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Chance Ebola Can Be Defeated by End of 2015, World Health Organization Chief Tells Security Council, Urging Sustained Focus to Prevent Future Outbreaks

Security Council
Meetings Coverage

Ebola could be “soundly defeated” by the end of the year if the intensity of case detection and contact tracing was sustained, the Director-General of the World Health Organization (WHO) told the Security Council today, outlining reforms to improve the organization’s performance and crediting unwavering leadership, especially in Liberia, Guinea and Sierra Leone, for a “night-and-day” difference in the situation from less than a year ago.

Margaret Chan, briefing the Council via video link from Hong Kong, was joined by David Nabarro, Special Envoy of the Secretary-General on Ebola; Tété António, Permanent Observer of the African Union to the United Nations; Per Thöresson (Sweden), on behalf of Olof Skoog, Chair of the Peacebuilding Commission; and Mosoka Fallah, Director of the Community-Based Initiative.

“I can assure you: the progress is real and it has been hard-earned,” said Ms. Chan, stressing that surveillance and response capacities had vastly improved. New cases in Liberia had again stopped, while Guinea and Sierra Leone had together reported only three cases during the past two weeks, the lowest numbers in more than a year.

At the same time, she cautioned against a false sense of security, as all it took was one undetected case in a health facility, one infected contact fleeing the monitoring system or unsafe burial to ignite a flare-up. Success hinged on “getting to zero and staying at zero”. Most agreed that the lack of public health capacities and infrastructures created the greatest vulnerability to Ebola.

With that in mind, the WHO was designing a blueprint for the rapid development of new medical products for a future outbreak, and next month, would evaluate with the United States Centers for Disease Control and Prevention the performance of three rapid point-of-care diagnostic tests. At the WHO, she was overseeing the creation of a global health emergency work force, a fast-acting operational platform, as well as performance benchmarks and the funding needed to make those changes happen. “The world has learned from the Ebola experience,” she said.

Speaking from Geneva, Mr. Nabarro said implementation of the United Nations response “went well” when people at risk felt in control of their lives and when community leaders took part in directing the response, defining the support they required and accessing the necessary assistance. In practice, the response had not consistently prioritized community ownership, which was now understood to be an essential ingredient. Going forward, he urged technical, operational and financial solidarity with the affected counties.

Broadly agreeing, Mr. Antonio said the speedy deployment of human resources was critical. It had taken less than four weeks for the African Union’s support initiative to be deployed. Flexibility also was important in clearly defining a support strategy, but not dictating terms. Partnership, in particular with the African private sector, was also critical in the spirit of Africa helping Africans. The Union’s convening power and political leverage had brought together technical expertise from 18 Member States, non-governmental organizations, Africans in the Diaspora and others.

In that context, Mr. Fallah shared an “historic” lesson from the West Point slum in Liberia, where distrust of the Government ran high and hid the sick. “We realized that, if we were going to win the fight against Ebola, we needed to involve the community.” Within two weeks, there had been a dramatic change, and the project was asked to replicate the experiment in other areas. The idea was to create trust and empower communities.

When the floor was opened for debate, Council members agreed on the need for vigilance and “relentless” work to bring Ebola transmission to zero. The virus would exploit the slightest delay in the collective response. While weak public institutions and health systems required sustained international support, the primary responsibility for the care, safety and health of people rested with the political leadership, many agreed.

“The heaviest burden falls on us,” said Sierra Leone’s representative, noting that his country would look to others with fully developed systems that could be adapted to local conditions. It also would listen to the lessons learned from its communities: that anything done in their name must fully reflect local cultures and values. Logistical, scientific and diplomatic efforts must be in harmony, and institutional siloes must operate as one. “We are all committed to seeing the back of this disease,” he said.

Also speaking today were the representatives of the Russian Federation, United States, Chad, France, Angola, Chile, Jordan, China, United Kingdom, Spain, Lithuania, Venezuela, Malaysia, New Zealand and Nigeria.

The meeting began at 10:05 a.m. and ended at 12:56 p.m.

Briefings

Briefing the Council via video link from Hong Kong, MARGARET CHAN, Director-General of the World Health Organization (WHO), said much had changed since she had briefed on the Ebola outbreak last September. Surveillance and response capacities had vastly improved, meaning that there was a good picture of the chains of transmission and how to break them. Full

genome sequencing of viruses could be done within 48 hours of detection, yielding clues for the detective work of tracing origins of each case. New cases in Liberia had again stopped, while Guinea and Sierra Leone had together reported only three cases during the past two weeks, the lowest numbers in over a year.

“I can assure you: the progress is real and it has been hard-earned”, she said, crediting the highest levels of Government for such success. At the same time, she cautioned against a false sense of security, as all it took was one undetected case in a health facility, one infected contact fleeing the monitoring system or one unsafe burial to ignite a flare-up. Further setbacks could be expected.

International organizations continued to support national efforts, she said, with several thousand specialists working alongside national staff in villages and towns, as well as in capital cities. If the current intensity of case detection and contact tracing could be sustained, the virus could be “soundly” defeated by the end of the year. “That means getting to zero and staying at zero.” Fears that the virus could become permanently established in humans in western Africa had receded.

As to what explained the scale and duration of the Ebola outbreak, she said most agreed that the lack of public health capacities and infrastructures created the highest vulnerability. Strengthening regional arrangements was a good place to start to increase the “surge capacity” needed for a rapid response. Decentralized international organizations like WHO — with its regional and country offices, and networks of collaborating laboratories — provided strong platforms for coordinated technical support and capacity-building.

Additionally, she said, the African Union and the United States Centers for Disease Control and Prevention were jointly establishing a Communicable Disease Control system to help African nations better prepare for outbreaks. The first step later this year would be the establishment of an African Surveillance and Response unit to help African nations fully participate in the International Health Regulations.

She commended West African countries for dealing bravely and boldly with the outbreak. They had shown how the right kind of health care increased the prospects for survival for those with Ebola, having analysed the health and social needs of some 13,000 survivors and mounted a vaccine clinical trial in Guinea, with “extremely encouraging” results. WHO was creating a blueprint for the rapid development of new medical products for a future outbreak, and next month, would evaluate with the Center for Disease Control and national counterparts the performance of three rapid point-of-care diagnostic tests.

“The world has learned from the Ebola experience,” she said, noting that she was personally overseeing reforms at WHO that included the establishment of a global health emergency work force, an operational platform that could quickly shift into high gear, performance benchmarks and the funding needed to make those changes happen.

Speaking via video link from Geneva, DAVID NABARRO, Special Envoy of the Secretary-General on Ebola, said Governments, regional organizations and global leaders had stepped up to

the challenge of Ebola “like never before”. Governments of affected countries had created ways to engage all stakeholders, while local and national health actors had played an essential role alongside other Government sectors, civil society, private enterprises, scientific institutions and the media.

Regional and subregional organizations had been instrumental in channelling attention and fostering action, he said. The African Union had established its support in September 2014, having deployed more than 850 medical workers and recruited more than 4,000 local volunteers. Its chairperson had mobilized more than \$32 million through a private sector fundraising drive last November, and on 20 July, African Union Health Ministers had adopted the Statute for the African Centre for Disease Control and Prevention.

At the global level, world leaders had mounted massive, rapid and coordinated support to help the affected countries, he said, noting that the United Nations Mission for Ebola Emergency Response (UNMEER) had deployed just 10 days after the Secretary-General’s call for a stepped up response. The Global Ebola Response Coalition, also established at that time, had become an integrated platform for engaging Governments, non-governmental organizations, academia, philanthropists and the private sector.

Recalling that UNMEER had closed on 31 July, he said WHO had taken on stewardship and coordination of the United Nations response, which, over the last year, had been financed from multiple sources, including the Multi-Partner Trust Fund. Indeed, implementation of the response went well when people whose health was at risk had felt in control of their lives. It also worked best when community leaders took part in directing the response: when people defined the support they required and were able to access the necessary assistance. In practice, the response had not consistently prioritized community ownership. It was clear that that was always an essential ingredient.

Going forward, he said there was a need for technical, operational and financial solidarity with the affected counties, as they could not afford to let up on the response. Ebola survivors also needed support, often in accessing health care and rebuilding their lives. An all-of-society response was needed that included different actors, from local leaders to mining companies. Countries also needed help in complying with the International Health Regulations, which required predictable funding for health systems. Human security depended on being able to anticipate outbreaks and quickly react. “Ring-fenced” support for strong basic health systems and community resilience also were needed, along with capacities for surveillance, analysis, early warning and rapid response.

TÉTE ANTÓNIO, Permanent Observer of the African Union to the United Nations, recalled that the African Union Peace and Security Council had established the African Union Support for Ebola in West Africa (ASEOWA), whose mandate would end on 31 December; the epidemic was deemed contained and under control. Sharing key lessons learned, he said that, first, a speedy response and the deployment of the urgently needed human resources for health was critical. It had taken less than four weeks for the Union’s support initiative to be deployed. Second, flexibility was needed. The endeavour had a clearly defined support strategy, but did not dictate to the affected countries. Third, collaboration was needed with and among

various actors. The Union's initiative liaised and collaborated with the United Nations, WHO, the United States Centres for Disease Control, Red Cross and other organizations, as well as with Cubans and Chinese with whom the African Union worked inside Ebola treatment units.

A fourth lesson learned was that partnership, in particular with the African private sector, was also critical, he said. The Africa against Ebola Solidarity Trust remained the single largest financial contributor to the African Union's Ebola response. A fifth lesson was the importance of technology and innovation to that response, he said, noting that innovative software had been used to generate and analyse relevant data. Sixth, the Union had learned that African solidarity — the spirit of Africa helping Africans — was an important principle. The Union's convening power, political leverage and continental reach had brought together technical expertise from 18 Member States, African Humanitarian Action, non-governmental organizations, the Economic Community of West African States (ECOWAS), Africans in the Diaspora, as well as from affected countries.

A seventh lesson learned was the need for the African Union to put in place a medium- to long-term programme to build Africa's capacity to deal with public health emergencies and threats in the future. Disease surveillance, detection, emergency preparedness for health and natural disasters and response were vital. The capacities and systems most needed must be reinforced. It was in that context that the Union had reiterated its commitment to speed up the establishment of the Africa Centre for Disease Control and Prevention. An eighth lesson was the need for a cost-effective mission, and a ninth was the importance of bridging the gap between Geneva and New York in the event of public health emergencies of international concern. With no role as yet for the Security Council in International Health Regulations, he invited its members, with the impending review of the regulations, to consider how best to address that gap.

PER THÖRESSON ([Sweden](#)), Chair of the Peacebuilding Commission, said international attention and support for the Ebola outbreak must now be matched by equal levels of commitment for the long-run recovery. Donors having pledged at the Ebola Recovery Conference on 10 July must deliver on their commitments, he said in that regard, adding that “only by staying the course will we ensure that this does not happen again, and that progress made on peacebuilding is sustained”. The crisis had exposed gaps in international peacebuilding efforts during the last decade, in terms of institution-building, security sector reform, reconciliation and economic recovery. There was also a need to emphasize regional approaches, he said, commending, in that regard, the role that the Mano River Union was continuing to play.

Moving forward, he said, there was a need to strengthen State-society relations, including institution-building. The successful national and local community leadership in the Ebola response should be built upon for the recovery phase. Strengthening national and local institutional capacity should be the focus, including as a way to improve State-society relations. Another significant issue was the provision of basic social services throughout the affected countries. Decentralization of public services was key to extending State authority and ensuring that citizens had a stake in their country's governance. That also contributed to restoring trust between citizens and the State. Better access to health care in affected countries would help to achieve resilience.

Socioeconomic recovery in the aftermath of the Ebola crisis should be a top priority, he said, adding that generating employment and providing access to education, in particular for youth and women, would be critical. Diversification of the economy would help to ensure more inclusive growth, as well as to reduce the dependency on the extractive sector. Responsible investments, improved business environments and financial inclusion were also key levers, which could propel development. He also stressed the importance of better investing in preventive action. “We must move beyond a fire brigade mode of doing business and build back more resilient institutions and stronger national systems in the Ebola recovery process,” he said.

MOSOKA FALLAH, Director of the Community Based Initiative Project, said that, in August 2014, Ebola had struck the West Point slum in Liberia. Some 70,000 people were crowded into 5,000 houses with no sanitation, he said, adding that the slum’s residents distrusted Government institutions and hid the sick. It was a daunting and impossible task. From there, however, a historic experiment had arisen: “We realized that, if we were going to win the fight against Ebola, we needed to involve the community.” Within two weeks, there had been a dramatic change, and the Project was asked to replicate the experiment in other communities. “We started to hunt Ebola one community at a time,” he said. The story was one of community members, including elders and young people, who led the charge. There was word of another outbreak in June, he noted, adding that his team had formed an Ebola Council, taken pictures of survivors and brought them back to the community. There were important lessons learned, in particular, the power of the community to overcome challenges and to survive. If communities were supported with routine health services today, they would be better prepared for emergencies tomorrow. The idea was based on trust and community empowerment.

Statements

SERGEY KONONUCHENKO (Russian Federation) said the Secretary-General’s decision to withdraw UNMEER, pointed to the progress made. The situation in the affected countries required the international community to take steps to prevent the virus’s spread. A key coordinating role would be played by the WHO. The Russian Federation had contributed to international efforts through bilateral assistance to West African States, strengthening international response mechanisms and enhancing national readiness to prevent the cross-border spread of the virus. The Russian Federation also had provided \$20 million to the WHO, the United Nations Children’s Fund (UNICEF), World Bank and the Ebola Trust Fund, among others, with its overall contribution exceeding \$60 million. It also had transferred to Guinea a field hospital and would continue its assistance to ensure Ebola’s permanent eradication.

SAMANTHA POWER (United States) said that, while only three new Ebola cases had been reported in the affected countries in the week ending 9 August, it would be a mistake to take attention off the outbreak. Relentless work was needed to get to zero, as Ebola would exploit the slightest delay in the collective response. While procedures could feel onerous, they were critically important to stemming new outbreaks. Public health and primary care systems in affected and vulnerable countries must be enhanced, which meant strengthening institutions and supporting the people who made them work. Last month’s International Ebola recovery meeting was aimed at that. Now, countries must deliver on their pledges. In undertaking reforms, she urged understanding of how the global response architecture had allowed the epidemic to spread

so wide. Actionable recommendations were needed to ensure coordinated responses. Those efforts should seek to answer why it had taken so long for the international community to be seized by the urgency and magnitude of Ebola.

BANTÉ MANGARAL (Chad) said Ebola had not only affected Liberia, Guinea and Sierra Leone, but also Nigeria, Senegal and Mali, as well as countries beyond Africa. The spread had been so rapid that it was considered a threat to international peace and security, he said, recalling the Council's resolution on Ebola in that context. The impacts on key service delivery points, such as hospitals, testified to the seriousness of the disease and the weakness of public health infrastructure. It had taken a long time for aid to be received. Victims had been stigmatized. The Council and African Union had responded to the Secretary-General's call to ensure that the affected countries were not isolated. Noting that Ebola had affected various areas of society and the economy, he said air and shipping restrictions had caused a collapse in some economic sectors and impacted peacebuilding efforts. Despite that, "we saw solidarity" at international and regional levels in response to the epidemic. He urged a focus on children and women in efforts to stamp out the disease.

ALEXIS LAMEK (France) said the various teams of the United Nations and the African Union had played a key role in containing the Ebola epidemic. However, that epidemic was not over. The international community must continue to monitor the situation beyond the zero cases objective. France had raised €220 million to help combat Ebola, supporting Guinea in particular. It had worked on the setting up of Ebola treatment centres and laboratories, as well as on the recovery of the affected countries, mobilizing an additional €150 million for that purpose. The Ebola crisis had highlighted the fragility of the health-care systems in the affected countries. The epidemic had affected socioeconomic development, as well. The international community needed to learn to cope with such significant health challenges, including through robust response capacities and strong recovery efforts. In that vein, France would host a high-level meeting in Paris on 29 October, focusing on lessons learned in the Ebola response.

ISMAEL ABRAÃO GASPARGAS MARTINS (Angola) acknowledged the adoption of Council resolution 2177 (2014), which had declared Ebola a threat to international peace and security, and which had helped to galvanize international support for the affected countries. Angola believed the African Union Support for Ebola in West Africa mission was an example of the role of regional organizations in combating significant health crises. In that respect, the delegation also welcomed the impetus to launch the African Centres for Disease Control. From the hundreds of lives lost, Ebola cases had fallen to an encouraging low level. It provided lessons learned for the international community. In particular, collective efforts could be coordinated to combat other contemporary challenges, including terrorism and extremism. Like Ebola, such crises flourished amid weak infrastructure and needed durable solutions, early and timely interventions. Thanks to the commitment of the international community and determined leadership at the subnational, national, regional and global levels, the Ebola epidemic had been successfully contained. Today's meeting was another chance to take stock and remain vigilant against future epidemics.

CARLOS OLGUÍN CIGARROA (Chile) said the recent Ebola outbreak had provided important lessons learned, including the importance of coordination between United Nations agencies, the

private sector and regional and subregional organizations. In particular, he commended the decision by various United Nations agencies to restructure protocols to combat epidemics more effectively. Other lessons learned included the importance of ending discrimination against affected individuals and of taking a human rights-focused approach. Resolution 2177 (2014) included the concept that a health crisis could be a threat to international peace and security. In that regard, he highlighted the importance of having in place an adequate process for post-crisis recovery. Ebola had exposed the vulnerabilities of public health systems. Commending the efforts of the WHO and the Peacebuilding Commission, among other actors working on resilience and recovery, he stressed the importance of seeing the task through “to the end”.

DINA KAWAR (Jordan) said the Council’s unity, along with coordinated regional and international efforts, had led to UNMEER’s establishment. “We have to capitalize on the international accomplishments,” she said, recalling the risk of Ebola’s resurgence and urging support for affected countries. Weakness in West African public health systems had hindered efforts to eradicate Ebola. Those Governments must improve their health systems, as the virus had quickly spread in part because of those weaknesses. Monitoring and surveillance, and early detection systems, were also required. West African countries should benefit from personnel who had been trained during the Ebola crisis. Indeed, the international community could not ignore the socioeconomic impacts of Ebola. It must continue to support the affected countries by providing resources and assistance.

LIU JIEYI (China) urged a focus on post-Ebola recovery and reconstruction citing the importance of alleviating poverty, which would lay the foundation for preventing a recurrence. He urged an increase in development assistance, job creation, improved national governance and enhancement of countries’ capacity to ensure health. A long-term vision was needed. The international community should help African countries build hospitals and laboratories, purchase advanced equipment and support them in establishing emergency response systems. United Nations bodies, such as the WHO, should continue to support the African Union, ECOWAS and the Mano River Union in preventing and controlling the epidemic. China had been among the first to provide assistance to affected countries, having dispatched chartered planes for delivering goods. Going forward, it would contribute \$5 million to the Trust Fund.

PETER WILSON (United Kingdom) said that, while Ebola had been brought under control, curbing its spread had required hard work and sacrifice by Governments and health workers alike. The United Kingdom had committed \$660 million in Sierra Leone, having built three diagnostic laboratories there and deployed more than 1,300 military and health workers. “We responded with pace, ambition and innovation,” he said, as had other countries. The global community must remain committed to “getting to zero”, and even then, “we cannot drop our guard”. As affected countries transitioned from crisis to recovery, they required help in restoring basic health services and economic activities. Donors must coordinate their activities. The United Kingdom had pledged \$370 million in support of Sierra Leone’s recovery strategy. WHO must carry out reforms in order to provide leadership, with more attention given to prevention, so national health systems had early warning triggers to respond to outbreaks and to create more rapid response mechanisms.

FRANCISCO JAVIER GASSO MATOSES (Spain) said the views of those working on the ground were critical to strengthening local, national and regional responses to health crises in the future. Spain also supported the plans for the recovery of the affected countries. The world was close to the end of the Ebola crisis, but still had not reached it, he said, adding “we should not let down our guard”. Preparation for similar future emergencies should focus on efforts in the area of research, he said, citing the current development of an Ebola vaccine. There was a need for rapid response resources on the ground, ready to be deployed. Efforts also should focus on rebuilding and improving health-care systems of the affected countries, as well as those that could be affected by such an epidemic in the future. Spain had co-sponsored resolution 2177 (2014) in line with its belief that health crises could threaten international peace and security and lead to backsliding in progress towards stabilization of countries. The Council should further examine how to better incorporate lessons learned into the work of the Peacebuilding Commission.

DOVYDAS ŠPOKAUSKAS (Lithuania) said that the epidemic had again proved that prevention and early action were key in making future crises less devastating and costly. He highlighted the importance of rapid initial response by Governments and the vital role of grass-roots and community organizations in reducing transmission rates. Timely involvement of regional and subregional organizations also was instrumental. The United Nations system had demonstrated its ability to mobilize an immediate, effective and coordinated contribution in combating the outbreak. The crisis disrupted peacebuilding efforts, economies, trade, tourism, basic health care, social services, food security and education in the hardest-hit three West African countries. The burden of the epidemic was particularly harsh on women because of their role as caregivers, as well as on health personnel and providers for their families. It had multifaceted negative impacts on children, with 70,000 birth registrations disrupted and 30,000 orphaned. To strengthen the affected countries’ resilience, those vulnerable groups must have a say in their future. “The [United Nations] system and the international community must continue to be vigilant and support Ebola recovery long after the crisis is no longer the front-page news,” he said.

MARÍA GABRIELA CHÁVEZ COLMENARES (Venezuela) said the issue of Ebola should be pursued, not only in the Security Council, but also in the General Assembly and the Economic and Social Council, given the irrefutable economic impact of the epidemic. Congratulating the people and Governments of the affected countries for the success they had achieved so far, she said the global mobilization against Ebola could be seen in that success. Some 450 Cuban doctors had gone to West Africa to assist in combating the disease, representing the Latin America and Caribbean region. Post-crisis recovery now needed to be at the top of the international agenda, given the shrinking economies of affected countries. In that vein, the current capitalist model prevailing around the world was the cause of the economic problems in those and other developing countries. Indeed, the Ebola crisis should “give us pause” to rethink sustainable development models, bearing in mind the right of African countries to self-determination and to the full ownership of their development processes. Finally, she said, access to new anti-Ebola initiatives — including the new Ebola vaccine — should be available to all, and not out of reach because of cost. The stigmatization of individuals, peoples and nations should be avoided in order to ensure an ethical and humane response to the pandemic.

RAMLAN BIN IBRAHIM (Malaysia) drew attention to several lessons learned. The epidemic had presented a unique opportunity for the international community to reassess its approach to assisting post-conflict countries. Indeed, there was a need to place more emphasis on building resilience in such countries. Better coordination within the United Nations system was critical, with the aim of generating more political and financial commitments to the Ebola response and recovery effort. Three key priorities underlay that response: inclusivity, institution-building and mutual accountability. Commending the strong engagement of regional and subregional organizations, he also welcomed the role of the Peacebuilding Commission, now equally important in the recovery process. It was vital to ensure the unwavering support of the international community to the affected countries in order to help them emerge from the crisis stronger and more resilient.

GERARD VAN BOHEMEN (New Zealand), stressing the importance of learning from the successes and mistakes of the Ebola emergency mission experience, stated that the international community should be prepared to ensure rapid and focused reactions to future health threats. The speed at which the United Nations Trust Fund was mobilized should be a benchmark for the establishment of funds for urgent action in the future. The rapid nature of the Ebola outbreak had caused widespread fear, but that should not drive States to impose unhelpful and counterproductive restrictions on movement during pandemics. The logistical burden of mounting a large international response quickly could be heavy, for which close coordination between responding countries was vital. While progress in developing vaccines was very encouraging, “the next health crisis could come from a yet unidentified threat”.

U. JOY OGWU (Nigeria), whose country holds the Council’s presidency for August, said in her national capacity that Ebola was a global health threat “of almost unprecedented proportions”. It had revealed weakness in health sectors and strained Government revenues. Nigeria could share lessons from its experience in the fight, which included high vigilance, the rapid introduction of control measures, strong Government and community commitment, and quick WHO intervention. Nigeria also had carried out a robust public awareness campaign and avoided dissemination of false information. The Council’s adoption of resolution 2177 (2014) had strengthened collective action. She urged preventive and early response mechanisms focused on strengthening health delivery systems, noting that Nigeria had contributed \$3.5 million to the ECOWAS Solidarity Fund. Indeed, Africa must take the lead in addressing its own challenges. Strong support for regional approaches was needed to combat regional pandemics, as they engendered a sense of inclusiveness and were more likely to gain trust of local populations.

VANDI CHIDI MINAH (Sierra Leone) said his country had turned a corner, having moved from a sense of pervasive fear to one of hope. It was determined not to look back in anger, but rather, to learn hard lessons and develop best practices. He had come today in remembrance of those who had paid the ultimate sacrifice: doctors, health workers and the many innocents struck down by the disease. Primary responsibility for the care, safety and health of people rested with the political leadership. “The heaviest burden falls on us,” he said, noting also that his country needed international support to strengthen its health systems.

Indeed, those systems must be rebuilt better, he said. In such work, Sierra Leone would look to countries with fully developed systems that could be adapted to local conditions. It also would listen to the lessons learned from its communities: that anything done in their name must fully reflect local cultures and values. His Government was mindful that logistical, scientific, diplomatic and other efforts must be in harmony, that there could be no duplication and that institutional siloes must operate as one. Within the subregion, if one State was affected, all were affected. “We stand together and we hope we will succeed together,” he said. Sierra Leone looked to Nigeria and Uganda to learn lessons of early warning.

He said he spoke today as a national of an exhausted, but grateful nation, mindful of its responsibilities and failings, and realizing that “we must do better by our populations without hesitation”. He thanked the many non-governmental organizations in the field at the outset. From the national leadership and response teams alike, there was a sense that medical protocols must be followed, and within communities, that the Governments now worked for them. “We are all committed to seeing the back of this disease,” he said, pledging that Sierra Leone’s health ministry aspired to a health system of “reasonable” competence.

For information media. Not an official record.