes that the dynamic needs on the ground in the most affected countries require that the international community’s response remain flexible, in order to adapt to changing requirements and rapidly respond to new outbreaks.

“The Security Council strongly urges Member States, as well as airlines and shipping companies, while applying appropriate public health protocols, to maintain trade and transport links with the most affected countries to enable the timely utilization of all efforts aimed at containing the Ebola outbreak within and across borders of the region. While recognizing the important role that appropriate screening measures can play in stopping the spread of the outbreak, the Security Council expresses its continued concern about the detrimental effect of the isolation of the affected countries as a result of trade and travel restrictions imposed on and to the affected countries, as well as acts of discrimination against the nationals of Guinea, Liberia, Mali and Sierra Leone, including Ebola survivors and their families or those infected with the disease.”

This statement will be issued as a document of the Security Council under the symbol S/PRST/2014/24.

I shall now make a statement in my capacity as the Minister for Foreign Affairs of Australia.

The Ebola outbreak in West Africa is unprecedented in its scale, its reach and its impact, and it is much more than a health crisis. This outbreak has serious humanitarian, economic and social consequences — rising food prices, closed schools, lost livelihoods — and it threatens political stability.

The Council has rightly determined that the Ebola crisis is a threat to international peace and security.

The human impact of the virus is one of its cruellest features, denying our most basic instincts: for a mother to comfort a sick child, for a family to take in a sick relative or for a person to receive a traditional, dignified burial. These are terrible reminders of the human tragedy of Ebola, beyond the horrific death toll, which has climbed to nearly 5,500 people. The current outbreak has infected over 15,000 and left an estimated 3,300 children orphaned.

Women are being disproportionately affected, as is so often the case. They are exposed to Ebola at higher rates than men. They care for infected loved ones. They make up the majority of front-line health-care workers. We must ensure their needs are prioritized in the response.

The Council was warned in October that the spread of the virus was badly outpacing the response, and that the consequences of failure would be catastrophic (see S/PV.7279). The briefings we heard today confirm that we have started to pull together in this critical race to catch up and stop Ebola.

At the Brisbane Group of 20 Summit last week, leaders underlined their commitment to ensure the international effort extinguishes the outbreak. The response being mobilized under the leadership of the affected countries and the coordination of the United Nations Mission for Ebola Emergency Response (UNMEER) has begun to yield results.

I will make three brief points.

First, complacency is our worst enemy. The epidemiological curve has started to bend. We are making progress towards the initial 70 per cent targets for isolation, treatment and safe burial by 1 December. We are starting to see important behavioural changes that can help contain the spread. But we are not there yet. The gains to date could easily be reversed. The spread of Ebola may have slowed in some areas — down to as low as 80 new cases reported in Liberia last week, from a peak of over 450 per week — but the virus is still spreading and is proving elusive. We have also seen the risk of further countries being affected, with Ebola cases now reported in Mali. The examples from Senegal and Nigeria show that Ebola can be beaten. It is crucial that countries of the region enhance their preparedness and vigilance to lower the risk. More broadly, appropriate screening measures can play an important role in stopping the spread of the outbreak.

Secondly, the response must adapt to the evolving nature of the outbreak. Overall progress has been offset by spikes in new cases, particularly in remote areas out of reach of the response thus far. Our response must be able to shift geographic focus to areas of need and to rapidly respond to new outbreaks. Sufficient numbers of medical personnel need to be deployed on a sustainable basis. And we need clear, timely information from UNMEER on where the current gaps are and how they can be rapidly filled.

We must also deal with the secondary impacts of the crisis, including the breakdown of national health-care systems. We cannot focus only on Ebola, while a pregnant woman is left to die in childbirth and while preventable diseases go untreated. And we must also support early-recovery efforts. Jobs and livelihoods will be crucial to getting families back on their feet and to underwriting social stability.

Those efforts require a comprehensive response that involves all parts of society — Government, the private sector and local communities, as well as non-government organizations and the international community.

Thirdly, Australia is committed to doing its part in the international response. Australia will provide \$20 million to fund and staff 100 beds for Ebola treatment as part of the United Kingdom-led efforts in Sierra Leone, and it will provide \$2 million to fund technical personnel for non-front-line roles in logistics, training and water and sanitation. We have heeded Mr. Nabarro's call for quick and flexible financial resources, providing an early contribution of \$10 million to the United Nations Trust Fund, in addition to \$8 million already provided to other front-line services. And we are providing \$2 million to help our own immediate region — Papua New Guinea, Timor-Leste and Pacific island countries — to increase their preventative capacity. That brings Australia's total commitment to date on Ebola to \$42 million, and we will of course continue to assess where we can best contribute.

Let me conclude by paying tribute to the heroism of the front-line health-care workers who are working to save lives and reduce suffering at great personal risk. Over 300 of them have died from the disease. Nearly 600 have been infected.

We know how to beat Ebola. We owe it to the victims of this terrible disease and to all of our citizens

to provide our full and unwavering support to overcome this threat.

I now resume my functions as President of the Council.

I shall now give the floor to the other members of the Security Council.

**Ms. Power** (United States of America): Thank you, Madam President and Foreign Minister Bishop, for being here to preside over this crucial meeting. I also thank Special Envoy Nabarro and Special Representative Banbury for their briefings. To Mr. Mauget, we express our gratitude for his remarks — but even more for his service, just as we are grateful for the service of all the doctors, nurses, burial team members and others on the front lines of this effort. We also thank the representatives of Guinea, Liberia, Mali and Sierra Leone for being here today and for the valiant efforts of their people and their Governments to stand up to this deadly virus. We stand with them.

I would like to take a moment to recognize the passing of Marcel Rudasingwa, the United Nations Mission for Ebola Emergency Response (UNMEER) Ebola Crisis Manager in Guinea. I met Marcel in Conakry last month. He had just recently arrived, but he brought great energy to a really tough assignment, and his unexpected death this week from heart attack is an enormous loss for his family and for the United Nations family.

Two months ago, on 18 September, at its first emergency meeting on Ebola, the Council was addressed by a Médecins Sans Frontières (MSF) worker, Mr. Jackson Niamah, from Liberia's capital, Monrovia. He said people were dying outside the gates of the clinic where he worked because there were no beds to treat them. Jackson said, "I, along with my colleagues, cannot fight Ebola alone. ... the international community must help us." (*S/PV.7268, p. 6*)

It was a reckoning. Up to that point, not nearly enough had been done to curb Ebola's deadly spread. In an unprecedented resolution (resolution 2177 (2014)), the Council recognized that the outbreak constituted a threat to international peace and security and committed, right alongside the General Assembly, to marshalling the resources to stop it.

Two months later, the outbreak continues to grow. When we met in September, more than 2,500 had died; today, more than 5,000 have died. In September, 5,500

people had been infected; today, more than 15,000 have been infected. The fight is not only ongoing, but it is still tilting in Ebola's favour. Yet we are beginning to see the impact of the international community's collective response. The results so far prove what we have said all along: we know how to win this fight. The United Nations set a target, to be achieved within 60 days, of 70 per cent of burials being completed in a safe and dignified manner in order to reduce new infections from unsafe burials, and the international community is working towards meeting that goal.

As part of my trip to the most affected countries, at the end of October, I visited Sierra Leone's capital, where I saw first-hand how the command and control capacity of recently arrived British troops and civilians in support of their Sierra Leonean counterparts, burial teams and a robust public information campaign went from safely burying 30 per cent of victims within 24 hours of being reported to 98 per cent. That was all in less than a week.

We set out to improve the accuracy, accessibility and efficiency of Ebola testing, knowing that prompt and reliable results are critical to slowing the spread of the virus. In Bong county, Liberia, I visited a United States Navy-run Ebola testing laboratory, which had cut the time Liberians in the area waited for test results from up to five days down to three to five hours. On 4 November, only 33 out of 53 Ebola-affected districts in the affected countries had the ability to transport samples to a laboratory within 24 hours of collecting them, according to the World Health Organization (WHO). By 17 November, all 53 districts had that capability.

We know this data is imperfect, and by no means the full story. Underreporting is a huge issue in the affected region. Not every victim's body is reported, and some unsafe burials take place under the radar. Even if every district could get samples to a laboratory in 24 hours, that says nothing about how fast the results come back. But, even accepting the limits of the data, there is no question that our collective efforts are saving lives. In the past month, the average number of reported cases per week in Liberia fell by a third, thanks in large part to the robust international effort in support of the Liberian Government's leadership.

At the beginning of October, Sierra Leone's Kenema district had the second-highest number of infections in the country, with 429 cases. As of two days ago, not a single new case had been reported in Kenema

in all of November, in large part due to the efforts of non-governmental organizations working with local authorities and communities. Were it not for the dramatic increase in the global response, Ebola would have continued to spread exponentially in the region, infecting and killing many thousands more people and placing our collective security at even greater risk.

But it would be a huge mistake to think that just because we are seeing signs of progress we are on track to stop this outbreak. It would be reckless to think that just because we hit some of our benchmarks we have contained the virus's deadly spread. Last week, 533 new cases were confirmed in Sierra Leone, the highest weekly tally since the outbreak began in that country. In Guinea, people in rural villages only kilometres away from the outbreak began have still never even heard of the virus. We are facing a new outbreak — of course, in Mali.

Our response needs to be fluid, nimble and regional. We need to move with the virus, swiftly adapting to flare-ups and plugging gaps when they emerge. As Guinea's Minister for Foreign Affairs so eloquently said when we met in Conakry, "if there is one sick person in Monrovia, then the epidemic is not over in Guinea".

I would like to highlight five key ingredients for not just bending this exponential curve, but ultimately ending it.

First, the United Nations Mission for Ebola Emergency Response must help coordinate and better target the work of multiple United Nations agencies, Member States and organizations to maximize the effectiveness of our collective response. That entails identifying the evolving gaps, determining what is needed to fill them and communicating that information to Governments, organizations and agencies involved in the effort as quickly as possible. That will require UNMEER to hire quality staff and scale up operations faster and get teams out of the headquarters and into the field, where they can better assess what is needed and immediately plug those gaps at the local level. The presidential statement that we as a Council agreed to today (S/PRST/2014/24) reflects that imperative in its request that the Secretary-General

"accelerate efforts to scale up UNMEER's presence and activities at the district and prefecture level outside of the capital cities".

Secondly, donors must tailor their contributions to the needs of the moment rather than what best suits our capitals. For example, as the trajectory of the epidemic changes, we recognize that it is now more effective to support community care centres and build smaller 10- to 20-bed Ebola treatment units (ETUs) across a wider area than to build a single ETU with 100 beds. We must constantly ask what the most effective way is to focus a dollar, a euro, a yen, a mark or a pound on stopping Ebola today. If the answer is something other than what we are doing, we have to change course, and even turn on a dime.

Thirdly, we need more international health-care workers to support heroic national health responders. ETUs are useless without doctors and nurses to staff them sustainably. Approximately 1,000 international health-care workers will be needed on an ongoing basis. Yet in the face of unprecedented demand, groups like MSF and the International Medical Corps have highlighted the challenge of recruiting volunteers. In that context, I must add that when one looks out two months it is not at all clear that the supply of international health-care workers, even the supply we have today, can be sustained two months from now. We commend the countries that have sent or pledged foreign medical teams and the brave men and women who serve in them — from Sweden and Norway to China and the Republic of Korea. The list is long and it is growing longer.

As part of the African Union's efforts, Nigeria, Ethiopia, Kenya, Tanzania, Uganda and the Democratic Republic of the Congo, which recently helped stop an outbreak of Ebola within its own borders, have promised to make more than a thousand health-care workers available. More countries need to send teams, and those that have already sent them must maintain a pipeline of trained replacements so that the supply can be replenished in the coming months.

The European Union's recent commitment to provide medical evacuation (MEDEVAC) and treatment in Europe for international health-care workers infected with Ebola, an effort that the United States will support with our MEDEVAC planes, has been crucial to getting more countries to announce commitments. Governments must also knock down the obstacles that stand in the way of volunteers joining the effort. That means making it easier, and not harder, for volunteers to travel to the affected countries, and treating them

like heroes when they return, rather than stigmatizing or isolating them.

Fourthly, we need to do a better job of protecting health-care workers and other volunteers from the affected countries, who should be able to serve their countries without fearing for their lives. Last week, Liberia reported that 28 health-care workers had been infected in the previous 30 days. This week, Sierra Leone lost its sixth and seventh doctors to Ebola. And yesterday a doctor died of Ebola in Mali.

Approximately 330 health-care workers have died in this outbreak. Health-care workers need better training and better equipment to prevent more deaths. To help meet that demand, the United States has opened a new centre in Monrovia, which graduated its first class of 150 Liberian health-care workers, and has established a mobile training unit that will move around the country to train Liberians. The United States also opened a 25-bed hospital to treat international and Liberian health-care workers and Ebola responders — the Monrovia Medical Unit — which is currently staffed by United States Public Health Service officials.

While the needs of health-care workers who bear the highest risk will come first, United Nations peacekeepers serving in Liberia should also have access to the United States-run facility in the very unlikely event that they should need it. The peacekeepers in the United Nations Mission in Liberia — civilians, troops and police — will be remembered for rising to the occasion and joining this historic effort, rather than pulling out at Liberia's time of greatest need.

Fifthly, and finally, we need to invest more in preparing neighbouring countries to prevent new outbreaks and contain outbreaks swiftly when they occur. That is why the United States is working with international organizations, including WHO, and officials from more than 40 nations through the Global Health Security Agenda, which is increasing the preparedness of national health systems to respond to infectious disease threats and making global health security an international priority. As the recent events in Mali make clear, if even a single link in the chain of responsibility is broken, the welfare of an entire country or region can be put at risk. Ebola punishes us for every mistake.

When people survive Ebola in the affected countries they are often given an official certificate declaring them Ebola-free. I met several survivors

during my trip to West Africa. No matter what their individual experience, not one seemed to feel fully free. A 24-year-old former school teacher in Guinea, Fanta Ulene Kamara, told me she had lived three lives: her life before Ebola, her life in the hell of her infection and her life as a survivor. She said the stigma she has suffered since beating the virus had made her current life the hardest. Friends stopped talking to her and avoided her when they ran into her in public. When, at the end of our meeting, I went to give her a hug goodbye, she demurred and offered fist-bump — afraid, perhaps, that she might infect me. Even she did not seem to fully believe that she was free.

I tell Fanta's story because we can build all the ETUs required, have access to fast, reliable laboratory results, have plenty of contact teams and health-care workers — we can check all those boxes and more — and if we do not tackle the fear and the stigma that still reigns in much of the affected region, we will continue to fall behind. We will not shake ourselves free of Ebola.

In Fanta's story, though, there is also reason for hope. Besides being an Ebola survivor, Fanta is now an Ebola caregiver. She works in a Médecins Sans Frontières clinic where her very presence shows patients that the virus can be beaten. And for those who do survive, Fanta provides counselling, preparing them for the stigma that regrettably still awaits them outside.

We are a long way from being free of Ebola, but if we choose to fight, if we do what we have seen works to beat back this deadly virus, we will find the bravest, most selfless partners in the world by our side, and there is no fight more noble than that.

**The President:** I would like to acknowledge Ambassador Power's personal commitment to this challenge, including through her recent visit to West Africa.

**Mr. Liu Jieyi (China) (*spoke in Chinese*):** I would like to thank Mr. Nabarro and Special Representative Banbury for their briefings. I also listened attentively to Mr. Mauget's presentation.

The Ebola outbreak in West Africa has recently slowed down somewhat, and the number of new cases in Liberia and Guinea has fallen, showing that the international efforts to combat the disease have begun to take effect. The relevant countries and international and regional organizations such as the United Nations, World Health Organization (WHO) and African Union

(AU) have worked enormously hard to that end, which China appreciates.

Meanwhile, the momentum of the outbreak's spread has not been fundamentally contained. It is still a grave threat to the lives, personal health and public-health security of West Africans and others in the wider world. Rather than relaxing our efforts, we in the international community should work harder to counter the Ebola epidemic. China believes, first, that the international community should continue to take steps to consolidate the results that have already been achieved at this stage. We hope that the United Nations and the WHO will further strengthen their monitoring and prevention of the disease, collect and analyse information on it rapidly, comprehensively and accurately and determine its future development, in order to scientifically guide and coordinate the international efforts.

Secondly, the relevant parties should live up to their assistance commitments with concrete contributions. The effort to combat Ebola is at a key stage now, and China urges that they honour their aid commitments speedily, helping the countries affected to halt and eliminate the epidemic as quickly and effectively as possible and to increase the confidence of those affected in the possibility of completely beating the disease.

Thirdly, the countries affected must get active assistance in carrying out post-Ebola reconstruction. The current epidemic has undermined the political and security situation, economic and social development and the well-being of the people in those countries. The international community should focus on their post-Ebola needs, get to work on plans as soon as possible, and fully help the affected countries to strengthen their public-health and other essential systems so that they can get back onto a path of peace, stability and development as soon as possible.

A disaster knows no borders, and neither does our love and solidarity. The Chinese and African peoples are brothers and sisters, and when our African brothers suffer from this disease, the Chinese people genuinely feel for them. We are duty-bound to help Africa. Since March, when the epidemic erupted, the Chinese Government has provided four batches of emergency assistance, worth a total of RMB750 million or approximately \$120 million, the largest amount of health-related foreign aid since the founding of the new China. In order to deliver the related assistance as quickly as possible, the Chinese Government has even chartered planes to transport the materials to the

affected areas at the earliest date for distribution and use. So far the first three groups of assistance measures have all been implemented, and the fourth group is being implemented step by step.

With Chinese assistance, the construction of a treatment centre in Liberia is now being stepped up and is expected to be completed by the end of this month. By then the centre will be operational, only one month after President Xi Jinping's announcement of the fourth group of assistance measures. Last weekend, the first team of 163 health-care workers tasked with managing and operating the treatment centre had already arrived in Liberia. It is particularly worth noting that the treatment centre built with the Chinese aid will be open to all, including the local population, which shows that Chinese assistance is truly community-oriented and people-centred. China has now also become the first country to help build a treatment centre in the affected region and send its health-care workers to manage and operate it.

In the meantime, a 40-member Chinese team has also arrived in Sierra Leone with the aim of continuing with monitoring work in mobile labs. There are currently about 400 Chinese health-care workers in the affected States. In the next few months, there will be altogether 1,000 Chinese health-care workers and public-health experts making tours of service to the front lines in affected areas in order to train the local health-care workers to do lab testing, observe symptoms and give treatment. China has also provided equipment, including mobile virus-testing labs and biological safety labs, as well as the most urgently needed supplies such as grains, medicines, protective gear, incinerators, ambulances, trucks and motorcycles.

In view of the latest developments in the epidemic, China's fourth group of aid measures is already being geared to post-Ebola needs, with a focus on helping the affected countries strengthen their public health security systems and capacity-building. Earlier this month, China's first team of public-health trainers arrived in Sierra Leone to begin their work. China is also actively considering building a pathogen-and-tropical-disease prevention, treatment and research centre in Africa, and sending experts to participate in the construction of an AU disease-control centre. We also plan to train 10,000 health-care workers and community-level key control personnel. In order to contain the spread of the outbreak, China has provided disease-control materials and equipment to the three countries affected, as well

as to their neighbours, including Mali, the Democratic Republic of the Congo and Côte d'Ivoire. We have also contributed \$6 million to the United Nations Ebola Multi-Partner Trust Fund and \$2 million each to the WHO and the AU.

*Mr. Quinlan took the Chair.*

In addition to the assistance from the Chinese Government, Chinese enterprises in affected countries, such as Guinea, have also contributed, in cash and in kind, to the campaign against Ebola and to honour their social responsibility. Many of those enterprises have remained open and continued their production in support of the local economy, a fact that the host States have greatly appreciated. China's assistance in Africa's fight against Ebola has fully demonstrated that China and Africa, as friends, can truly share in good and ill together. Along with the rest of the international community, China will continue to contribute, within its abilities, to the joint fight with Africa and its peoples against the Ebola epidemic.

**The President:** I should mention that Foreign Minister Bishop apologizes for her need to depart before the end of our meeting, but she has a flight to Australia very shortly.

**Mr. Gombo (Chad) (*spoke in French*):** I would like to thank Mr. David Nabarro, Mr. Anthony Banbury and Mr. Thomas Mauget for their relevant briefings on the development of the Ebola epidemic. The emergency meeting of the Security Council on the Ebola epidemic, held on 18 September (see S/PV.7268), made it possible to assess the scale of the epidemic's threat to international peace and security.

It is true that there have been encouraging signs on the ground in recent weeks, but the Ebola epidemic is unpredictable and it continues spreading to other African countries, such as Mali, at present, which is unfortunate. The fact that non-African countries have been affected and their citizens counted among the victims justifies the fear of the threat of the Ebola virus epidemic to international peace and security. The consequences of the disease are numerous. There are more than 5,000 dead out of the more than 9,000 people affected. Public institutions, such as schools, are shut. It would appear that the official figures are below the real ones. Ebola weakens everything that was built in the post-conflict period in Liberia and Sierra Leone, and makes it difficult to implement Security Council sanctions for those countries.

International assistance is crucial in the fight against that disease. Resolution 2177 (2014), sponsored by 134 countries and adopted by consensus by the Security Council members, shows the degree of the international community's mobilization in response to that extraordinary threat. The historic momentum of solidarity against the pandemic called for promises of assistance, which materialized on the ground.

Chad commends the resilience of the affected countries, which have not fallen prey to panic, and we pay tribute to the victims, including the medical personnel who have given their all in caring for the sick and paid for their dedication with their lives. Given the international dimension of Ebola, we call for greater mobilization by the international community in order to eliminate that scourge. The media must play a positive role in raising awareness and not conveying through their coverage images that sow panic and desolation.

We are pleased at the measures taken by the United Nations to prevent the spread of the Ebola virus in the field, in particular the quarantine of United Nations staff before any deployment from affected countries, awareness-raising and education on the means of transmission and prevention measures for non-affected countries. Further prevention measures must be taken, for example, the building of treatment centres and the enabling of traceability to find the source in order to ensure that proper care is given.

We commend the tangible, but still scant, results in the attempts to contain the spread of Ebola. We call on the international community to redouble its efforts to strengthen the response to the epidemic. In that regard, we encourage doctors, medical services and international partners to go into the field in order to support those who are already there. Besides the fears raised by the Ebola pandemic, we must also avoid stigmatization. Measures to suspend air service to the most affected countries are not the best solution. In that regard, we call on the airlines that continue to serve those countries to maintain their service.

In conclusion, we believe that a cure for Ebola is what is needed.

**Mr. Delattre (France) (*spoke in French*):** I thank you, Mr. President, for convening this meeting at a crucial point in the Ebola epidemic. I thank the briefers, Mr. David Nabarro, Mr. Anthony Banbury and Mr. Thomas Mauget, as well as the Ambassadors of Guinea, Liberia, Mali and Sierra Leone. Through

them, France wishes to pay tribute to the victims and to the local and international personnel who are working closely with the sick to provide them with assistance.

Progress in the struggle has been noted and we welcome it, but it remains insufficient and too many locations are affected. Moreover, the cases in Mali are an additional source of concern. We thank Mr. Nabarro, Mr. Banbury and all United Nations personnel involved for their actions, both at the strategic and operational levels. We also encourage the continued efforts of the United Nations to deploy personnel as near as possible to those affected on the ground. We deplore the sudden death of Mr. Marcel Rudasingwa, who led the United Nations mission in Guinea, and we offer our condolences to his family, to his loved ones and to Rwanda.

The struggle against the Ebola epidemic has mobilized France at the highest level. Last week, our Secretary of State, Ms. Annick Girardin, visited Guinea, together with the European Union Coordinator, Mr. Christos Stylianides, on the occasion of the opening of the treatment centre in Macenta, in the Guinea Forest Region, the heart of the worst hit zone. The centre is operational and has an initial capacity of 50 beds, which could be significantly increased if necessary. Ms. Girardin also travelled to Mali to express France's solidarity with that country and to immediately strengthen our assistance to prevent the spread of the disease. President François Hollande will travel to Guinea next week to underscore France's support for that affected country.

In this race against time with the Ebola virus, as has been eloquently recalled by others, we would like to commend the commitment, the courage, the devotion of the non-governmental organizations, such as Médecins Sans Frontières and the International Committee of the Red Cross, that are on the front lines in the struggle, as Mr. Mauguet's riveting briefing reminded us. Their interest in receiving on-site treatment or medical evacuation in the event of an infection is fully justified. That is why France is setting up a treatment centre for all staff — national and international — involved in the Ebola response, without distinction of nationality. The centre is being built in Conakry and should be operational by the end of December.

Moreover, France has ensured the establishment of a European mechanism for the treatment of international staff, including their medical evacuation to Europe. As part of that mechanism, which is already operational,

France places its own evacuation capabilities at the disposal of international personnel. Our efforts to provide relief for the population, training and advice fit into the United Nations strategy to establish mid-size treatment centres in the middle of the epidemic hotspots.

We have intensified our response, in particular in Guinea. Eighty French civil security agents are working hard to set up two new treatment centres that will open in Beyla and Kéroutan in mid-December. They are also participating in strengthening the centre in Forécariah. French civil security will also renovate the Manéah school in Conakry that will host the training centre for Guinean staff, both medical and non-medical, involved in the fight against Ebola, in addition to the training provided in France. The Pasteur Institute is stepping up its activities, which will be in Guinea over the long term, with the creation of a Pasteur Centre of Expertise in Conakry.

Finally, in response to the request from the United Nations and with the consent of the Guinean President, Professor Alpha Condé, we are strengthening the coordination of international assistance with the United Nations system and in support of the Guinean national coordination against Ebola. In total, more than 100 French health workers are thus engaged on the ground. We are also working in Mali, where we have sent several French medical experts to assist the national Malian coordinator in facilitating health checks at Bamako airport and assess the capacities of Malian health structures to treat the ill.

All of those measures should help us defeat the epidemic by isolating the virus and not the countries concerned. Isolation is counterproductive in the short term and harmful to their economic development in the long term. Beyond the urgent response to the epidemic, we cannot underestimate the magnitude of the economic and social consequences of the crisis. Long-term reconstruction and recovery will require coordinated efforts and assistance from the countries of the subregion in preparing their health-care systems to combat the virus. The United Nations will have to adopt an integrated, tailored and differentiated strategy to bolster resilience to such health-care shocks. That is the very thrust of the commitment of France, which will continue to work side by side with the countries of the region.

**The President:** I thank the Permanent Representative of France especially for France's lead in Guinea.

**Mr. Sarki** (Nigeria): Allow us first of all to convey our high regard and appreciation to Her Excellency Ms. Julie Bishop, your Foreign Minister, for her direct and useful engagement through the Council over the past three days; it is unprecedented for a Foreign Minister to show such interest and presence. We wish her a safe journey back home.

I thank you again, Mr. President, for having convened this very important debate, not only because it pertains to our region but also because, according to the Security Council's own attestation, we are dealing with a disease that poses a threat to international peace and security. For that reason, we wish to thank Mr. David Nabarro, Mr. Anthony Banbury and Mr. Thomas Mauget for their very useful briefings. We also thank the ambassadors of Guinea, Liberia, Sierra Leone and Mali for their presence. We welcome Ambassador Power back from her trip to our region.

We have received sobering reports from high officials of the United Nations today who have been charged with the responsibility for leading the global response in the fight against the Ebola outbreak. Vigilance, perseverance and flexibility was the message that was conveyed by Mr. Nabarro; we have to pay heed to that message. The lack of capabilities, the requisite infrastructures and trained personnel and inadequate logistical means continue to militate against the successful campaign to defeat this complex and deadly virus, as it was characterized by Mr. Banbury.

Stock-taking of this nature, as we are engaging in right now, is essential to effectively assess the progress of our collective response to what has been described as the worst single Ebola outbreak in history. We take positive note of reports indicating that the epidemic may be levelling off. According to the World Health Organization (WHO), the case incidence by week, currently placed at 1,000, is unlikely to exceed present levels. We find this encouraging. More, however, needs to be done to achieve our ultimate goal of the complete eradication of the Ebola virus. The support of the international community remains crucial in the fight against the disease.

In this regard, we would like to acknowledge the importance of such subregional initiatives. The States members of the Economic Community of West African States (ECOWAS) have made significant financial contributions to enhance the response capacity of the most affected States in the subregion and bolster the

multisectoral regional architecture to defeat the disease. We also acknowledge the efforts of Member States and international organizations, including the African Union and the Organization of Islamic Cooperation, that have made financial donations and sent medical teams and military personnel to support the fight against Ebola. We note in particular the pledge made by European Union members of more than €1 billion, in addition to expertise and other support on the ground in the affected countries. We pay tribute to the Red Cross, Médecins Sans Frontières and other non-governmental organizations working on the front lines, often at great risk to their personnel.

On our part, in addition to the \$3.5 million contributed by the Federal Government of Nigeria to the ECOWAS Regional Solidarity Fund, a further \$1 million has been pledged. Nigeria will also send 500 health volunteers to the affected ECOWAS countries.

Nigeria was declared Ebola-free by WHO on 20 October 2014 following 42 days of no reported new cases. Health officials were able to eradicate Ebola from Nigeria by adhering to the guiding principles of disease control, which involve identifying and tracking down those who might have been in contact with Ebola patients. That effort took them to 26,000 households in one instance alone.

Community engagement and a sense of duty on the part of the citizens were instrumental to the success of the process. This demonstrates that the fight against Ebola can indeed be won. We will nevertheless remain vigilant and strengthen screening at our ports of entry in order to consolidate the success we have achieved in eradicating Ebola.

The Ebola outbreak has undermined the foundations of economic prosperity, security and social stability in the countries affected in our subregion. Countries emerging from conflict and those in the phase of post-conflict reconstruction are particularly vulnerable to the effects of the disease, which has the potential to reverse the modest progress recorded thus far. Mechanisms need to be put in place to foster any further outbreak of the epidemic and mitigate its impacts. Isolation or the imposition of restrictive measures on the affected countries or the region as a whole is not the right way to go about meeting the challenge. What the affected countries need is sustained and targeted assistance to contain and eradicate Ebola rather than being unfairly isolated or stigmatized.

The Secretary-General's five-point approach is therefore the right way to go. Support for the mission of the United Nations Mission for Ebola Emergency Response is also crucial. The protocols approved by the World Health Organization do not advocate border closures, travel restrictions or the stigmatization of any individual on the basis of his or her nationality. We therefore urge Member States to refrain from taking any action that could exacerbate what is already a difficult situation.

As Mr. Banbury had warned, there is a long battle ahead of us, and plenty of hard work confronting us. Finally, I wish to say that Nigeria remains firmly committed to the fight against Ebola and that we shall not relent until this insidious disease is completely eradicated in our region.

**The President:** I will pass on the words of the representative of Nigeria to Foreign Minister Bishop.

**Mrs. Jakubonė** (Lithuania): At the outset, I would like to thank the United Nations System Coordinator on Ebola, Mr. David Nabarro, and the Head of the United Nations Mission for Ebola Emergency Response, Mr. Anthony Banbury, for their comprehensive briefings and for their leadership and tireless efforts in coordinating the United Nations response in the fight against the Ebola outbreak in West Africa. I also thank Mr. Thomas Mauget for his briefing and dedication.

Our thoughts are with the families of more than 5,000 victims and patients, as well as with all the courageous and dedicated doctors, health-care and humanitarian relief workers, educators and burial team members who, at a risk to their own lives, have been doing all within their power to stop the further spread of this deadly disease. Although the exponential increase in Ebola cases is no longer evident, the virus continues to claim lives. The European Union (EU) Ebola Response Coordinator, Commissioner Stylianides, and Commissioner for Health Andriukaitis paid a visit to the most affected countries in West Africa last week. One conclusion from the visit was that the affected countries are still in urgent need of international support. Our collective response should flexibly adapt to the changing dynamics of the epidemic. Efficient operational coordination among key actors at the country level should be further strengthened.

Our attention should also be focused on strengthening response capacities, preventive and awareness-raising measures in the neighbouring

countries, notably Mali, which has registered new Ebola cases, and Guinea-Bissau, which is still very fragile and where Ebola, if it should get there, would have devastating consequences. My delegation commends the African Union and Economic Community of West African States leadership in galvanizing efforts in the region, including through the deployment of the African Union Support to the Ebola Outbreak in West Africa, which is overseeing the rapid deployment of trained medical and support personnel to the affected countries. We also commend other bilateral and multilateral donors for their sustained commitment.

Lithuania has contributed through the World Food Programme and is closely coordinating responses with its EU partners. The European Union leaders earlier in October committed to strengthening the comprehensive EU response to the Ebola epidemic, setting a target of €1.1 billion. Among other steps, the EU has sent medical and humanitarian experts, deployed mobile laboratories, shipped vital supplies to affected countries and set up a system for the evacuation of international and humanitarian workers who have contracted Ebola for treatment in Europe.

Ebola has struck countries that have only recently emerged from devastating conflicts — Liberia, Guinea and Sierra Leone. The outbreak has turned into a complex emergency with significant political, social, economic, humanitarian and security dimensions that the Governments of the affected States have been working tirelessly to address since its outset. It threatens to cancel the hard-won reconstruction and development gains of those countries. The Ebola crisis has affected basic health care, food security, livelihoods and education, with a disproportionate impact on vulnerable groups, such as pregnant women, children and the elderly. Ebola orphans have emerged as a major issue, demanding enhanced efforts on the part of the United Nations and other international partners to ensure adequate child protection. Ebola survivors face stigmatization when reintegrating into their daily lives.

While we focus our efforts on ending the Ebola outbreak, it is crucial to have a parallel advanced reflection on the post-Ebola phase, which will require comprehensive and coordinated long-term strategies to rebuild the capacities of the health-care systems and strengthen the resilience of post-conflict societies. We remain ready to actively engage with our partners in such efforts.

**Ms. Lucas** (Luxembourg) (*spoke in French*): We thank our United States colleague Samantha Power for having requested the convening of this debate. We hope that the continued commitment of the Security Council and the General Assembly will provide the support necessary to the ongoing efforts to defeat the Ebola epidemic in West Africa. I would especially like to thank Special Envoy David Nabarro and Special Representative Anthony Banbury for their briefings and tireless efforts. I particularly wish to thank Mr. Thomas Mauget, Head of the French Red Cross in Guinea, for his account from Conakry of the work on the ground.

On behalf of Luxembourg, I wish to pay tribute to the heroic commitment of thousands of national and international volunteers who, at the risk of their very lives, are trying to contain the Ebola epidemic in West Africa. I also wish to express my sincere condolences to the authorities and colleagues of Rwanda for the loss on 17 November of Mr. Marcel Rudasingwa, Ebola Crisis Manager for Guinea under the United Nations Mission for Ebola Emergency Response (UNMEER).

Although the latest situation report of the World Health Organization (WHO) offers a glimmer of hope, the time is not ripe for complacency. On the contrary, the efforts of the international community must be pursued and intensified. As our colleague from Lithuania reminded us a moment ago, the European Union and its member States have committed to mobilizing over €1 billion. Many are sending medical and humanitarian personnel, mobile laboratories or specialized equipment and supplies. The European Union Emergency Response Coordination Centre has been activated, and within that framework Luxembourg is providing medical evacuation capability to repatriate international humanitarian workers who might be infected with the Ebola virus. As of mid-December, two aircraft of the specially equipped Luxembourg air ambulance will be available to evacuate patients infected with the Ebola virus. All member States, the United Nations, its agencies and relevant international organizations can call on that capability, which is critical to supporting humanitarian personnel deployed on the ground.

Moreover, since early this month, my country has mobilized strategic air transport capabilities that have allowed the delivery of humanitarian equipment to Conakry, Freetown and Monrovia. This logistical operation has strengthened UNMEER and the World Food Programme capacity to respond to the Ebola

epidemic by providing them, inter alia, with medical vehicles and communications equipment valued at €1 million. Luxembourg's total contribution to the fight against the Ebola epidemic and to the preparation of countries in the region today is over \$2 million.

The spread of the Ebola virus to Mali is a distressing development. We are nevertheless convinced that the rapid reaction of the Malian authorities, partnering with WHO and UNMEER, will make it possible to quickly contain the virus. The case of Mali illustrates the importance for Member States of the region to prepare, prevent, track, isolate and treat all Ebola cases as quickly as possible. They need our support to strengthen their capacity in this area. For our part, we are supporting a regional programme established by the Red Cross to assist Benin, Burkina Faso, Burundi, Mali, the Niger and Senegal.

We welcome the responsible attitude of all Member States that have maintained their transportation and trade with the countries most heavily affected by the epidemic. We also commend the airlines and maritime transport companies that continue to provide their essential services for the economy of the countries of the region.

Beyond the emergency, we must already begin preparing for the post-Ebola scenario. The Guinea configuration of the Peacebuilding Commission (PBC), which I have the honour of chairing, is working actively to that end with the authorities of the Republic of Guinea and with the Liberian and Sierra Leone configurations of the PBC. On 3 November, the three configurations held a joint meeting to assess the multifaceted impact of the Ebola epidemic. After the meeting, we sent a letter to the Chairperson of the Peacebuilding Commission requesting that he ask the Secretary-General to assess the impact of the epidemic in the areas of security, local governance, political institutions, social cohesion and sustainable economic development. That assessment will make it possible for the international community to better support the recovery of Guinea, Liberia and Sierra Leone over the longer term. The Peacebuilding Commission will have a role to play in this context, as recognized in presidential statement S/PRST/2014/24, which we have just adopted at the initiative of the United States.

To conclude, I would like to assure the Council of my country's full and complete commitment to contribute concretely to the unprecedented effort of the international community to free the affected countries

from the Ebola virus and thereby to eradicate that threat to international peace and security.

**Mr. Wilson** (United Kingdom): I thank you, Mr. President, for convening this important meeting. I want to add my thanks to those of others to Special Envoy David Nabarro, Special Representative Anthony Banbury, and Thomas Mauget for their tireless work in combating this epidemic. I do not want those thanks to sound formulaic. They are deep and heartfelt. I would also like, through the four ambassadors of the most-affected countries, to convey our admiration for all the national and international health workers who are working in the most-affected countries and to offer them our continued wholehearted support.

We heard today that Ebola continues to attack lives, livelihoods, societies and economies. In some places we are making progress in containing the disease, but in others it continues to spread. The global battle to counter that threat is also increasing, but not at a sufficient pace. We must do more, not only to extinguish the current crisis but also to lay the foundations for tomorrow, for the recovery of West Africa and its people. If we succeed in outpacing the disease, as is our goal, tomorrow may come sooner than we think. Preparations for that must start today.

The United Kingdom continues to play its part in the global battle against Ebola. I am going simply to list what we do, not for the purpose of saying how much we do, but in order to say that much more needs to be done. So far, we have committed \$350 million to combating the disease. Alongside civilian staff, 820 United Kingdom military personnel are currently on the ground in Sierra Leone supporting national efforts. Since our last such Council meeting (see S/PV.7279), the United Kingdom has increased our package of support, which includes 750 treatment beds for up 8,800 patients over six months. The first United Kingdom-funded treatment centre opened in Kerry Town, and five more are being built.

We are also supporting others to deliver critical safe burial work and World Health Organization training for over 800 health workers a week. The United Kingdom naval ship *Argus* and three helicopters are facilitating greater mobility and logistical support for heroic medical teams and aid experts. We are also working critically to deliver 200 community health-care centres across Sierra Leone over the next two months and are rolling out our own command-and-control model

to districts. However, in the words of our Foreign Secretary, who spoke from Sierra Leone last week, “We are beginning to see early signs of impact, but despite our and others’ efforts, this battle has only just begun.”

We thank those already making a critical contribution, including Australia, Denmark and the Netherlands, which are working so closely with us in Sierra Leone, as well as Cuba, China, Venezuela, France, the European Union more widely and the United States and so many others for helping the people of the countries most affected. We call on existing and potential partners to explore whether they can help in filling two key missing pieces in our contribution to Sierra Leone. First, we need more health-care workers to staff the six Ebola treatment centres that are being built. We can provide pre-deployment training, in-country training and guidance for any Member State able to deploy a large number of staff on rotation. Second, we need laboratory technicians and biomedical scientists to help United Kingdom staff run the laboratories. Rapid and accurate diagnosis of Ebola is critical to treatment and containment.

We have heard today that the United Nations, through the United Nations Mission for Emergency Ebola Response (UNMEER), is ramping up efforts in the three most-affected countries and Mali. It is right and critical that UNMEER continues to buttress regional preparedness while battling the current outbreak. The challenges remain huge. David Nabarro highlighted the need for a further \$600 million in contributions. The United Kingdom has contributed \$30 million to the United Nations multi-donor trust fund. We are grateful to David and Tony for providing the strong political leadership and operational direction that are necessary to lead the international effort.

We all need to support UNMEER in its critical functions. Those include, in particular, coordinating the United Nations system, including the agencies on the ground, and building partnerships with other actors at the Headquarters, country and district levels; harnessing the global supply chain with a platform extending to the district level; rapidly mobilizing and coordinating resources, including scaling up staffing; communicating with all stakeholders so that we can spot gaps together, share analysis and create solutions; and focusing on all the most affected countries, including preparedness and contingency planning for the longer term.

By planning today for the reconstruction and recovery efforts of tomorrow, the United Nations must continue to play a key role. The Group of 20 underlines strong global support for all actors playing their part. Collectively, we must also move faster in supporting the development of vaccines and stand prepared to deploy them at scale should the circumstances require. I would also like to join others in highlighting one pressing need, which is the rapid scaling-up of skilled health workers and other staff, not just in Sierra Leone, Liberia and Guinea, but in those three countries in particular and at the district level. We must reach every person in need.

The Council must continue to keep the world's attention on this threat to international peace and security. Ebola's attack on West Africa is an attack on all of us. The international community must continue to fight it together.

**Mrs. Kawar** (Jordan) (*spoke in Arabic*): I would like to thank you, Mr. President, for organizing this very important meeting. I also thank Mr. Anthony Banbury, Special Representative of the Secretary-General and Head of the United Nations Mission for Emergency Ebola Response (UNMEER); Mr. David Nabarro, Special Envoy of the Secretary-General on Ebola; and Mr. Thomas Mauget, Head of the French Red Cross in Guinea, for their briefings.

The Ebola epidemic, which has recently spread in a number of West African States, has become more than a general public health crisis and is now a multidimensional crisis at the political, social, economic, humanitarian and security levels. It has expanded beyond West Africa to become a global threat to international peace and security. In fact, the three States most affected by the epidemic — Liberia, Guinea and Sierra Leone — are currently on the agenda of the Peacebuilding Commission. Well before the epidemic, those States were already at a highly vulnerable post-crisis stage. The epidemic has gravely damaged their economies, which are expected to suffer \$32.6 billion in losses by 2015 if it is not contained. That comes in addition to the epidemic's long-term humanitarian and social ramifications.

This dangerous virus not only kills its victims, but also leaves a deep impact on the societies where it spreads. Despite the fact that the rates of contagion in Guinea and Liberia have recently stabilized, according to the most recent report of the World Health Organization,

we must continue to work to contain and eliminate it before it spreads to neighbouring States, especially in the light of the appearance of individual cases in Mali, which have affected a number of personnel in the United Nations Multidimensional Integrated Stabilization Mission in Mali. The threat of further spread is exacerbated by geographical proximity, free movement across borders and the connections among the economies of the regional States.

UNMEER has begun to coordinate activities with various United Nations agencies and programmes in order to guarantee the implementation of its mandate while observing the best possible and effective use of resources and avoiding duplication of functions.

We therefore call upon all national, regional and international parties, especially UNMEER, to identify response gaps with a view to halting the spread of the virus and treating those affected. Basic services must be effectively and efficiently provided, as monitoring and dealing with the spread of the epidemic will require strengthened coordinated action above and beyond the parameters of a general debate on the topic. All of the efforts of the various entities, including the Mano River Union, the African Union, the Economic Community of West African States, the European Union, the World Bank, the United Nations system and international partners must be harmonized in order to achieve that goal.

According to General Assembly resolution 69/1, which was sponsored by 154 States, including Jordan, and which calls for action to halt the frightening spread of the virus in Africa and for the expansion of an international response to assist in eliminating the epidemic in West Africa, we wish to reaffirm the need to ensure priority for preventive measures to halt the spread of the epidemic. In that regard, we must continue with a high-level determination to deal with the developing and well-thought-out work plans and mechanisms to strengthen response at all levels. We also emphasize the important role of national leadership in the affected countries.

In that context, Jordan has established a national commission to prepare an executive plan to deal with the Ebola virus, which includes providing all of the measures recommended by the World Health Organization, as well as all requirements for the prevention, diagnosis and treatment of the epidemic, in addition to communication with all the relevant parties.

In conclusion, we urge the international community to continue providing this level of support to affected countries by providing the necessary resources and assistance, including field hospitals, clinical services, mobile laboratories and specialized trained personnel and methods of diagnosis aimed at women and children, and ensuring increased scientific research and readiness to combat the epidemic.

**Mr. Ilichev** (Russian Federation) (*spoke in Russian*): We are grateful to Special Envoy of the Secretary-General Anthony Banbury, Special Representative of the Secretary-General David Nabarro and Mr. Thomas Mautet for their briefings on the situation concerning the spread of the Ebola virus and on the existing needs of the United Nations Mission for Ebola Emergency Response (UNMEER) in combating the outbreak.

We agree that the further spread of the epidemic in African countries could carry the threat of destabilizing the situation and potentially be fraught with the danger of reigniting dormant conflicts and outbreaks of violence — which could undo the significant efforts carried out in recent times.

However, Ebola quarantine measures arguably hamper the cooperation of the United Nations presence in West Africa, including when it comes to the transfer of equipment. We pay tribute to the courage of civilian personnel and military contingents in the Mission, who remain in the countries of the region in spite of the gravity of the situation.

For its part, Russia supports international efforts to combat the epidemic and mitigate its negative impact on the economy, security and stability of affected countries. We support the central role to be played by the General Assembly and United Nations specialized agencies in this effort. We are making an active contribution to practical efforts in the area of the epidemic, consistently stepping up technical and financial assistance to Ebola-affected countries through both multilateral and bilateral mechanisms.

Last April, when Ebola had not yet been characterized as a threat to international peace and security, Russia began to deploy supplies of medication and equipment to West Africa through the World Health Organization (WHO). Our country was among the first to deploy to Guinea a specialized anti-epidemic brigade equipped with mobile detection and virological laboratories. We also began to provide food assistance to affected countries through the World Food Programme. To date,

our overall level of assistance stands at approximately \$20 million.

Russia is active in providing logistical support to the efforts of UNMEER. In October, at the request of the Mission, we supplied five civilian helicopters to Sierra Leone. On 16 November, at the instruction of Russian President Putin, Guinea received a field infection hospital, as well as more than 150 tons of medical and specialized equipment to deploy it. The mobile hospital, which is to be staffed by a group of local doctors, includes a diagnostic ward, three infectious-disease wards, a resuscitation and intensive therapy ward, as well as a special diagnostics laboratory. Not only can the hospital hold and treat 200 patients infected with the most dangerous viral diseases, it can also provide remote functioning during the required quarantine period. Russia has also helped build a hospital at the Guinean branch of the Pasteur Institute in the Kindia region.

Russia is also making a significant contribution in the area of scientific research into the virus. The world-famous State Research Center of Virology and Biotechnology in Russia is conducting research into developing immuno-biological treatment for the prevention and treatment of Ebola, both vaccine and immunoglobulin treatment.

Under the auspices of WHO, this year and next our country will support the introduction of international medical and sanitary rules, with a view to improving the preparedness of national health-care systems in countries in need with a view to responding effectively and in a timely manner to outbreaks of dangerous infections such as Ebola. The inter-agency work includes proposals from the United Nations World Food Programme, UNICEF and WHO on funding humanitarian projects in Ebola-affected countries. We are also considering providing assistance through the International Civil Defence Organisation, the World Bank and the multipartner trust fund for Ebola response of the United Nations Development Programme. Our proposal still stands on providing, free of charge, two sanitary aircraft equipped with special capsules for evacuating patients.

Russia will continue to take part in implementing an international strategy for combating Ebola, in cooperation with all interested partners, so as to tackle the epidemic and to prevent a deterioration in the overall situation in affected countries.

**Mr. Nduhungerehe** (Rwanda): I thank you, Sir, for convening this debate on the Ebola virus disease. I also thank our briefers today, namely, Special Representative of the Secretary-General and Head of the United Nations Mission on Ebola Emergency Response Anthony Banbury, Special Envoy of the Secretary-General and Senior United Nations System Coordinator for Ebola Anthony Nabarro and Mr. Thomas Mauget, Head of the French Red Cross in Guinea, for their respective briefings. We express our appreciation to our colleague Ambassador Samantha Power of the United States for her visit to the affected countries, for her personal commitment to a better international response and for her relentless advocacy for health-care workers operating in the field, who should be treated as heroes, not pariahs. We also appreciate the kind words of condolences and sympathy from our colleagues on the demise of Marcel Rudasingwa, an Ebola response manager in Guinea. Our thoughts and prayers are with his family.

Over the past month, the world has witnessed the unbreakability of the human spirit: people from every corner of the world willing to forgo their comfort zones and put their lives in danger to assist populations affected by Ebola. We have been informed about the sacrifice of entire communities that have abandoned their traditional practices for the common good, as well as about the strong leadership demonstrated by the Governments of Liberia, Sierra Leone and Guinea. In that period we have also appreciated the unprecedented mobilization and effective coordination of the international response, including through the United Nations Mission on Ebola Emergency Response (UNMEER). We are happy to hear that, thanks to all those efforts, the transmission of the virus is on the decrease, which raises hope for the eradication of this epidemic in the near future.

However, as all our briefers today have warned, this encouraging situation does not mean that we have sailed away from the danger of Ebola — far from it. Indeed, as informed by Anthony Banbury and David Nabarro, the transmission of the virus is still intense, the response plan remains underfunded, the required isolation facilities are still needed, the cure is yet to be available, and the disease is expanding geographically inside the affected countries and beyond. In this regard, while expressing concerns about reported cases in Mali, we welcome the appropriate response of the Malian Government.

We thank all the countries that play a critical role in fighting Ebola at its source, either by pledging money, sending health-care workers or military personnel, establishing treatment units or providing training. At the continental level, the recent decision by the African Union Commission to establish the African Union Support to Ebola Outbreak in West Africa was an important move to support global efforts in the fight against the epidemic.

We fully support the proposed concept of operations of the African Union (AU) mission, and we pledge our highest level of engagement with and commitment to the AU mission's success. We are particularly encouraged that one of the pillars of the AU strategy will consist in engaging with media, advocacy groups, local communities, civil society organizations, social networks and other relevant actors on the ground to ensure proper public communication about Ebola. That communication strategy should especially target populations in rural and remote areas in the most affected countries to ensure effective prevention and fight against stigmatization, which would delay the eradication of this virus.

Rwanda expresses concern about the socioeconomic and humanitarian cost of the crisis, including for education, businesses, national economies and the livelihood of the affected populations. We are nonetheless encouraged by the mobilization of financial institutions and other partners to address the devastating impact of the virus in the affected countries. In this regard, we believe that, while addressing the immediate emergency situation, we should look beyond this emergency phase and devise strategies on post-Ebola recovery, in coordination with the Peacebuilding Commission.

To conclude, let me express the hope that the international community will maintain the current momentum, increase its support and contributions and enhance coordination and information exchange as we strive for an efficient use of the available resources in the field. We pledge our continued support to UNMEER in all its efforts to lead us through this crisis.

**Ms. Paik Ji-ah** (Republic of Korea): I would like to thank Special Envoy David Nabarro and Special Representative Anthony Banbury for their briefings. We commend their hard work in coordinating the United Nations and partners' efforts to combat the unprecedented Ebola epidemic and appreciate the strong

leadership of the Secretary-General in spearheading this challenging task. We also thank the representative of humanitarian workers, Mr. Thomas Mauget, for his briefing, and would like to take this opportunity to pay tribute to the health workers who are risking their lives at the front lines of the fight against Ebola.

The Ebola outbreak has taken human lives with rampant speed. When we had an open debate in the Council in September (see S/PV.7268), the disease had claimed over 2,000 lives. Now, however, the death toll exceeds 5,000. Ebola is turning into a complex crisis, with profound social, economic and humanitarian dimensions. A more comprehensive and unified international response is absolutely crucial in this regard. Having said that, I would like to share a few observations on this matter of common concern.

First, as a number of actors and resource channels are involved in tackling this epidemic, close coordination led by the United Nations Mission for Ebola Emergency Response (UNMEER) must be ensured. It is important that all parties act in coordination with the United Nations-led effort. UNMEER must continue to identify and close any gaps for a rapid, efficient and coherent response to the crisis.

Secondly, it is necessary to consider the long-term strategy for rehabilitation and reconstruction of the countries hit by the Ebola outbreak. The Ebola crisis is ravaging the very fabric of the affected societies and is threatening the gains made through international peacebuilding activities in those countries. The recent precarious food situation in the affected countries, including the disruption of production and soaring prices, is also worrisome. Immediate measures should be taken to ensure food security in those countries.

Thirdly, to ensure sustained international assistance, it is imperative to reinforce the protection of health workers, including by providing more resources and assistance, such as efficient and timely medical evacuations. Current data from the World Health Organization indicates that 584 health workers have contracted the disease and 329 have died, as of 16 November. The high rate of infection among health workers can be attributed to shortages of protective equipment, insufficient medical personnel and difficult working conditions in isolated areas.

Fourthly, we need to continue to pursue people-based responses in the fight against the Ebola epidemic. We recognize that community-level actions

in changing behaviour to reduce the likelihood of contracting the disease, such as safe barriers, have led to some progress in tackling Ebola in Liberia. We call for such approaches to continue. Mitigating fear and building trust through communication with local communities is essential.

The Ebola epidemic is far from contained, and a gap anywhere in the response leaves space for the virus to spread. Some may say that there is finally a light at the end of the tunnel in Liberia. However, we must remain vigilant, given the unreported cases of the virus and the complicated reality of the fight against Ebola. As the Secretary-General recently said, "Now is no time to let down our guard".

The Republic of Korea has made a contribution of \$5 million to the Ebola Response Multi-Partner Trust Fund, and also pledged an additional \$5 million to support the global response to tackle the Ebola epidemic. Furthermore, my Government sent an inter-agency advance team to Sierra Leone this month to prepare for the planned deployment of medical personnel to counter the spread of the deadly virus. We will consistently support and join the global battle against Ebola until it is put behind us.

**Mr. Llanos** (Chile) (*spoke in Spanish*): We thank the Australian presidency of the Council for the initiative to organize this debate on peace and security in Africa with respect to Ebola, and to the briefers, the Special Envoy, Mr. Nabarro; the Special Representative of the Secretary-General and Head of the United Nations Mission for Ebola Emergency Response (UNMEER), Mr. Banbury; and Mr. Mauget.

We deplore the deaths caused by Ebola and reiterate our solidarity and condolences to the families of the victims and the Governments of the affected countries. We share the priorities laid out in the presidential statement adopted today (S/PRST/2014/24), and we would mention a few issues that we would like to highlight.

Through resolution 2177 (2014), the Council laid out its work on non-traditional threats and determined that "the unprecedented extent of the Ebola outbreak in Africa constitutes a threat to international peace and security". The crisis continues to have an impact on peace and security, given its direct effect on people and post-conflict societies committed to transitional and peacebuilding processes. Situations such as this generate risks and uncertainties and lead to destabilizing

situations to which the Council must pay attention so as — together with other bodies of the United Nations system, UNMEER and other relevant stakeholders — to provide solutions and be on alert comprehensively to the emergency, providing the conditions for the recovery of social fabric and overcoming the insecurity of the population.

We commend the resilience of Guinea, Liberia and Sierra Leone — post-conflict countries that are focusing all of their developing institutional capabilities on tackling this challenge. We hold up in particular the efforts being undertaken by Mali, and we hope that the UNMEER visit to Bamako and its establishment in the country will help ensure Mali has comprehensive support to face the emergency, including in border areas. The successful experiences of countries in the subregion could be instructive.

Together with the valuable efforts and achievements to date, we single out the work of UNMEER and of the specialized agencies, and express our gratitude to their staff on the ground. Regional cooperation deserves special recognition, including that of the African Union, the Economic Community of West African States, the Peacebuilding Commission through its respective configurations, and the World Bank. At our own regional level, Chile is working with the Community of Latin American and Caribbean States and the Union of South American Nations in developing plans and updated protocols to face this pandemic by supporting the activities of the Pan American Health Organization and the World Health Organization. We also reiterate our gratitude for the work being done by the Cuban professionals on the ground.

As the Secretary-General has noted, the longer the epidemic goes on, the higher the risk that it will spread to other countries. We underscore the importance of not letting down our guard and of keeping up international support, stepping up our responses and making them more flexible as needs evolve. We support the strengthening of national capacities, greater geographical distribution in interventions and preparedness support for countries in the region. The urgent efforts under way to meet immediate needs must be supported by adequate resources and planning so as not to jeopardize the long-term recovery of the countries affected, which which must be considered when the respective mandates of United Nations operations come up for renewal.

We reiterate our call on all stakeholders to strictly adhere to the protocols for persons who have had contact with or who have contracted the disease, as well as for the training of health-care teams deployed on the ground. If our efforts are to be effective, they must incorporate the human rights dimension so as to avoid new forms of marginalization and exclusion. That is a moral and a political imperative.

In conclusion, my country underscores the need for commitment on the part of the stakeholders involved not to isolate the countries affected. We believe that any such action would undermine their prospects for recovery. We therefore urge continued efforts to avoid discrimination against countries or persons.

**Mrs. Perceval** (Argentina) (*spoke in Spanish*): I thank you, Sir, for convening this meeting on the status of the crisis situation in West Africa resulting from Ebola. My thanks go, too, to Mr. Anthony Banbury, Special Representative of the Secretary-General and Head of the United Nations Mission on Ebola Emergency Response (UNMEER), Mr. David Nabarro and Mr. Thomas Mauget, Head of the French Red Cross in Guinea. I thank them for their briefings and above all for their dedication, and express our admiration for the work they are carrying out to tackle this serious epidemic.

Like other speakers, we convey our condolences to and express our solidarity with the families and countries of the thousands of victims.

Without a doubt, since our very first meeting with the Chef de Cabinet of the Secretary-General, Ms. Susana Malcorra, and Mr. Banbury, it was clear that we were facing a situation demanding an urgent response, given the many thousands of lives at risk in the countries of West Africa. Since that very first meeting, the Council has been keenly aware that cooperation tailored to each country would be crucial in treating those affected and preventing the transmission of the contagion to the region and the world, and that we had to avoid the mistake of being selfish, stigmatizing, discriminating or isolating, *inter alia*, by halting trade, closing borders, suspending transportation or refusing entry to our countries to persons coming from the region.

I believe that not only did the Council truly listen to and act on that message, but that the whole world paid due heed to these urgent needs, despite some remaining gaps. Even though there appear at times to be signs of self-interest or insufficient cooperation,

this is not the prevalent climate — not in reality, not on social networks and not in the hearts and minds of our globalized world, which views the Ebola epidemic not only as a health problem but, as has been said and as we have heard, as a multidimensional crisis with horrific humanitarian, economic, cultural and social consequences in countries that had been devoting all of their abilities, intelligence, courage and hope in recent years to the process of human, social and economic development.

It is surely crystal clear to the Security Council, having heard these briefings, how urgent the situation remains. Cooperation is clear — there is no alternative. We must all do that we can and must. However, many possible scenarios arising from this extremely complex crisis remain uncertain; macroeconomic projections are uncertain, as are the financial impact and how great the need will be. This is because we cannot extrapolate projections to conclude how many millions of dollars will be needed by the end of 2015, and when we do not know how this tragic situation will evolve or indeed deteriorate. Nor do we know the consequences and knock-on effects, beyond the health impacts, of Ebola. The World Bank, for instance, has estimated that the impact of the crisis could reach \$4 billion by the end of 2015, while the Ambassador of Jordan noted that it could reach \$36 billion through 2016 and 2017. The only certain and clear thing is that there are victims, that we must transform fear into solidarity and that, as we understood from the very first day that an emergency meeting was held on this subject (see S/PV.7268), the need to respond in a coordinated and cooperative manner is urgent, necessary and indispensable.

We also recently heard from the United Nations Special Rapporteur on the right to food, who said that the Ebola outbreak has had severe consequences for agricultural production, on which two thirds of the population of West Africa depends. Accordingly, we should incorporate in our future planning efforts to ensure cooperation and urgent action to confront the uncertainty of hunger.

I would like to express our respect for the societies of the countries of West Africa and their Governments. It is not just a question of a series of statistics or an intellectual exercise to say that our solidarity must be understood as cooperation and as a necessary response to an emergency. We truly understand the efforts that all of those countries have made to emerge from poverty and exclusion. In that vein, I also want to

express our deepest respect for those who are working at the very heart of the epidemic to put a stop to the scourge. I also highlight the contribution being made by many countries and many regional and international organizations. And I stress the commitment of the various agencies of the United Nations, the leadership shown by the Secretary-General and organizations like Médecins Sans Frontières, the Red Cross and many more.

An Argentine doctor who works as a volunteer with Médecins Sans Frontières, Carolina Lanclares, who is out there in the field, spoke clearly about the logistical challenges. Sometimes when we say logistical challenges, we picture major investments or sophisticated equipment. In a recent interview, young Dr. Lanclares mentioned discovering that were people infected with the virus in an area that could only be reached by crossing a river from the closest town, and that it had been 25 years since a vehicle had crossed that river. When we talk about complex systems for the treatment of people infected with the virus, therefore, we also should bear in mind the day-to-day life of these people and the possibility more people may fall victim to technocracies than to the Ebola virus.

Finally, I wish to acknowledge the cooperation pointed out by the Permanent Representative of China and that of all countries as well. Why am I mentioning what the representative of China in particular said? He mentioned that different countries and organizations were investing over the middle and long term in the course of the emergency. I also wish to acknowledge the United States decision to provide a maximum capacity treatment centre to assist troop- and police-contributing countries.

I say this because it has helped us in Argentina to fight the prejudice, the fear and discrimination that we very often have to ask the mass media to manage by exercising the ethics of responsibility. When we can say, for example, that there is going to be a treatment centre for those troops and police who are in the field — in the case of Argentina, we have troops in the United Nations Mission in Liberia — that there is also a space to give them medical care, we can thereby overcome fear — by cooperating. That is how we overcome prejudice — by demonstrating that we are not indifferent to people who are out in the field in United Nations missions.

I know that the Group of 20 (G-20) and Argentina and your country, Mr. President, a member of the G-20,

have without any doubt participated in the decisions of heads of State to cooperate, but what I should say is that Argentina was able to cooperate — I am not going to say how much in terms of figures — but we are cooperating by sharing knowledge that arose in a State-run viral diseases institute, where a technique for treating the hemorrhagic fever known in Argentina as *mal de rastrojos* was developed. The researchers in that public institute saw that their knowledge could be transferred and used in the Ebola response, specifically by treating the sick with a concentrate of antibodies retrieved from recovered patients.

This transfer of knowledge and the protocols were taken up by the World Health Organization. I do not know if that is very much, but I do believe it is useful because this area of knowledge is what was used to treat the Spanish nurse, Teresa Romero who was cured from Ebola thanks to the serum from a nun who had previously contracted the virus.

It is essential that we continue following this topic closely. The Security Council must support UNMEER in the area of our jurisdiction — the missions in the field — so that they have all the capacity they need in order to respond to this unprecedented and very serious situation and to the challenges that all of humankind is facing.

I wish to conclude by stating that I listened carefully to all the speakers, as I always do, but the Permanent Representative of the United States brought up an intangible dimension — the cultural dimension, or subjectivity. Mr. Ladsous mentioned it the very first day. It is not a question of donning a surgical mask for people to be safe from contagion. It goes much deeper than that because touching, hugging, kissing and close physical caring for the sick are prohibited. Therefore, I offer my great respect to Ms. Julie Bishop, Minister for Foreign Affairs of Australia, who said that more women were providing care than men. Indeed, traditionally, throughout the world, women are those responsible for the task of providing care. In truth, I want to express my solidarity with those caring women. When I look at the Permanent Representative of Liberia, I think of the enormous challenge that this epidemic presents for all of humankind and for women who must refrain from touching, kissing or hugging. That is why cooperation is not an alternative, it is an imperative, and that is why responding to this emergency is not an option; it is a pressing need for all humankind.

**The President:** I give the floor to the representative of Guinea.

**Mr. Touré (Guinea)** (*spoke in French*): I would first like to thank the members of the Security Council for organizing this second meeting, and for all their statements, which once again reflect the Council's solidarity with the countries seriously affected by the dangerous Ebola haemorrhagic fever virus, which has taken the lives of more than 5,000 people and continues to inflict considerable damage.

I would like to offer the deep condolences of the Government and people of Guinea to the family of the deceased, the Government of Rwanda and the United Nations in the wake of the cruel death this week of Mr. Marcel Rudasingwa, a leader of the efforts to fight the Ebola crisis in Guinea. It was not his first mission in Guinea; he was a valued friend of our country who had previously served as UNICEF's representative there.

I would like to express our gratitude to all our partners, particularly the caregivers of Médecins Sans Frontières, the Red Cross and others, who have been making every possible effort to help us overcome the epidemic. We are especially grateful to the French Government, which as of 14 November has supplied Guinea with a major processing centre that is bringing hope to the people of Guinea in their fight against Ebola. I would also like to thank Ambassador Power, Permanent Representative of the United States, Special Representative Banbury and Special Envoy Nabarro for their leadership and continuing commitment to the response to the disease. I further thank the representative of the French Red Cross in Guinea for his pertinent briefing.

As of 19 November, the cumulative total of reported cases in Guinea was 2,055, including 1,224 deaths. The spread has slowed for the first time since the epidemic began, and we are seeing a stabilization and reduction in cases in some places. However, cases have risen in Macenta, N'Zérékoré and Kérouané districts in Guinea-Forestière, the epidemic's epicentre, and elsewhere. In those areas, the response to emergency situations is being ramped up by raising adults' and schoolchildren's awareness with the help of appropriate media communications; setting up an early-warning system through community workers, traditional healers and outreach committees; having Red Cross of Guinea teams secure burials in the presence of family members, along with support measures; identifying and

monitoring 100 per cent of contacts for a period of up to 21 days, with incentives to remain at home by providing suitable food; and taking contacts with symptoms into immediate medical care with secure transport to the nearest transit or treatment centre.

The Government of Guinea and its bilateral and multilateral partners—United Nations agencies, national and international non-governmental organizations, donors and other international organizations — have implemented an accelerated plan to combat the epidemic with the strategic goals of breaking the chain of transmission in communities throughout the country by 31 January; halting the appearance of new cases, whether originating domestically or imported, by 30 April 2015; and strengthening Guinea's health-care system so as to improve the provision of care and the national capacity for monitoring, prevention, early warning and responding to epidemics.

To achieve those strategic goals, we will focus on four areas: first, communication through increased community involvement designed to gain the people's trust and improve the local impact of the response; secondly, close monitoring of 100 per cent of contacts in order to identify and diagnose cases early; thirdly, treating and isolating patients rapidly so as to break the chain of transmission as soon as possible and increase patients' chances of survival; and fourthly, ensuring that corpses have secure and dignified funerals and promoting good hygiene practices.

The successful implementation of our accelerated plan basically depends on rapid mobilization of human, financial and logistical resources; Guineans' commitment, individually and at the community level, to halting transmission of the Ebola virus; and ensuring real-time operational mobilization of resources based on the transmission trends of the virus. The results of efforts to date include the completion of three Ebola treatment centres and construction begun on seven others in the affected areas; five transit centers with between 10 and 30 beds made operational; the deployment of 903 community workers who will monitor 95 per cent of contacts; neighbourhood awareness campaigns through outreach committees and 23 rehabilitated rural radio stations; the establishment of 13 prefecture coordinators, enabling decision-making to be decentralized at the local level; the establishment of 42 active teams tasked with ensuring dignified, secure burials; and support for the food needs of affected populations.

It is true that the response is beginning to have an effect on the spread of the disease, and we are learning which measures do not work and how to improve the effectiveness of those that produce positive results. We welcome the fact that the outbreak is slowing in some places, but the battle is far from over. We must not let our guard down, because the road is still long and the challenges enormous, particularly regarding inadequate real-time management of information from the field; weak monitoring and evaluation of interventions; and continued reluctance to accept intervention, mainly owing to communication problems in some areas.

Added to that is the large number of partners, which makes coordinating action difficult. In that regard, it is vital that the deployment of staff from the United Nations Mission for Ebola Emergency Response to the affected areas be further speeded up. Indeed, the implementation of efforts designed to control infection by treating confirmed cases and monitoring their contacts is barely enough to stabilize the rate of new cases. That is exacerbated by mass hysteria, nationally and internationally, which is an obstacle to economic activity and creates a social climate that is not conducive to eradicating the epidemic.

The Ebola crisis has severely tested our health-care system and affected people's perceptions of it to the point that they are abandoning our health centres. Poor funding of the health-care system, combined with the sudden outbreak of the Ebola virus, has further weakened the health-care system. Guinean medical personnel have also paid a heavy price, with 88 health-care workers having been infected and 46 of them having died while doing their jobs.

That is why we believe that the struggle against the Ebola virus epidemic can be sustainably effective only if the current health infrastructure in the affected countries, which was already showing signs of weaknesses, receives substantial support in conjunction with the Ebola response in order to continue to treat diseases not related to Ebola and to address any new health-care emergency. Due to the current crisis, many health-care centres are not even functional today. In that regard, my delegation reiterates once again the need for a subregional approach. For we are convinced that a selective, uncoordinated approach to the response has little chance of succeeding given the porous nature of borders and the mobility of the population.

Coupled with that already worrying picture, we must recall that besides the medical and humanitarian aspects, the Ebola virus epidemic continues to have very negative consequences for the economy, social cohesion and the political and security situation in the country. The economic growth rate will be significantly lower than what it was prior to the Ebola outbreak. The sudden drop in trade following the closing of the borders, the decline in agricultural production and the loss of jobs are affecting household incomes and the livelihoods of populations, and the most vulnerable groups — women, young people and the elderly — are being hit the hardest. The budget deficit continues to grow because of a sharp drop in revenues and the skyrocketing unbudgeted expenses. Investment projects, including in the mining sector, have been suspended because of partners' reticence. Social tensions, which are already threatening the social fabric, are evident in areas where reluctant populations are not cooperating with the national and international Ebola-response efforts. Other areas of collateral damage caused by the Ebola virus include, among others, care for orphans and families bereaved by the epidemic, the stigmatization against people who have come in contact with the virus and Ebola survivors, the situation of food insecurity in Ebola-affected areas, the decline in health-care indicators linked to cases of non-Ebola diseases, and the closure of primary and secondary schools and universities.

The considerable progress made in recent years with the support of bilateral and multilateral partners in terms of economic recovery, social cohesion and the democratization of political life risks being compromised by the far-reaching consequences of the Ebola virus disease. Therefore, we believe that efforts to support economic and social recovery must be undertaken now simultaneously with those undertaken to stop the spread of the disease in the three most affected countries, which are also all on the agenda of the Peacebuilding Commission. In that connection, I would like to thank the Chairs of the country-specific configurations on Guinea, Liberia and Sierra Leone for their commitment to undertaking an in-depth study on the impact of the Ebola virus on peacebuilding in our countries.

In conclusion, I want to thank all the donors that have already contributed to the Ebola Response Multi-Partner Trust Fund. My delegation would like Council members to join the Secretary-General and

the President of the General Assembly in calling on countries to continue to contribute to the Trust Fund, as the money raised is still far below the needs to effectively combat this unprecedented Ebola epidemic.

**The President:** I now give the floor to the Permanent Representative of Liberia.

**Ms. Kamara (Liberia):** I thank you, Mr. President, for the opportunity to participate in this second briefing of the Council on the Ebola crisis. I also extend my appreciation to the members of the Council for maintaining the focus on this deadly disease and on the global effort to contain it in the countries most seriously affected in the West Africa region. I thank Mr. Nabarro and Mr. Banbury for their briefings and the deep insights we have become accustomed to receiving from them. We pay tribute to them for their engagement and commitment. I also thank the representative of the International Committee of the Red Cross for sharing the perspective from Guinea. Liberia is also benefitting immensely from the valuable support of the Red Cross, especially for safe burials.

The first meeting and discussion in the Council on the Ebola virus disease, held on 18 September (see S/PV.7268), was a turning point in the fight to contain the Ebola epidemic in West Africa. The initiative of the Council effectively globalized the response to the disease and gave great impetus to the international community to begin a robust scaling-up of efforts. It gave a welcome boost to national efforts to confront the disease. It was in this Chamber also that we heard the announcement of the creation of the United Nations Mission for Ebola Emergency Response, which is making its presence felt positively on the ground. That first Council meeting, held under the presidency of the United States, owes much to the credit and determination of Ambassador Power. We appreciate her visit to the region and commend her passion and commitment. After two months, we can now assert that modest positive results are being achieved, but the battle is far from won and the war against Ebola must be intensified.

In their briefings Mr. Nabarro and Mr. Banbury confirmed that the rates of infection and death due to Ebola had declined considerably in Liberia. It is clear, however, that the Ebola virus disease is not yet under control. The Government continues to warn Liberians to remain vigilant and avoid complacency. President Johnson-Sirleaf recently indicated in a recent statement:

“With the determination of the Liberian people and support from partners worldwide, we have made good progress in containing the virus. We intend to continue with stronger support for community care centres, which support community members in taking responsibility and ownership in working with health teams in contact tracing, support to those quarantined and help to those who face stigmatization after discharge, free of the virus. Our next step in this integrative process is to upgrade regular health-care facilities throughout the country through training, equipment and supplies. This will minimize the chances of the virus recurring and ensure that those suffering from other diseases will be properly treated. A final step in the process is obviously to obtain the support of partners for our economic recovery to reverse the decline in growth, in delayed infrastructure and in job creation”.

Recent developments are a source of great encouragement for us. They have renewed our hope and lifted the level of optimism within the Liberian Government and among the Liberian people that the disease will eventually be overcome. Although infections are continuing, we believe that the prospects of the outbreak reaching the 1 million mark by January 2015 are less likely. The worst-case scenario at this present stage may well have been averted.

I wish to recognize the critical role of the Council, which garnered support for the international efforts now under way in our region. We offer our thanks to all Member States, non-governmental organizations, regional organizations, international financial institutions, the private sector and all partners for their valuable support, and we encourage them to fulfil their commitments and to remain engaged until we can together claim victory over Ebola.

We have said consistently that the effects of this disease upon our society and our people are multidimensional. As we progress in containing the disease, we should explore any opportunities that may arise to address, however preliminarily, some of the social and economic effects that create tension and instability and threaten the hard-won peace dividends. We need to reflect on measures that enable the Government to fulfil its basic obligations to its people so as to restore the confidence between the Government and the people. In that regard, we commend the Chairs of the three Configurations of the Peacebuilding

Commission for the attention that they have given to these issues. We also see that United Nations agencies are beginning to frame project proposals around some of the social issues that are indeed the direct consequences of the Ebola virus.

Together and individually, the Governments of the three countries most affected have mentioned that assistance through budget support is important. I am pleased to acknowledge and express appreciation to the World Bank and the European Union for the significant contributions made in this regard. We also thank Governments that have made similar gestures at a bilateral level.

Support for livelihoods remains important. The people are experiencing hardships in accessing food due to high prices and the limitations of local supplies. Farmers have not been able to cultivate, and there are reports that, as the food-security situation worsens, farmers are resorting to consuming the seed rice intended for the planting and local production of rice. The Ambassador of Argentina has already spoken about this eloquently, and I thank her. Succinctly, I would say that we need to avert a food crisis in the New Year.

On the political front, as I indicated at an earlier meeting of the Council, the Liberian Legislature has approved December 16 as the date for holding the suspended senatorial elections. Mindful of the rapid spread of the disease through contact, the Government, through the powers granted to the Minister of Health, has issued a regulation restricting mass rallies during the campaign period. Acknowledging the difficult circumstances under which the elections are being held, our President has appealed to all Liberians to comply with the regulations, admonishing them that “we can enjoy democracy only if we are healthy and alive”.

Cognizant of the need for the transparency and credibility of the polls, President Sirleaf also requested an Economic Community of West African States delegation that visited Liberia last Tuesday to provide observers to monitor the senatorial elections.

I would like to assure you, Mr. President, and members of the Council that, at this critical time in our nation’s history, everything is being done to maintain tranquillity and ensure social cohesion in the country as we move forward in the response to the Ebola virus.

Finally, as I may not appear before the Council before 2015, I would like to express special appreciation to all

of the members that will be vacating the Council at the end of this year for their support to Liberia with regard to the Ebola crisis and the peacekeeping operation in Liberia, the United Nations Mission in Liberia. We expect to continue our normal collaboration outside this Chamber as a Member State of the United Nations.

**The President:** I thank Ambassador Kamara on behalf of outgoing members for those very generous thoughts, and I am sure that we will all be continuing to work very closely.

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

**Mr. Minah** (Sierra Leone): What we can take away today, if nothing else, is that we are nowhere near the end of this challenge that we all collectively face. What we can also take away today is that the international community has fully woken up to the threat that we all face. It is also quite clear that an investment in the fight in the epicentre, West Africa, is an investment in our collective health and security.

We are gratified by the briefers today, but in particular I would like to single out Mr. Banbury and Mr. Nabarro, who have remained available to the three most affected States, giving us information, clarifications and briefings whenever we seek them. We are fully aware of the demands on their time; there can be no two finer public servants of the United Nations.

Sierra Leone continues to suffer from a spike in the rate of reported cases. The rate of infection remains critical and depressing, and we look forward to a grim Christmas period. We are grateful for the setting up and the establishment of the United Nations Mission for Ebola Emergency Response; however, we hope that it will soon evolve into an institution of sustainable competence and of excellence in the fight against Ebola.

The effects on our economy and the economy of Africa and West Africa have been well documented and noted. Gross domestic product rates, economy, employment levels, the transportation of food, crops and agricultural cycles have all been affected. The most productive members of our community, those aged from 25 to 55, have been affected. The majority of our populations, who are women, have been disproportionately affected by this disease by virtue of their role as caregivers, nurses and mothers.

We remain resolute, and the President of the Republic of Sierra Leone, Mr. Ernest Bai Koroma, when

required to act, has acted. Our Ebola operations centre has evolved into the national Ebola response centre, and the Chief Executive Officer is a former defence minister who is well respected by His Excellency.

He has called for a sustained and committed change in the attitude of our populations, in that only change from our traditional practices will ensure that rates of proper burial remain at a promising level, as Ambassador Power has indicated.

There is no time for complacency, and while we can be cautiously optimistic that things are moving in the right direction, we know that the fight is going to be long and hard. Everything that you can think of is needed in greater quantity. Personal protective equipment, human technical support, logistics experts, food drops, sustainable support for livelihoods, incentive payments for burial teams, all of this is required in greater quantities.

We acknowledge the efforts of those Council members that have provided supplies and put their citizens in harm's way in West Africa. We are grateful to those who contemplate further support as they make an assessment of the situation. We call on the United Nations Mission for Ebola Emergency Response (UNMEER) to ensure the rapid deployment of staff and personnel to the affected States. We call on UNMEER to ensure that it has a nimble bureaucratic footprint and that the materials at its disposal at this time are well deployed and well used.

We also acknowledge the ultimate sacrifice of those who have fallen. We have lost seven doctors in the fight, and across the region various communities, towns and cities have lost valuable health workers. We wish to record and note the sacrifice of Dr. Sheik Umar Khan, Dr. Modupe Cole, Dr. Olivet Buck, Dr. Godfrey George, Dr. Sahr Rogers and Dr. Michael Moses Kargbo, among those who have fallen, including Dr. Martin Salia, who recently passed away in the United States. We also offer our prayers for Dr. Felix Baez Sarria of Cuba, who was recently diagnosed with Ebola virus disease and is currently undergoing treatment in Geneva. Our prayers go to his family and all those who continue to be under quarantine and in isolation.

We are grateful not only for the lead that the United Kingdom has provided in Sierra Leone in terms of support, both human and material, but also for all the high-level visits that have been paid to Sierra Leone, including by representatives of the United Kingdom,

the United States, the Netherlands, the Republic of Korea and other high-level delegations that have gone to show by their presence Sierra Leone that will not be isolated.

We have thought long and hard about the enigma of Ebola and its origins in West Africa. There are various theories, but none of us — neither doctors nor laymen — can be sure as to where it originated. Unfortunately, we do not have the luxury to indulge in philosophical or intellectual debates or exercises, because we are all geared to the fight in the emergency phase of this response.

But as other Member States and colleagues have pointed out, we also have to keep one eye to the future. For that, we are grateful for Mr. Nabarro's paper, which concerns recovery, revival and resilience for the situations in all countries, looking forward. While we have lost citizens to the disease, it would be a greater tragedy if we lose our economies to it as well. As I have said before, we are being decimated in terms of our economies and our livelihoods, but if the international community looks forward not only to the short and medium terms but also to the long term, we believe that the interventions of international financial institutions, working together, will ensure that our economies recover and remain resilient. We are grateful to Cuba, which has shown through its fearless medical diplomacy that it remains committed to the fight. As I have said before, our investment in this fight in West Africa is an investment in our collective public health.

We know that the health situation in our countries prior to the onset of Ebola was precarious. The public health systems were precarious. With the advent of Ebola, those public health systems are tottering on the edge of ruin. We look forward not only to the interventions of international actors to help us beat Ebola, but also to rebuilding our public health systems. It would be a true tragedy if we beat back Ebola and yet down the road another epidemic should come and invade our countries.

Ebola, it has often been said, knows no ideology. It knows no religion. It is no respecter of age. It is no respecter of creed. Therefore, our response must be suitably multifaceted and nimble. We are grateful that members of the Council and all those who have provided support have set aside ideology, political affiliations and the normal diplomatic engagements that concern us to focus on what needs to be done. We as a nation State

realize that our primary responsibility is to look after the health of our citizens. We are grateful for the early leadership provided by the peacebuilding architecture, the chairs of the country-specific configurations and the Ambassador of Brazil to help us focus on the long-term economic dangers that we face. We are also grateful to the World Bank Group, the African Development Bank, the African Union, the Mano River Union and the Economic Community of West African States for providing the right political weight to the fight. We ask that the United Nations system, as it moves forward, remain fully engaged with African institutions and other international actors, such as the European Union, which have also mobilized and will remain engaged.

We as a country and as a region are perplexed by the origins of this disease, but we are not defeated yet and we do not intend to be defeated, because with the level of support of our partners, our friends and members of the Council, we have no doubt that Ebola can be beaten and beaten successfully. There are no words that could properly and appropriately express our sense of satisfaction or praise those who have gone to the front line. We are grateful to the survivors who, through their blood, may perhaps offer a cure. We are grateful to those who continue to experiment and conduct clinical trials in Mali, and recently in Sierra Leone and other countries, to give us a sense of hope and that a solution in terms of better testing and a possible cure can come about. From what we hear, some of the testing and some of the clinical trials might yield fruits by the end of the year.

We are also concerned about the survivors. For as we commiserate with the victims' families, we should also celebrate the survivors. But it would be a bleak future indeed if the survivors should beat the disease yet face a life of orphanhood and without a significant or satisfactory livelihood to sustain them. The response that we are all engaged in must be multifaceted, and we must be fully engaged in the fight.

Why is it that West Africa became the epicentre this year or last? No one knows, but what we do know is that the United Nations, with its special skills and unique talents, can make a difference. As the three or four most affected countries, we remain available for briefings and clarifications and to make our presence felt in all chambers of the United Nations. We are grateful to the General Assembly for its focus, to the Security Council and to the peacekeeping architecture,

but we also know that other institutions and agencies of the United Nations have joined the fight.

The Secretary-General and our Presidents have said that this extraordinary disease requires extraordinary measures. We call on all within the Organization and the Council to help the Secretariat bypass the normal bureaucratic entanglements and the information silos to deliver the results we want. For the ambassadors of the most affected States, this valid battle is personal, for we have families in harms' way and colleagues, members of our communities, who call us and tell us of the situation on the ground. The cities of our collective countries have become places of silence in some regions. We believe that the sense of hope that we call on the international community to provide will be sustained and collective and will not relent.

As the three or four most affected States, we are suffering the worst of it, but this is a collective fight in which we know that we have to play our role, no matter how limited. There are bright sparks of hope. The rates of infection have decreased in Guinea and Liberia. We see survivors who appear to be immune. We see the roll-out of the United Nations Mission. We see the work of the United Nations Ebola Multi-Partner Trust Fund. As advisory members of that body, we are dedicated to making sure that the funds are applied to the most viable projects — those projects that will fulfil the strategic objectives of the Trust Fund. For we know that money in a bank account or money held as petty cash is of no good to anyone.

There are times at which we can despair; this is not one of those times. There were times at which we can think that perhaps the task we face is too much for us. But when we do that, let us think of those day in and day out on the front line who have to wear the personal protective equipment suits all day and change three times a day, and risk paying the ultimate sacrifice. We diplomats are away from the front line, and we are not in immediate danger. It is therefore imperative for all of us that we do all that we can to support those on the front line and make sure their actions and words are matched by our deeds.

**The President:** I know that I speak on behalf of all of us when I say we share the determination of the representative of Sierra Leone. I know we all thank him for giving us those particular and very powerful images to take away after this debate.

I now give the floor to the Deputy Permanent Representative of Mali.

**Mr. Doucouré (Mali)** (*spoke in French*): First of all, Sir, I would like to extend the sincere congratulations of my delegation upon the accession of your country, Australia, to the presidency of the Security Council for the month of November. I also welcome the United States initiative taken to convene this meeting, whose aim is to pool our efforts, our minds and our experiences with a view to containing and eradicating this serious disease, which from every point of view has a negative impact on the economies of directly affected countries, including Mali today.

I also wish to congratulate Mr. David Nabarro, Mr. Anthony Banbury and Mr. Thomas Maugey for their leadership and for the quality of their respective briefings. In the same vein, my delegation wishes to thank the United Nations, through Secretary-General Ban Ki-moon, for the great mobilization and the demonstration of solidarity so promptly manifested towards countries affected by the Ebola virus. Among others steps in that direction was the creation of the United Nations Mission for Ebola Emergency Response and the recent visit of Mr. Banbury, Head of that Mission, to Guinea and Mali. My delegation also wishes to express the gratitude of the people and the Government of Mali to our bilateral and multilateral partners, including subregional and regional African bodies, in their determination to continue their efforts in the fight against the disease.

Unfortunately, my country recorded its first confirmed case of the Ebola virus disease on 23 October, in the Kayes region, in the west of the country. The patient, a two-year-old girl, reached Bamako from a friendly neighbouring country on 20 October after the funeral of her father. The little girl and her grandmother, who was travelling with her, made a four-hour stopover with a family in Bamako before going on to Kayes. As soon as the first symptoms of fever appeared in the little girl on 22 October, her family had her admitted to a clinic and then to the Kayes regional hospital as a suspect case.

The teams sent from Bamako to bolster regional services made the necessary tests and analyzed the samples, which were positive. Even though she was cared for immediately, the little girl unfortunately passed away. Faced with that situation, urgent provisions were taken to identify the following: first, the host family

in Bamako; secondly, the travelling companions of the little girl and her grandmother; thirdly, the medical staff who had first contact; and, fourthly, the neighbours of the residence in Kayes.

All those people were cared for and placed under strict monitoring. The transportation vehicle was also found and disinfected. On 10 November, another patient from a neighbouring country was admitted to a private clinic in Bamako. The results of the blood test performed on the two health workers who had contact with the patient proved positive for the Ebola virus. Unfortunately, the patient and both health workers all died of the same disease.

In accordance with its commitments to transparency, the Government of Mali provides daily reports at the national and international levels through the Ministry of Health and Public Hygiene on the eradication of the Ebola virus in Mali. As of 20 November, the situation is as follows.

The number of persons who had contact with the disease counted by the health services and who are being monitored is 310 in total. Of those contacts, two new suspects were identified and are undergoing tests at present. Those linked to the Kayes case are no longer being monitored, as the emergence of illness occurs within 21 days. Those contacts are no longer counted, hence the drop in the number of contact persons in relation to previous situations. As of today, therefore, there have been four deaths linked to the patient coming from the neighbouring country, and one death in Kayes — the little girl of two — a total of five deaths.

In terms of preventive measures, the Ministry of Health and Public Hygiene has a contingency plan in place for several months, which has been distributed to technical and financial partners. That plan includes the following elements: the appointment of a person with proven expertise as coordinator of the emergency operational centre against Ebola; the strengthening of health controls at land borders and airports through the setting up of quarantines; the opening of two hot lines for questions from the public; the activation of standing committees to manage diseases at all levels; the creation of a coordinating committee for prevention activities and the care of Ebola; and the establishment of a rapid response team. In addition, we have stepped up epidemiological surveillance throughout the entire country, particularly in the border regions with Guinea, Senegal, Côte d'Ivoire and Mauritania. We have also

established a rapid response team and put in place provisions for awareness-raising and information that urge people to avoid unnecessary travel to the epidemic areas and to observe health and safety measures. Along the same lines, an isolation centre has been set up in Kourémalé, on the border with Guinea, which will be supported by the health services of the armed and security forces.

As one can see, the Government of Mali, despite its limited resources, is firmly committed to cooperation with all segments of society to contain the disease and expel it from our region, which, one must recognize, is facing all kinds of innumerable challenges. We call on the international community for more substantial and coordinated mobilization in support of the efforts of affected and neighbouring countries for preventive reasons.

In conclusion, on behalf of the Government of Mali, I would like to reiterate our commitment to fully cooperate with the international community, including the United Nations, the Economic Community of West African States, the African Union, the European Union, other affected countries, as well as bilateral and multilateral partners, in order to rid our planet of the spectre of this dreadful disease, which is a true threat to international peace and security.

**The President:** Before concluding, I would just like to repeat Foreign Minister Bishop's apologies to our colleagues from the affected countries that it was not possible to establish for technical reasons the video teleconferencing from capitals that we had hoped. The Council should be able to do better, and so the presidency will discuss with the appropriate members of the Secretariat how we can fix that problem — if that can be done — so that we are not constrained by that technical deficiency again.

There are no more names inscribed on the list of speakers.

This has obviously been a very necessary meeting. I think I would quote only Ambassador Marjon Kamara's thanks that the Council has "maintained its focus" on this threat. Her own contribution is essential to allowing and helping us to do that, as is that of our briefers.

I want to thank David Nabarro in particular for being able to stay with us for so long today, given the enormous pressures on what he is doing. Also, thanks go to Anthony Banbury and his entire team for staying

with us by video teleconference at such a very late hour in Accra, particularly since he has, like many who are there, such long days. I also again thank our earlier briefer, Thomas Mauget, and all of his co-workers on the front line.

Finally, I would like to thank our interpreters for giving the Council this extra bit of time. I am sure that the Fifth Committee will look at that.

There are no more names inscribed on the list of speakers. The Security Council has thus concluded the present stage of its consideration of the item on its agenda.

*The meeting rose at 6.40 p.m.*