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The Mission to Stop Ebola: Lessons for UN Crisis Response

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Cover Photo: Volunteers put on protective equipment to undertake safe and dignified burials, Freetown, Sierra Leone, December 24, 2014. UNMEER/Martine Perret.

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Upon the closure of the United Nations Mission for Ebola Emergency Response in July 2015, the General Assembly requested that the secretary-general report back on the conclusions of a lessons learned study in early 2016. Between September and December 2015, the International Peace Institute (IPI) partnered with the Executive Office of the UN Secretary-General (EOSG) to conduct that study. IPI "leveraged its policy research, strategic analysis, and convening capacities in support of the exercise" (A/70/737). As part of the terms of reference of that partnership, IPI also committed to produce an independent, externally published report. This is the product of that endeavor.

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Abbreviations

DFS	UN Department of Field Support
DPKO	UN Department for Peacekeeping Operations
EOSG	Executive Office of the UN Secretary-General
ECM	Ebola crisis manager
ETU	Ebola treatment unit
IASC	Inter-Agency Standing Committee
MSF	Médecins Sans Frontières
OCHA	UN Office for the Coordination of Humanitarian Affairs
PHEIC	Public Health Emergency of International Concern
SG	UN secretary-general
SRSG	Special representative of the secretary-general
UNDP	UN Development Programme
UNICEF	UN Children's Fund
UNMEER	UN Mission for Ebola Emergency Response
WFP	UN World Food Programme
WHO	World Health Organization

Executive Summary

The Ebola epidemic of 2014–2016 was a fast-moving, multidimensional emergency that presented unprecedented challenges for the multilateral system. In response to the outbreak, which was spreading exponentially in Guinea, Liberia, and Sierra Leone, Secretary-General Ban Ki-moon established the UN's first-ever emergency health mission, the UN Mission for Ebola Emergency Response (UNMEER). UNMEER was mandated by the UN General Assembly in September 2014 to scale up and coordinate the activities of the UN presence on the ground working to stop the outbreak, which eventually claimed over 11,000 lives.

This report asks: Was UNMEER needed? Was it properly structured? Did it deliver? And what broader lessons can be learned from the experience of UNMEER for UN crisis response?

UNMEER's creation responded to the need for a whole-of-system approach to fighting Ebola. The crisis outpaced the capacity of frontline responders, which were understaffed, under-trained, and under-resourced, to contain it. Available contingency measures would have provided neither the health expertise nor the operational direction required to halt the outbreak, and by September 2014, there was an urgent sense that something special was needed.

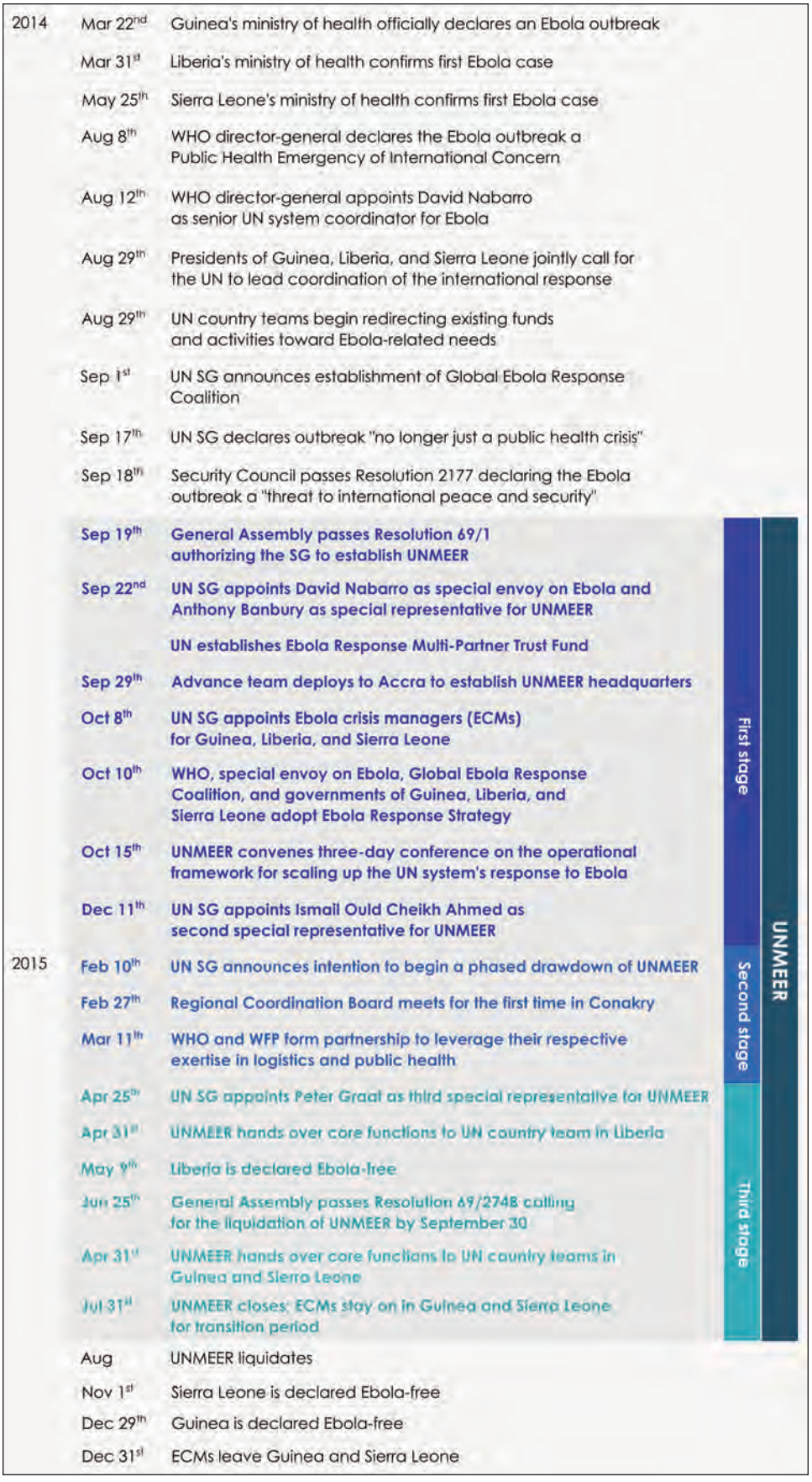
The mission's integrated mission concept enabled it to combine the World Health Organization's technical expertise with the operational experience of other UN agencies and the UN Secretariat. The mission underwent three distinct stages between September 2014 and July 2015. It was criticized for adopting an overly top-down management style in the initial stage, and it failed early on to engage key stakeholders, including women's groups and affected communities. Yet the mission began to decentralize during its second stage, and its sequenced approach gave it enough flexibility to reset its leadership, management style, and operations to respond to the virus's rapid spread.

The mission was ultimately more successful at providing operational leadership and direction—most notably in supporting the Ebola Response Strategy—than it was at directly coordinating field partners. Its ability to coordinate the scale-up of logistical capacity in the region was considered a critical multiplier for the UN response, despite serious staffing challenges that slowed the pace of deployment. Among its most important contributions was that its establishment helped to catalyze global political action, precipitating an influx of donor contributions.

The mission's success in raising the profile of the response and focusing the efforts of UN entities to fulfill the Ebola Response Strategy provides valuable lessons on how to bridge longstanding institutional divisions, or silos, between the UN's principal organs and between and within the Secretariat and agencies, funds, and programs. The report concludes with eight broad lessons for UN crisis response:

1. **A sequenced approach and flexible mandate** allow for better responses to unanticipated challenges.
2. Effective responses draw upon the full range of UN tools and implementing partners based on the principle of **comparative advantage**, but they must take into account the challenge of integrating distinct organizational cultures.
3. **Flexible and predictable funding** is critical for rapidly scaling up responses to multidimensional crises.
4. **Local engagement with key stakeholders** during the peak of a crisis enhances long-term effectiveness.
5. A **system-wide communications strategy**, bolstered by strong communications capacity in the field, is required from the outset.
6. **High-level coordination and oversight** can provide flexibility and quick reaction.
7. **Close proximity to frontline responders** and the site of the crisis enhances field coordination.
8. A **regional office** can improve coordination across borders, but it must be joined with a strategy to account for the specificity of national and local contexts.

Figure 1. UNMEER response timeline



Introduction

It took place in West Africa, but it inspired a sense of vulnerability the world over. The Ebola outbreak of 2014–2016 was the deadliest in history. By the end, over 28,000 cases had occurred, and over 11,000 people had died.[1] In an age of constant cross-border movement and intercontinental travel, the contagion could not be contained within a single country. It could not be addressed by local or national authorities alone. It required an international response.

In September 2014, at the height of the outbreak, UN Secretary-General Ban Ki-moon established the organization's first-ever emergency health mission: the UN Mission for Ebola Emergency Response (UNMEER). This report examines what lessons can be learned from the experience of UNMEER for UN crisis response writ large. UNMEER's role in the international response to Ebola has been under-researched compared to that of the World Health Organization (WHO) and other actors. As such, this report aims to provide an impartial analysis of the mission with an eye toward improving future responses by the UN system to both health and non-health emergencies.

UNMEER offers an important case study for several reasons. First, the Ebola outbreak is an example of a fast-evolving global crisis impacting multiple sectors under the umbrella of the UN system. These include health and humanitarian affairs, as well as the UN's three main pillars of peace and security, development, and human rights. As such, the outbreak required quick reaction and multi-sectoral responses. Second, UNMEER brought several innovations to UN crisis response, including a regional rather than country-specific mission structure. Third, the mission can be assessed in light of recommendations from recent high-level review processes looking at how the UN system can better work together to become more fit for purpose.

The report is organized into four sections. The first section sets the context by describing the operational environment at the time of the mission's creation and asks the question, "Was UNMEER needed?" The second section examines the mission's structure, composition, and sequencing, including its three distinct stages, and analyzes whether it was properly configured. The third section analyzes whether it accomplished what it set out to do in five areas: (1) leadership and operational direction; (2) scaling up the response; (3) coordination; (4) strategic communications and community engagement; and (5) raising the profile of the response. Finally, we identify eight lessons from UNMEER's experience for UN crisis response and conclude with a brief discussion about what this reveals about the UN's progress and potential in integrating and delivering across institutional divisions, or silos.

Research was collected from roundtables with experts, practitioners, and member states organized by the International Peace Institute (IPI) in partnership with the Executive Office of the UN Secretary-General (EOSG), interviews with senior UN officials who had a direct or indirect relationship with UNMEER, official UN documents, and field research conducted as part of the secretary-general's UNMEER lessons learned exercise. In addition, we draw on multiple external reports and evaluations throughout the report, in particular to analyze the state of the crisis during the critical August–September 2014 period, following WHO's declaration of a Public Health Emergency of International Concern (PHEIC) but prior to UNMEER's establishment. The lessons provided at the end of this report highlight both the challenges and the opportunities for the UN in providing a whole-of-system response in the context of a rapidly developing and complex crisis.

Was UNMEER Needed?

UNMEER arrived on the scene in late September and early October 2014 at the peak of the Ebola crisis (see Figure 1). Although the outbreak began in December 2013, the preceding months had witnessed a dramatic increase in the number of cases in the three most affected countries of Guinea, Liberia, and Sierra Leone (see Figure 2). In the three months between June 18 and September 14, 2014, the number of cases rose more than tenfold—from 528 to 5,335 (confirmed, probable,

1 Centers for Disease Control and Prevention (CDC), "2014–2016 Ebola Outbreak in West Africa," available at www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/ .

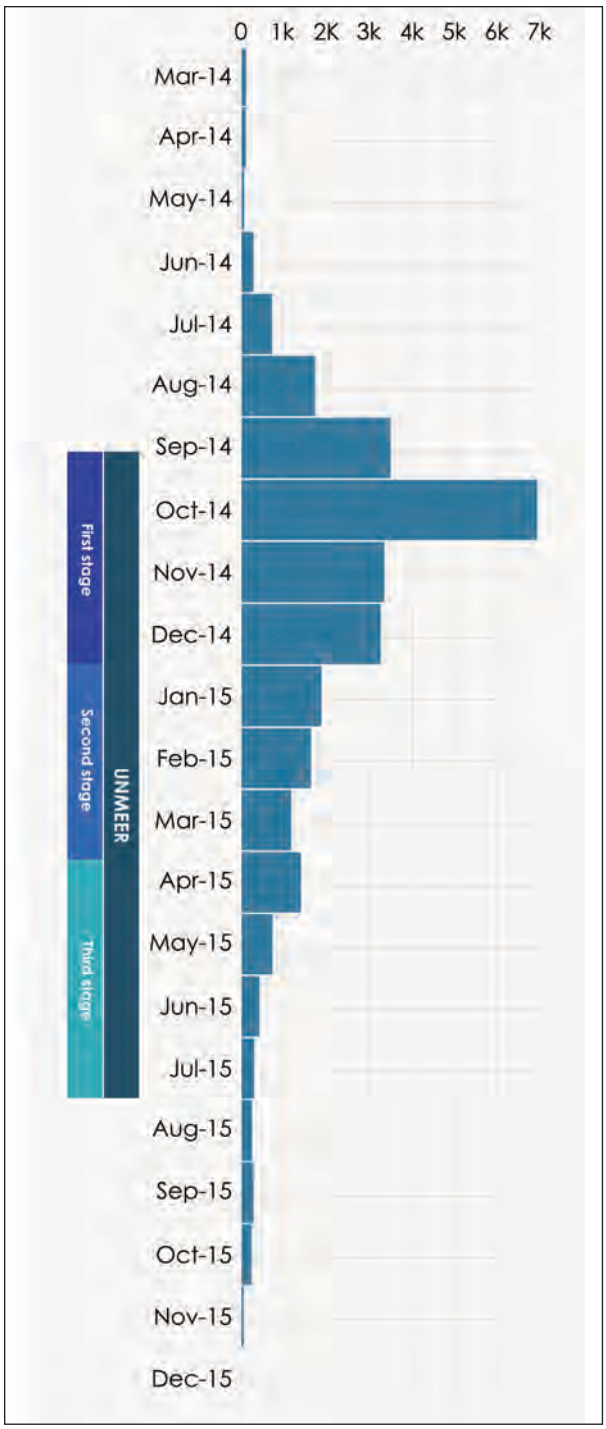
and suspected).[2] The virus was spreading exponentially and, according to epidemiological estimates from the US Centers for Disease Control, a total of 550,000 cases (1.4 million if corrected for underreporting) could be expected in Liberia and Sierra Leone alone by mid-January 2015.[3] On August 8th, the WHO Emergency Committee declared that Ebola represented a PHEIC, the highest alert level available.

INTERNATIONAL RESPONSE PRIOR TO UNMEER

By the time the PHEIC was declared, many in the international community had already recognized the dangers posed by Ebola to West Africa and the world. Nevertheless, an atmosphere of fear "paralyzed" many international aid groups; while accustomed to dealing with a wide array of dangers ranging from floods and earthquakes to the threat of suicide bombers, they were reluctant to confront a deadly epidemic amid a rapidly evolving situation.[4] Difficulty in recruiting qualified personnel and rapid staff turnover rates were major impediments to scaling up the response. A "key disincentive" to join was the absence of guaranteed medical evacuation for international staff, and no such contingency plans were arranged with Western governments for months.[5]

A small number of government aid agencies and nongovernmental organizations (NGOs), such as Médecins Sans Frontières (MSF), Samaritan's Purse, and the International Committee of the Red Cross, were active on the ground carrying out Ebola-related activities. However, these courageous frontline responders, including national healthcare workers, were "pushed to the limit" by the scale of the epidemic.[6] Notably, the intervention was hampered by too few experts and supplies to build and operate field hospitals and other medical facilities. For months, Ebola treatment units (ETUs) were stretched beyond capacity and could not accept new patients. In addition to strained labora-

Figure 2. Ebola cases per month



2 CDC, "Ebola Viral Disease Outbreak—West Africa, 2014," June 27, 2014, available at www.cdc.gov/mmwr/preview/mmwrhtml/mm6325a4.htm ; World Health Organization (WHO), "Ebola Response Roadmap Situation Report," September 18, 2014, available at http://apps.who.int/iris/bitstream/10665/133833/1/roadmapsitrep4_eng.pdf?ua=1

3 CDC, "Questions and Answers: Estimating the Future Number of Cases in the Ebola Epidemic—Liberia and Sierra Leone, 2014–2015," November 19, 2014, available at www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/qa-mmwr-estimating-future-cases.html .

4 Médecins Sans Frontières (MSF), "Pushed to the Limit and Beyond: A Year into the Largest Ever Ebola Outbreak," March 2015, available at www.msf.org/en/article/ebola-pushed-limit-and-beyond .

5 UN General Assembly, *Protecting Humanity from Future Health Crises: Report of the High-Level Panel on the Global Response to Health Crises*, UN Doc. A/70/723, February 9, 2016.

6 MSF, "Pushed to the Limit and Beyond."

tory and epidemiological capacity, logistical failures led to a shortage of essential equipment, such as beds for ETUs and personal protective equipment for healthcare workers. Travel bans into or out of the most affected countries imposed by commercial airlines and shipping services exacerbated these logistical challenges.

Notably, the outbreak "put enormous strain" on the emergency response capacity of WHO.[7] Already stretched across multiple health emergencies worldwide, it was unable to deploy a much-needed surge of medical teams to the region.[8] It possessed neither the operational capacity nor the resources to lead and coordinate the response. Scarce human and material resources were mirrored by a massive financial shortfall. WHO's estimates of its needs rose nearly ten-fold—from $71 to $600 million—between early August and early September.[9] These calls went unmet until an upsurge in donor pledges later in the year.

Formally under WHO's guidance, UN country teams maintained an active presence in the region and coordinated interagency operations. However, lack of clarity over how to define the outbreak—and who should lead the response—complicated the task of prioritizing, planning, and decision making. In August 2014, the Inter-Agency Standing Committee (IASC), a body that brings together key UN and non-UN humanitarian partners, determined that WHO should remain the lead response agency, but this decision was controversial.

The key question was whether the outbreak was primarily a health crisis or a broader, multidimensional crisis. Early on, WHO saw it as primarily a health crisis. WHO needed logistics and unified command support, but it did not determine that a system-wide response was called for. Other agencies saw the crisis as clearly multidimensional. Their supporters argue that it should have been elevated early on to the status of a level-three humanitarian emergency—the highest available under the IASC—which would have "provided additional leadership support to UN Country Teams" and empowered the Office for the Coordination of Humanitarian Affairs (OCHA) to focus on the wider needs.[10] But these agencies did not take the lead because it was at its origin a health crisis, and they lacked health expertise.

By mid-September 2014, it was apparent that the outbreak had outpaced the capacity of frontline groups to respond. In addition, there were numerous reports across the most affected countries of food shortages, closings of schools and hospitals, rising unemployment, restrictive quarantines, and a breakdown in law and order. On September 17th, the secretary-general stated that the Ebola outbreak was "no longer just a public health crisis, but has become multidimensional, with significant political, social, economic, humanitarian, logistical and security dimensions."[11]

The creation of a special mission was not a foregone conclusion. Other contingencies were available, and some argue that these would have been preferable to establishing a new entity.[12] However, as noted in the report of the High-Level Panel on the Global Response to Health Crises, the humanitarian response system, including the IASC "cluster approach" coordinated by OCHA, was intended for humanitarian catastrophes, and some felt that it would not provide the command and control necessary to turn the tide of the outbreak.[13]

In addition, it should be recalled that the WHO is a specialized agency that does not report directly to

7 World Health Organization (WHO), *Report of the Ebola Interim Assessment Panel*, July 2015, available at www.who.int/csr/resources/publications/ebola/reporby-panel.pdf?ua=1 .

8 UN General Assembly, *Report of the High-Level Panel on the Global Response to Health Crises.*

9 Marc Dubois and Caitlin Wake, with Scarlett Sturridge and Christina Bennet, "The Ebola Response in West Africa: Exposing the Politics and Culture of International Aid," Overseas Development Institute, October 2015, available at www.odi.org/publications/9956-ebola-response-west-africa-exposing-politics-culture-international-aid .

10 "The early declaration of an L3 emergency in Ebola-affected countries and the early and consistent activation of the humanitarian cluster system across all three countries (the humanitarian clusters were activated in Liberia) could arguably have provided additional leadership support to the UN Country Teams, including through the designation of country-level and, potentially, a regional humanitarian coordinator." Dubois and Wake, "The Ebola Response in West Africa," p. 27.

11 UN General Assembly and Security Council, *Identical Letters Dated 17 September 2014 from the Secretary-General Addressed to the President of the General Assembly and the President of the Security Council*, UN Doc. A/69/389-S/2014/679, September 18, 2014.

12 "The creation of the UN Mission for Emergency Ebola Response [sic] bypassed the pre-existing UN body for emergency coordination, the Office for the Coordination of Humanitarian Affairs, further blurring the lines of responsibility for international coordination." Suerie Moon, et al. "Will Ebola Change the Game? Ten Essential Reforms before the Next Pandemic. The Report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola," *The Lancet* 386, no. 10009 (2015).

13 UN General Assembly, *Report of the High-Level Panel on the Global Response to Health Crises.*

the secretary-general. It has its own reporting lines, accountability mechanisms, and member-state governance through the World Health Assembly. As a result, no interagency mechanism existed to address a multidimensional health crisis that implicated all three of the UN's main pillars of peace and security, development, and human rights.[14] In principle, this role could have been played by the UN Operations and Crisis Centre (UNOCC). However, the center, having only been inaugurated in 2013, did not have the operational, analytical, or oversight capacity required for such a task.

The situation called for extraordinary action. There was an urgent sense that something special was needed. Leadership at the highest level was required to bring together the whole UN system into a coordinated response and to galvanize international support. But what form should that response take? There was no precedent to go by. Empowered leadership with a dedicated focus was clearly needed.

UNMEER'S ROLE

On September 18, 2014, the UN Security Council convened and, noting that peacebuilding and development gains in the most affected countries could be reversed, declared the virus "a threat to international peace and security" (Resolution 2177).[15] On September 19th, the General Assembly formally authorized the secretary-general to establish UNMEER with a mandate to develop and implement a UN system-wide Ebola response strategy (Resolution 69/1).[16] In identical letters submitted to the Security Council and the General Assembly, the secretary-general wrote:

> The Mission will harness the capabilities and competencies of all the relevant United Nations actors under a unified operational structure to reinforce unity of purpose, effective ground-level leadership and operational direction, in order to ensure a rapid, effective, efficient and coherent response to the crisis. The singular strategic objective and purpose of the Mission will be to work with others to stop the Ebola outbreak. To achieve this, the strategic priorities of the Mission will be to [1] stop the spread of the disease, [2] treat the infected, [3] ensure essential services, [4] preserve stability and [5] prevent the spread to countries currently unaffected.[17]

Guided by these five strategic priorities, known as STEPP, UNMEER took over from WHO the role of lead response coordinator. Its mandate called for coordinating the operational activities of UN agencies, funds, and programs in the most affected countries and bringing their operations into concert with an overall strategy and national action plans. Given the severe capacity deficit in the region, the mandate also called for rapidly scaling up technical, material, and human capacity. This included establishing a logistics and operations backbone for the UN response, as well as telecommunications, geospatial, vehicle, and aviation support.

UNMEER's creation responded to the need for a whole-of-system approach to fighting the Ebola outbreak. By providing a central command structure and ground-level leadership, the mission was envisaged to support coordination and integration of the responsibilities previously mandated to UN system entities toward an overarching strategic vision. In addition, the situation called for high-level strategic engagement to mobilize political and financial support, an objective also leveraged by the new position of special envoy on Ebola held by David Nabarro. Symbolically, high-profile action could signal a renewed willingness to confront the outbreak and demonstrate resolve to overcome the fear that had gripped the international aid community.

Was It Properly Structured?

In outlining his vision, the secretary-general declared that the mission should "combine the technical expertise of WHO with the operational strengths and capabilities of other United Nations agencies, funds and programmes."[18] This section examines UNMEER's structure and analyzes

14 Ibid.

15 UN Security Council Resolution 2177 (September 18, 2014), UN Doc. S/RES/2177.

16 UN General Assembly Resolution 69/1 (September 23, 2014), UN Doc. A/RES/69/1.

17 UN General Assembly and Security Council, *Identical Letters Dated 17 September 2014 from the Secretary-General Addressed to the President of the General Assembly and the President of the Security Council.*

18 UN General Assembly, *Revised Estimates Relating to the Programme Budget for the Biennium 2014–2015*, Office of the Special Envoy on Ebola and the United Nations Mission for Ebola Emergency Response, Report of the Secretary-General, UN Doc. A/69/590, November 17, 2014.

whether it was properly configured to meet the nature of the threat.

OVERALL STRUCTURE AND STAFFING

Drawing on innovations introduced in UN peace operations, particularly integrated multidimensional peacekeeping missions, UNMEER's integrated mission concept called for coordinating the activities of agencies present in the affected countries toward fulfillment of a central mandate or strategy. The mission's backbone consisted primarily of Secretariat officials and interagency secondments with experience in operations and crisis management. WHO retained its leadership on health issues within the mission across several operational areas: case finding, laboratory services, case management, procurement for ETUs, training of healthcare workers, and technical information management.[19]

The mission's regional command structure saw its headquarters based in Accra, Ghana, with country offices headed by Ebola crisis managers (ECMs) in Guinea, Liberia, Sierra Leone, and (for a brief time) Mali (see Figure 3). The choice to place mission headquarters outside of the affected countries was subject to harsh criticism in some quarters and remains a point of contention to date. For many, it exacerbated the command-and-control culture of UN peacekeeping operations with a top-down structure based at a headquarters removed from the theater of operations. This was seen as particularly inimical by many in the UN humanitarian agencies, where being located as close to the emergency as possible is valued as a way to facilitate the quick delivery of relief.

The decision was also not based on the practice of peacekeeping missions, which are based in-country. This was despite the peacekeeping model having served as a central reference point for the design of the mission in its start-up phase; many who were involved in the mission's design had been seconded from the Department of Peacekeeping Operations (DPKO) and the Department of Field Support (DFS), and the first head of UNMEER, Anthony Banbury, had previously been the assistant secretary-general for field support. Instead, the decision to place UNMEER's regional base of operations in a non-

Figure 3. UNMEER headquarters and countries most effected by the Ebola outbreak

19 WHO, "The Role of WHO within the United Nations Mission for Ebola Emergency Response," Report of the Secretariat, April 2015, available at www.who.int/csr/resources/publications/ebola/who-unmeer.pdf?ua=1 .

affected country was primarily made due to safety concerns, given the alarming estimates of the virus's spread at the time, as well as due to the obstacles presented by travel restrictions that had been imposed in the most affected countries.

By December 31, 2014, the mission comprised 211 international staff and personnel deployed to the region, with backstopping support at headquarters in New York, the Regional Service Centre in Entebbe, Uganda, and a liaison office in Dakar, Senegal.[20]

The mission's leadership comprised a special representative of the secretary-general (SRSG), who was also head of mission and lead coordinator. Three ECMs positioned in the most affected countries supported national-level implementation of the mandate. At the strategic level, the special envoy on Ebola provided technical and medical guidance and had a direct line of communication with both the SRSG and the WHO director-general. The Executive Office of the Secretary-General was directly involved in planning and coordinating the mission. As an additional layer of oversight, a mechanism was established within the executive office to facilitate regular communication between the field and headquarters and to elevate issues for immediate action. The mission submitted monthly reports and budget assessments to the General Assembly.

THREE STAGES OF TRANSITION

One of the mission's major planning assumptions was that it would need to be flexible enough to shift its operations and logistics as needed in order to keep up with the rapid spread of the virus. The secretary-general stated that "the constantly evolving nature of the outbreak means that any response, whether national or international, must be dynamic, agile and highly flexible."[21] This flexibility was reflected in the mission's sequenced approach, marked by three stages of transition.[22]

The first stage commenced in September 2014 and was defined by the need to rapidly scale up logistics, infrastructure, and human resources in order to fill the capacity deficit on the ground. As the number of Ebola cases was increasing exponentially, the first ninety days of the mission's rollout called for supplying the three "Bs": beds for ETUs, safe burial teams, and behavioral change interventions to slow transmission of the virus.[23]

During this stage, the mission's foundation in the model of UN peacekeeping was plainly evident in its procedures for logistics, recruitment, and financing. It used existing Secretariat arrangements and assessed funding to procure large numbers of vehicles, equipment, and supplies.[24] These assets were often redeployed from peacekeeping missions, such as the UN Mission in Liberia (UNMIL), UN country teams, and the UN Humanitarian Air Service. As previously mentioned, the mission's first SRSG was also appointed from the senior ranks of DFS and possessed extensive field support expertise. Fulfilling the mission's human resources requirements proved less efficient, however. Secretariat staff rosters lacked qualified experts in specialized fields, such as epidemiology, and UN human resources procedures did not allow for bringing on board such experts on a temporary basis under short notice.

Like its peacekeeping counterparts, UNMEER initially opted for a centralized command structure. Reporting directly to the secretary-general, the mission's executive office was empowered to make far-reaching operational and planning decisions. While this vertical approach may have helped to quickly scale up the response, it came at the expense of engaging key stakeholders in the decision-making process. Notably absent from early consultations were many international NGOs, national and local civil society groups, and representatives from the affected communities.

This in part resulted from the mission operating outside of existing humanitarian consultation and coordination structures and actors, because the

20 UN General Assembly, *Letter Dated 12 January 2015 from the Secretary-General Addressed to the President of the General Assembly*, UN Doc. A/69/720, January 13, 2015.

21 UN General Assembly, *Revised Estimates Relating to the Programme Budget for the Biennium 2014–2015*.

22 UNMEER, internal documents on timeline and stages.

23 Global Ebola Response Coalition, "Making a Difference: Progress Report 2015," May 2015, available at https://ebolaresponse.un.org/sites/default/files/web_press_ebola_progress_report_en_sm.pdf .

24 UN funding comes from two sources: assessed contributions and voluntary contributions. Assessed contributions are payments required by all member states to finance the UN's budget for peacekeeping and its regular operating budget. The vast majority of the UN's humanitarian work is funded by voluntary contributions.

IASC cluster approach was not invoked. This centralized structure also had implications for mission planning, which was top-down and informed by senior WHO guidance rather than information obtained from the field. This all led to resentment and harsh criticism from integral partners in the field, contributing to the shift to a new model once UNMEER was fully set up.

The second stage commenced in January 2015 after UNMEER attained full operating capacity. Once sufficient vehicles and other enablers were in place, the mission aimed to consolidate the response by decentralizing its command structure and focusing on its mandated coordination role. During this stage, a transformation in management style occurred through a shift in support to country-level leadership. The ECMs served as key points of contact between national governments and the UN system. They met frequently with government officials, managed relations with donors, and were given broad authority to convene operational partners.

The second stage's more decentralized structure was also reflected in the leadership profile of the newly appointed SRSG, Ismail Ould Cheikh Ahmed, whose role focused more on leveraging partnerships rather than commanding field support, including his "Countries–Communities–Coordination" vision unveiled in January 2015.[25] Under this new leadership, the mission made strides in incorporating the views of diverse stakeholders, for instance by establishing a regional Coordination Board in February 2015 to bring frontline responders into the management and decision-making process.

The final stage commenced in April 2015 under a third head of mission, Peter Graaff, who took over after Ould Cheikh Ahmed was tapped to be the UN's special envoy to Yemen. The third stage lasted until the mission's closing on July 31, 2015. During this stage, the mission focused on refining its methods and other technicalities while beginning a phased drawdown.

The final stage was marked by a steady decline in the number of Ebola cases. Liberia was declared Ebola-free on May 9, 2015, but cases continued to occur in Guinea and Sierra Leone. Cases were generally dispersed throughout affected districts rather than clustered in urban centers, as before. Instead of establishing large ETUs, the mission's activities were increasingly geared toward responding to sudden shifts in transmission of the virus.

During this period, the mission's center of gravity began to shift from the Secretariat toward WHO.[26] The agency's role became more prominent within the mission as the need for contact tracing, case management, and coordination supplanted that for rapid deployment and infrastructure building. WHO's medical experts were called upon to map all possible chains of transmission and implement integrated disease surveillance. The mission further decentralized to the local and district levels, while the three "Bs" segued into the three "Cs": contact tracing, case finding, and community ownership.[27]

When it was launched, UNMEER elicited much curiosity over what would be its exit strategy. The secretary-general was determined that the mission be a temporary emergency measure, not a long-term mission. While no transition plan was developed at the outset, one did follow shortly thereafter. Transition planning began in February 2015, and that month the secretary-general stated in a letter to the president of the General Assembly his intention to begin a phased drawdown via a gradual handover of UNMEER's functions to UN resident coordinators by mid-2015.[28] On April 31st, the mission handed over core functions to the UN country team in Liberia; on June 30th core functions were handed over to UN agencies, funds, and programs in Guinea and Sierra Leone. Some thought this was too soon,[29] and indeed it was agreed that the ECMs would stay on in Guinea and Sierra Leone for a transition period under WHO after UNMEER officially closed on July 31st.

25 WHO, "The Role of WHO within the United Nations Mission for Ebola Emergency Response."

26 Ibid.

27 Global Ebola Response Coalition, "Making a Difference: Progress Report 2015."

28 UN General Assembly, *Letter Dated 10 February 2015 from the Secretary-General Addressed to the President of the General Assembly*, UN Doc. A/69/759, February 10, 2015.

29 For example, see discussion in Adam Kamradt-Scott, "Saving Lives: The Civil-Military Response to the 2014 Ebola Outbreak in West Africa," University of Sydney, October 2015, available at https://sydney.edu.au/arts/ciss/downloads/SavingLivesPDF.pdf .

Although UNMEER adopted an overly top-down management style in the initial stage, its sequenced approach enabled it to adapt to the fast-evolving emergency on the ground. With a flexible mandate and high-level support, it was able to recalibrate its composition and operations to react to the needs on the ground. This included the flexibility to reset the mission's leadership profile, centralize or decentralize management, and prioritize various tasks, such as coordination or command and control, as required. Its integrated mission concept and key partnerships enabled it to combine WHO's technical expertise with the operational experience of other UN agencies and the Secretariat, although this generated unexpected problems for mission staffing, among other areas. All of this provides lessons for future UN missions of various types.

Did It Deliver?

Looking back to the dire situation faced by West Africa in September 2014, it is without doubt that the worst-case scenario was averted. The epidemic was stopped tragically too late for the thousands of victims, but epidemiological estimates suggest it could have been horrifyingly worse. Success, they say, has many fathers. And to be sure, much is owed to the brave men and women who were the first responders at the local and national levels. Many international NGOs, especially MSF, also deserve credit, and many bilateral actors played major roles, including Cuba, the United Kingdom, and the United States. But what of the success in stemming the tide can we attribute to UNMEER? Did it succeed in doing what it set out to do?

This section assesses UNMEER's performance in five areas: (1) leadership and operational direction; (2) scaling up the response; (3) coordination; (4) strategic communications and community engagement; and (5) raising the profile of the response.

LEADERSHIP AND OPERATIONAL DIRECTION

One of UNMEER's first and most important tasks was to develop and lead a framework for implementing the Ebola Response Strategy. The Ebola Response Strategy was adopted on October 10, 2014, by WHO, the special envoy on Ebola, the Global Ebola Response Coalition, and the governments of the most affected countries. Also known as the "30-60-90-day plan," it called for achieving improved logistical capacity within thirty days of the mission's deployment, 70 percent case isolation and 70 percent safe burials within sixty days, and 100 percent case isolation and 100 percent safe burials within 90 days.

In order to meet the ambitious targets of the 30-60-90-day plan, UNMEER put forward a framework at the operational planning conference held in Accra, Ghana, from October 15th to 18th. The plan was adopted and called on the UN to deliver four mission-critical lines of action:

1. Case finding and contact tracing;
2. Case management;
3. Safe and dignified burials; and
4. Community engagement and social mobilization.

UN agencies were responsible for delivering these "four pillars" within their respective mandates and scopes of operation, with UNMEER playing a coordinating role. For example, under the framework, the UN Development Programme (UNDP) followed a two-track approach to fighting the virus that included stopping the epidemic as well as ensuring a rapid and sustainable recovery.[30] This approach involved community engagement, with a focus on at-risk groups such as women and children, and strengthening delivery of essential services, such as healthcare and education. Under the plan, UNDP also led efforts to pay response workers, including linking nearly 38,000 healthcare workers to cash payment and e-payment schemes. UNDP's involvement underscores the role of development in tackling the outbreak, namely the need for sustainable health systems and national disease surveillance.[31]

The fact that UNMEER achieved most of the targets of the 30-60-90-day plan may be viewed as one measure of its success at orienting the UN system behind a common program of action, but

30 UN Development Programme (UNDP), *Getting Beyond Zero—Early Recovery and Resilience Support Framework: Guinea, Liberia and Sierra Leone*, 2015, available at www.undp.org/content/undp/en/home/librarypage/crisis-prevention-and-recovery/getting-beyond-zero---early-recovery-and-resilience-support-fram.html .

31 For more on this point, see Maureen Quinn, ed., "Governance and Health in Post-Conflict Countries: The Ebola Outbreak in Liberia and Sierra Leone," International Peace Institute, June 2016, available at www.ipinst.org/2016/06/ebola-outbreak-liberia-sierra-leone .

some actors resent this metric. It takes the mission deployment as its starting point, when other national and international actors had already been in the field for months by the time of UNMEER's arrival. Their contributions to stemming the epidemic were undeniably critical. As discussed later, UNMEER's high-profile launch coincided with and contributed to a surge in global response capacity, so it is difficult to isolate the mission's particular contributions from those of these myriad actors. Nevertheless, as a measure of whether UNMEER achieved its own goals, the 30-60-90-day plan provides a useful benchmark.

By December 1st, sixty days after UNMEER's deployment, over 70 percent of individuals with Ebola were isolated and treated in Liberia and Guinea, as well as in Sierra Leone with the exception of four western districts—up from 28 percent of cases on October 31st. Approximately 95 percent of the bodies of Ebola victims in Liberia and Sierra Leone, and 88 percent in Guinea, were receiving a safe and dignified burial within twenty-four hours.[32] By the ninety-day mark of January 1, 2015, sufficient burial teams were in place to reach 100 percent. The goal of 100 percent case isolation and treatment was not met at this time, however, as the situation entered a new phase characterized by viral transmission and flare-ups in remote and cross-border regions.[33]

Although the UN system coalesced around the four pillars, this approach has come under criticism for being too narrowly focused on the health aspects of the outbreak, while neglecting wider humanitarian, economic, social, and governance dimensions.[34] Areas such as food security, livelihood recovery, and protection were overshadowed by the urgency to monitor and treat cases. Non-Ebola diseases, which in some cases had higher morbidity and mortality, went untreated as health services were diverted to the Ebola response.[35]

Thus the four pillars can be said to have done more to aggressively contain the outbreak and treat the infected than to address the wider population's acute suffering from a range of socioeconomic problems and non-Ebola diseases. While this criticism has validity, it is important to recall the urgency of the situation in September 2014 and the specific role UNMEER was mandated to play in scaling up the response to stem the outbreak.

SCALING UP THE RESPONSE

UNMEER was mandated to provide a logistics and operations platform for rapidly scaling up the response. This included deploying capacities such as vehicles, supplies, and trained personnel within thirty days of the mission's rollout. To achieve this, the mission tapped into the logistical expertise of the UN Secretariat, notably DPKO/DFS, while assessed funding made possible the provision of vehicles, helicopters, and other enablers.

Initially, assets were borrowed from peacekeeping missions, the UN Humanitarian Air Service, and UN country teams. The mission was able to draw on the capabilities of the UN Mission in Liberia (UNMIL), which served as a major launching point for logistical, engineering, and transport support in that country, while peacekeeping missions in Côte d'Ivoire and Mali contributed to a lesser extent.[36] Most critically, the World Food Programme (WFP) played a key role by providing a common services platform, including forward logistics bases and staging areas.

The initial stage focused primarily on providing the three "Bs": beds for ETUs, safe burial teams, and behavioral change interventions to reduce viral transmission. By December 1st, this had led to the deployment of 254 safe burial teams, the establishment of thirty-seven ETUs with 18,211 beds (excluding those in community care centers), and the activation of 150 social mobilization teams comprising a network of thousands of trained community volunteers.[37] UNMEER and the Humanitarian Air Service flew a total of 2,078

32 UN General Assembly, *Letter Dated 12 January 2015 from the Secretary-General Addressed to the President of the General Assembly*.

33 UN General Assembly, *Letter Dated 10 February 2015 from the Secretary-General Addressed to the President of the General Assembly*.

34 For more on the implications of viewing the outbreak as a public health emergency, see discussion in Maryam Deloffre, "Human Security Governance. Is UNMEER the Way Forward?" *Global Health Governance* 10, no. 1 (2016), p. 54.

35 UNDP, *Assessing the Socio-economic Impacts of Ebola Virus Disease in Guinea, Liberia and Sierra Leone: The Road to Recovery*, December 2014, available at www.africa.undp.org/content/dam/rba/docs/Reports/EVD%20Synthesis%20Report%2023Dec2014.pdf .

36 World Peace Foundation, "Ebola Outbreak: Short Mission Brief," available at http://fletcher.tufts.edu/African-Peace-Missions/Research/Case-Studies/Ebola-Outbreak .

37 UN General Assembly, *Letter Dated 12 January 2015 from the Secretary-General Addressed to the President of the General Assembly*.

flights carrying 10,346 passengers to and within the region through February 2015.[38] The mission donated 359 UN vehicles to host-country partners.[39]

UNMEER met its thirty-day targets by deploying advanced teams to Ghana and setting up the three country offices.[40] However, it took longer to fully staff the mission and fulfill critical human resources needs. Secretariat rosters lacked qualified experts in specialized fields, such as epidemiology and anthropology, while cumbersome UN hiring processes meant new talent could not be recruited on short notice. Interagency arrangements were required to fill many technical gaps. By October 14, 2014, the mission had deployed 84 international staff to the region, [41] compared to its (approximate) peak of 211 personnel by the end of December 2014. It took approximately six to eight weeks to reach full operating capacity, which may be considered fast by UN standards but was not ideal given the circumstances.[42]

In addition, the mission was unable to secure standing agreements with member states for Ebola-related out-of-country evacuation services, which was cited as a major obstacle to recruiting qualified staff. On balance, UNMEER's ability to coordinate the scale-up of logistical capacity in the region was considered a critical multiplier for the UN response, despite serious human resources challenges that slowed the pace of deployment.

COORDINATION

Upon its launch, UNMEER assumed the role of lead Ebola response coordinator. Given the disconnected nature of the various responses during the preceding months, better coordination was needed at all levels. Unfortunately, improved coherence took time to materialize. During its start-up phase, the mission's peacekeeping model was criticized as too top-down and removed from the actors already in the field. This impeded it from having the desired effect of providing both clear leadership and enhanced collaboration.

During the second stage, coordination gradually improved. As previously mentioned, the regional-level Coordination Board was established in February 2015, and national-level coordination structures became more active during this time. The mission's regional approach, with headquarters in Ghana and country offices in the most affected countries, facilitated regional-level coordination. This multi-country perspective improved understanding of the epidemic's cross-border dynamics, such as viral transmission and population movements. It also enabled allocation of resources and assets across borders while facilitating coordination, information sharing, and surveillance. Leadership in the form of a roving, regional SRSG helped to guide and link response efforts.

At the national level, the ECMs' political good offices and convening authority afforded them a higher degree of influence and access than traditional UN resident coordinators. The ECMs worked closely with government authorities, managed donor relations, and supported in-country partners. However, there were inconsistencies in UNMEER's response capacity across countries. Initial planning did not fully consider how different countries, with their varied histories, political cultures, levels of development, and post-conflict situations, would be impacted in different ways by the outbreak and require tailored responses.

For example, the presence of a UN peacekeeping operation in Liberia combined with strong national leadership meant that the UN could maximize the use of operational assets to support the national response right away, even before UNMEER was established. In Sierra Leone, the UK had a strong presence. But in Guinea there was neither a strong bilateral nor a strong multilateral presence, leading, by some accounts, to a slower response.

In addition, while situating its headquarters in Ghana was consistent with UNMEER's regional perspective, this put distance between the mission

38 UN General Assembly, *Letter Dated 10 February 2015 from the Secretary-General Addressed to the President of the General Assembly.*

39 UN General Assembly, *Lessons Learned Exercise on the Coordination Activities of the United Nations Mission for Ebola Emergency Response*, Report of the Secretary-General, UN Doc. A/70/737, March 4, 2016.

40 UN General Assembly, *Letter Dated 12 November 2014 from the Secretary-General Addressed to the President of the General Assembly*, UN Doc. A/69/573, November 12, 2014.

41 Anthony Banbury, briefing to the UN Security Council, New York, October 14, 2014, available at www.un.org/ebolaresponse/pdf/UNMEER%20briefing%20to%20Security%20Council%2014%20Oct%202014_final.pdf .

42 Kamradt-Scott, "The Civil-Military Response to the 2014 Ebola Outbreak in West Africa."

and its field partners in the districts. Its heavy footprint at headquarters limited its visibility to frontline responders, a number of whom remarked that they had only peripheral contact with mission staff.[43]

UNMEER stationed more field crisis managers in the districts as it began to decentralize in its second stage. However, the need to develop new coordination procedures was time-consuming and generated a high degree of friction. Operational partners had to familiarize themselves with new protocols when it likely would have been more efficient to leverage OCHA's previously established coordination mechanisms. As a result, according to many, the mission was more effective at rallying the UN system behind a unified response strategy than it was at providing direct coordination in the field.

STRATEGIC COMMUNICATIONS AND COMMUNITY ENGAGEMENT

As UNMEER was a new construct, there was a high degree of uncertainty over its place in the overall response and its relationship with other response actors. While a certain amount of ambiguity was to be expected while the mission underwent a process of self-definition, a growing disconnect emerged between what was expected of it and what it could realistically hope to accomplish. High-level messaging was inconsistent and, as such, was a source of confusion rather than clarity for some partners. For example, the secretary-general's strategic priorities called upon the mission to reinforce essential services and preserve stability in the affected countries, but this was later clarified as not falling under its priority areas of action.[44]

Outside the UN system, some international NGOs expected the mission's coordination role to extend to them, similar to the traditional role performed by OCHA during a humanitarian emergency. This idea persisted in some circles months after the mission's deployment, even though the mission's focus was on coordinating the UN system's response in particular.[45] There was also considerable confusion on this matter within the UN. Initial messaging suggested that UNMEER would "scale up and lead the efforts of…international and local NGOs,"[46] yet international NGOs, civil society, and affected communities were absent from early consultations. This was an important missed opportunity.

Limited communications capacity in the field further reduced opportunities to clarify certain misconceptions. Eventually, a system-wide communications strategy and core messaging were developed. In addition, the mission's regular briefings to the Security Council, General Assembly, and press streamlined the process of external communications.

Although not a direct task for UNMEER as a coordination mission, communication and engagement with the local population was another key element of the response strategy. A clear theme to emerge from external evaluations of the Ebola response is that engaging local leaders and civil society from the outset would have helped to build trust with local communities, reinforce messaging, and promote behavioral change to reduce viral transmission.[47] Some scholars contend that social mobilization and community ownership were the lynchpin of the most effective responses, particularly in rural areas, and may have been the decisive factor in turning the tide of the outbreak.[48]

The push for community engagement during the crisis was led by the UN Children's Fund (UNICEF).[49] UNICEF conveyed the risks of spreading and contracting the virus via house-to-house campaigns, leaflets, radio programs, and

43 Ibid.

44 "United Nations system entities cited that, soon after the deployment of UNMEER, a severe disconnect arose between the expectations for the Mission and its resourced capacities, which confused messaging. The lack of alignment on whether the Mission's ambit of responsibility would extend beyond stopping the outbreak and treating the infected to the operationalization of the broader strategic priorities, including providing essential services, preserving stability and preventing outbreaks in non-affected countries, as outlined for the United Nations system in the Special Envoy's strategic framework, created initial confusion between UNMEER and United Nations entities." UN General Assembly, *Lessons Learned Exercise on the Coordination Activities of the United Nations Mission for Ebola Emergency Response*, p. 8.

45 The president of MSF believed as late as March 2015 that UNMEER was supposed to coordinate NGOs on the ground. Dubois and Wake, "The Ebola Response in West Africa," p. 28.

46 UN General Assembly, *Letter Dated 12 November 2014 from the Secretary-General Addressed to the President of the General Assembly*.

47 National Ebola Response Centre, "Lessons from the Response to the Ebola Virus Disease Outbreak in Sierra Leone May 2014–November 2015," 2016, available at http://nerc.sl/sites/default/files/docs/EVD%20Lessons%20Learned%20Summary%20A5%20FINAL.pdf .

48 Paul Richards, *Ebola: How a People's Science Helped End an Epidemic* (London: Zed Books, 2016).

49 UNICEF, "Ebola Outbreak Response in West Africa," 2015, available at www.unicef.org/appeals/files/Final_2015_HAC_Ebola.pdf .

dialogue with 50,000 religious and tribal leaders, teachers, and community volunteers. At least 7,300 frontline social mobilizers were trained in Liberia to promote behaviors to stop transmission, such as handwashing, proper hygiene and sanitation, and safe burials. In addition to sensitization campaigns, UNICEF also established community care centers in rural villages and reinforced social services such as healthcare and childcare.

Despite these efforts, benchmarks and targets frequently prioritized technical areas, such as the number of infections treated and safe burials conducted, rather than levels of community sensitization and support. The response was also largely gender-blind. Collection of gender-disaggregated data or promotion of gender-specific responses in communities were minimal. Better engagement with women's groups may have helped to rectify this.[50] The Boston Consulting Group, which advised WHO on formulating the 30-60-90-day plan, concluded in hindsight that the Ebola response was too "virus centric" and not sufficiently "people focused."[51]

RAISING THE PROFILE OF THE RESPONSE

The secretary-general's decision to launch a special mission, along with corresponding high-level meetings of the Security Council and General Assembly and subsequent monthly briefings, helped to focus global attention on a positive response to the crisis and generated much-needed political and financial support from member states and other global health actors. The events surrounding the creation of the UN mission represented a "turning point" as the climate shifted from one of fear and paralysis to one of global concern and cooperation.[52] In the end, this was among the most important contributions of UNMEER: its establishment helped to galvanize a global response.

This highly visible and symbolic action, whereby a public health issue was raised to the "high politics" of the UN Security Council and General Assembly, catalyzed political support.[53] If, as some argue, this activity risked "securitizing" a health issue, it also contributed to an influx of international military and civilian deployments and billions of dollars in pledges from donors. By January 2015, the Ebola response had received $5.1 billion from donor governments, international financial institutions, and private partners, with a disbursement rate of 49 percent, according to the UN special envoy for Ebola.[54] This is compared to $155 million in funds delivered by September 2014.[55]

In addition to its symbolic value, UNMEER undertook concrete action to mobilize and manage these contributions. It created a single contact point for donors, and the SRSG served on the advisory committee of the Ebola Response Multi-Partner Trust Fund—a pooled funding mechanism designed to allocate resources based on the area of greatest need rather than operational silos. It also oversaw disbursement of funds for "quick-impact projects." These were "high-impact, small-scale, relatively low-cost" projects designed to address priority needs as they arose, with ECMs in each country receiving $1 million to select and report on projects such as establishing ETUs in surge areas, strengthening cross-border surveillance, and paying Ebola response workers.[56]

Lessons Learned for UN Crisis Response

The Ebola epidemic of 2014–2016 was a fast-moving, multidimensional crisis. It challenged emergency responders and the multilateral system to be efficient, innovative, cooperative, and creative. It will not be the last time such a situation presents itself. How can the UN be better prepared next time? In particular, what lessons can be drawn

50 Sara E. Davies and Belinda Bennett, "A Gendered Human Rights Analysis of Ebola and Zika: Locating Gender in Global Health Emergencies," *International Affairs* 92, no. 5 (2016).

51 Boston Consulting Group, "Smarter Ways to Fight Ebola," available at www.bcg.com/expertise/industries/social-impact/smarter-ways-fight-ebola.aspx .

52 Dubois and Wake, "The Ebola Response in West Africa."

53 Lawrence O. Gostin and Eric A. Friedman, "A Retrospective and Prospective Analysis of the West African Ebola Virus Disease Epidemic: Robust National Health Systems at the Foundation and an Empowered WHO at the Apex," *The Lancet* 385, no. 9980 (2015).

54 UN Office of the Special Envoy on Ebola, *Resources for Results III*, February 25, 2015, available at https://ebolaresponse.un.org/sites/default/files/rriii_finalf_updated.pdf .

55 Jack Linshi. "Here's How Much Money the World Has Spent Battling Ebola," *Time*, September 17, 2014, available at http://time.com/3393656/ebola-donations-funding/ .

56 UN Ebola Response Multi-Partner Trust Fund, *Interim Report for Period October 2014 to January 2015*, available at http://mptf.undp.org/factsheet/fund/EBO00 .

from the UNMEER experience for UN crisis response in general?

1. **A sequenced approach accompanied by a flexible mandate can better respond to unanticipated challenges.**

   In his 2015 report on the implementation of the recommendations of the UN High-Level Independent Panel on Peace Operations, the secretary-general wrote about the importance of a sequenced approach in tailoring missions to respond effectively across the lifetime of a conflict or crisis. This approach includes ensuring operations have the capacity to scale up or down according to the needs on the ground.[57] With its flexible mandate, high-level support, and monthly reporting to the General Assembly, UNMEER underwent a continual process of self-assessment and recalibration, marked by three distinct stages. This gave it the flexibility to reset the mission's leadership profile, centralize or decentralize management, and prioritize tasks, such as command and control or coordination, as required to meet the circumstances. Providing missions with the ability to adapt to fast-changing environments will be a critical component of successful emergency responses in the future.

2. **An effective response draws upon the full range of UN tools and implementing partners based on the principle of comparative advantage, but it must take into account the challenge of integrating distinct organizational cultures.**

   The importance of being able to use UN tools in a flexible manner and to build on strategic partnerships has been highlighted repeatedly in recent years. The UN must be able both to work across silos and to do more to convene, catalyze, and coordinate diverse partners within the UN system and beyond.[58] Indeed, enhanced partnerships are vital to the future of effective emergency responses.[59] Speed is critical. Coordinating diverse actors with established knowledge and experience can help. Under UNMEER's direction and leadership, WHO provided technical expertise, WFP served as a logistics hub via its common services platform, and other UN agencies filled vital roles based on their respective mandates and scopes of operation. UNMEER was less effective when it failed to identify comparative advantages and delegate to its partners accordingly. This occurred, for example, when the mission assumed the task of district-level coordination, failing to leverage OCHA's more experienced field crisis managers and coordination mechanisms early on. It also failed early on to adjust for differences in organizational culture, especially between humanitarians and peacekeepers. This led to misunderstandings regarding roles and responsibilities.

3. **Flexible and predictable funding is critical for rapidly scaling up responses to multidimensional crises.**

   Assessed funding made rapid action possible within thirty days of rollout, despite a shortfall in voluntary contributions, and it enabled the mission to quickly deploy assets and enablers to the region, including vehicles, beds for ETUs, and supplies. Following subsequent donor interest, the Ebola Response Multi-Partner Trust Fund provided a flexible funding pool from which UNMEER and its partners—including WHO, WFP, UNDP, UNICEF, and others—could draw to allocate resources to meet high-priority needs across institutional divisions.[60] The ability to promote the bridging of institutional silos has been recognized as one of the comparative advantages of such pooled funding mechanisms. The Ebola Response Multi-Partner Trust Fund used a combination of humanitarian and development financing, which facilitated the synergies necessary for an effective response to a multidimensional crisis.[61]

57 UN General Assembly and Security Council, *The Future of United Nations Peace Operations: Implementation of the Recommendations of the High-Level Independent Panel on Peace Operations*, Report of the Secretary-General, UN Doc. A/70/357-S/2015/682, September 2, 2015, para 59.

58 United Nations, *Uniting Our Strengths for Peace—Politics, Partnership and People: Report of the High-Level Independent Panel on Peace Operations*, June 16, 2015, para. 141; Arthur Boutellis and Andrea Ó Súilleabháin, "Working Together for Peace: Synergies and Connectors for Implementing the 2015 UN Reviews," International Peace Institute, May 2016, available at www.ipinst.org/2016/05/synergies-2015-un-reviews .

59 Independent Commission on Multilateralism, "Pulling Together: The Multilateral System and Its Future," International Peace Institute, September 2016, p. 13, available at www.ipinst.org/2016/09/icm-final-report .

60 UN Ebola Response Multi-Partner Trust Fund, Interim Report for the Period January–December 2015, available at http://mptf.undp.org/factsheet/fund/EBO00 .

The need for more flexible and predictable sources of funding will remain a challenge; as Ban Ki-moon said, "Funding continues to shrink—while demands on the United Nations grow."[62] Creative solutions are paramount.

4. **Engaging key stakeholders on the ground during the peak of a crisis enhances long-term effectiveness.**

   Under tremendous pressure to deploy and meet its thirty-day targets, the mission delayed extensive consultations with international NGOs, affected communities, and civil society. Involving a larger share of stakeholders—particularly affected communities—from the outset can lay the foundation for an effective response by building trust with local leaders, obtaining community buy-in, and aligning messaging and operations. This should include the participation of women and women's groups. The need for inclusive participation and decision making is consistent with the findings of recent reviews calling for "people-centered approaches."[63] The experience of UNMEER reinforces the validity of these findings. The need to include affected populations should be adopted as a central tenet of all effective UN operations.

5. **A system-wide communications strategy, bolstered by strong communications capacity in the field, is required from the outset.**

   Because UNMEER was an unprecedented mission, some level of confusion and uncertainty was to be expected regarding its roles and responsibilities in the overall response. However, misconceptions persisted over what the mission was and was not supposed to deliver, such as the nature of its relationship with international NGOs and the scope of its responsibility for implementing the secretary-general's strategic priorities. New entities need to be able to communicate an "entrance strategy" to manage expectations about mission priorities as well as an exit strategy, backed by strong communications capacity in the field.

6. **High-level coordination and oversight can provide flexibility and quick reaction.**

   In addition to having direct access to the secretary-general, the mission communicated regularly with his executive office via a mechanism established for the Ebola crisis. Moreover, high-ranking ECMs brought political good offices with which to catalyze action at the national level. Interviews in the field and at headquarters revealed a robust consensus that the ECMs played a critically important role, so much so that they were left in place for a transition period after UNMEER drew down. Although establishing a new connector straight to the Executive Office of the Secretary-General may not be advisable or feasible for all situations, in this case it empowered the SRSG to elevate issues for immediate attention, call for operational adjustments, and ensure the outbreak remained a top organizational priority.

7. **Close proximity to frontline responders and the site of the crisis enhances field coordination.**

   Situating UNMEER's headquarters in a non-affected country was understandable in light of prevailing estimates of Ebola's spread and the difficulty of accessing the affected countries in September 2014. However, the mission's heavy footprint in Accra made its task of district-level coordination more challenging. This distance limited the mission's visibility to frontline partners and reduced opportunities for operational integration. Although the mission did make progress decentralizing during its second stage, shifting personnel and resources to the front lines as soon as possible can have a multiplier effect by improving coordination, communication, and situational awareness.

8. **A regional office can improve coordination across borders, but it must be joined with a strategy to account for the specificity of national and local contexts.**

61 UN Development Group, "The Role of UN Pooled Financing Mechanisms to Deliver the 2030 Sustainable Development Agenda," draft discussion paper, March 2016, pp. 6, 14, available at https://undg.org/wp-content/uploads/2016/05/UNDG-Paper-on-Pooled-Financing-for-Agenda-2030.pdf .

62 Ban Ki-moon, "Remarks to the General Assembly Following Adoption of the Programme Budget for the 2016–2017 Biennium," New York, December 23, 2015.

63 This includes, most notably, United Nations, *Uniting Our Strengths for Peace—Politics, Partnership and People: Report of the High-Level Independent Panel on Peace Operations*. See also Independent Commission on Multilateralism, "Pulling Together: The Multilateral System and Its Future," p. 10.

UNMEER's multi-country approach enhanced coordination, information sharing, and monitoring of viral transmission across borders. It also allowed the mission to quickly shift resources, personnel, and assets to respond to in-country developments. However, with their diverse political cultures, levels of development, and post-conflict situations, West African countries experienced the epidemic in markedly different ways. Greater emphasis will be needed on country-specific requirements, especially during the planning phase, to ensure consistent response capacity as part of a regional approach.

Conclusion: Integration, Coherence, and the Task of Delivering across Silos

UNMEER provides an example of how, during a rapidly developing and complex crisis, the UN, with member-state support, can provide a whole-of-system response through coordination, partnership, and the creative use of existing tools. An enduring theme of recent debates over UN reform is the need to bridge silos between the UN's principal organs and between and within the UN Secretariat and UN agencies, funds, and programs. This notably requires working together with WHO to prevent and respond to international public health emergencies, as well as to develop sustainable public health systems in at-risk countries, in accordance with the International Health Regulations.

The Ebola outbreak was a multidimensional health emergency that impacted the UN's main pillars of peace and security, development, and human rights, in addition to humanitarian conditions. As such, it presented not only a major challenge but also an opportunity for the UN system to work together toward greater integration across its institutional and operational divisions. The mission's high-profile success in focusing the efforts of WHO, WFP, UNDP, UNICEF, DPKO/DFS, and other UN entities to fulfill the Ebola Response Strategy provides valuable lessons on how to bridge longstanding divisions in a way not typically observed in UN crisis response. Despite UNMEER's shortcomings, leadership at the UN Secretariat and UN agencies, funds, and programs should take care to learn from this experience. It may be the difference between success and failure and could save thousands of lives when the inevitable next crisis demands a response.

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