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New York

President:	Mrs. Ogwu	(Nigeria)
Members:	Angola	Mr. Gaspar Martins
	Chad	Mr. Mangaral
	Chile	Mr. Olguín Cigarroa
	China	Mr. Liu Jieyi
	France	Mr. Lamek
	Jordan	Mrs. Kawar
	Lithuania	Mr. Špokauskas
	Malaysia	Mr. Ibrahim
	New Zealand	Mr. Van Bohemen
	Russian Federation	Mr. Kononuchenko
	Spain	Mr. Gasso Matoses
	United Kingdom of Great Britain and Northern Ireland	Mr. Wilson
	United States of America	Ms. Power
	Venezuela (Bolivarian Republic of)	Ms. Chávez Colmenares

Agenda

Peace and security in Africa

The global response to the 2013 Ebola virus disease outbreak

Letter dated 5 August 2015 from the Permanent Representative of Nigeria to the United Nations addressed to the Secretary-General (S/2015/600)

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The meeting was called to order at 10.05 a.m.

Adoption of the agenda

The agenda was adopted.

Peace and security in Africa

The global response to the 2013 Ebola virus disease outbreak

Letter dated 5 August 2015 from the Permanent Representative of Nigeria to the United Nations addressed to the Secretary-General (S/2015/600)

The President: In accordance with rule 37 of the Council's provisional rules of procedure, I invite the representative of Sierra Leone to participate in this meeting.

In accordance with rule 39 of the Council's provisional rules of procedure, I invite the following briefers to participate in this meeting: Dr. David Nabarro, Special Envoy of the Secretary-General on Ebola; Dr. Margaret Chan, Director-General of the World Health Organization; Mr. Téte António, Permanent Observer of the African Union to the United Nations; Mr. Per Thöresson, Deputy Permanent Representative of Sweden on behalf of Mr. Olof Skoog, Chair of the Peacebuilding Commission; and Dr. Mosoka Fallah, Director of the Community-Based Initiative.

On behalf of the Council, I want to welcome Dr. Chan, Dr. Nabarro and Dr. Fallah, who are joining today's meeting via video teleconference from Hong Kong, Geneva and Monrovia, respectively.

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

I now give the floor to Dr. Chan.

Dr. Chan: Much has changed since I briefed the Security Council on the Ebola outbreak in September 2014 (see S/PV.7268). The dire situation at that time rallied an unprecedented response on the part of the international community and individual Governments that brought in military expertise, medical teams, critical equipment and supplies, and considerable financial resources.

That generous surge of support had an impact. Surveillance and response capacities have vastly improved. We have a very good picture of current chains of transmission and know how to break them. Smooth genome sequencing of viruses can be done within 48 hours of case detection, giving clues for the detective work of tracing the origins of each and every single case. New cases in Liberia have again stopped. Guinea and Sierra Leone have together reported only three cases during each of the past two weeks, representing the lowest numbers seen in well over a year. That is a night-and-day difference from the situation less than a year ago.

I can assure the Council that the progress is real, and it has been hard earned. Most credit for this progress goes to unwavering leadership at the highest level of Government. At the same time, I must caution against a false sense of security. All it takes is a single undetected case in a health facility, one infected contact fleeing the monitoring system, or one unsafe burial to ignite a flare-up of cases. Further setbacks, such as that experienced by Liberia at the end of June, can be expected. We are grateful to Liberia for reporting that event immediately and for mounting such an impressive response.

International organizations continue to support national efforts, with several thousand specialists working alongside national staff in villages and towns, as well as in the capital cities. If the current intensity of case detection and contact tracing is sustained, the virus can be soundly defeated by the end of this year. That means going to zero and staying at zero. Fears that the virus could become permanently established in humans in that part of Africa have receded, and thatis also very good news.

The outbreak — by far the largest, longest, and most severe ever known — shocked the world and challenged the international community, crying out for the most powerful possible response. It called for something we had never done before. What explains the scale and duration of the outbreak? What allowed the virus to rage out of control? What are the vulnerabilities that might let similar or even worse events threaten the world? What specific preparedness measures can prevent their occurrence?

Most agree that the lack of public health capacities and infrastructures created the greatest vulnerability. The concept note prepared by Nigeria to guide this meeting (S/2015/600, annex) — for which we thank you, Madam President — documents the importance of regional arrangements. Strengthening these

arrangements is a good place to start, especially when it improves vigilance and increases the surge capacity needed for a very rapid response. Innovative regional and subregional initiatives have a critical role to play. The World Health Organization (WHO) offers its full support, backed by the provisions of the International Health Regulations. Decentralized international organizations like WHO and others, with their regional and country offices and its networks of collaborating laboratories and centres, provide strong platforms for coordinated technical support and capacity-building.

The African Union and the United States Centers for Disease Control and Prevention are jointly establishing a communicable disease control system that will help African nations to be better prepared for outbreaks. The first step later this year will be the establishment of an African surveillance and response unit, which will include an emergency operations centre and workforce. This will help African nations to participate fully in the International Health Regulations. Those regulations have been agreed by all nations and provide the bedrock for safeguarding security in the face of disease threats.

West African nations have dealt bravely and boldly with the outbreak, receiving magnificent support from across Africa. They have shown how the right kind of health care greatly increases the prospects that people with Ebola will survive. They have analysed the health and social needs of around 13,000 survivors, who experience long-term complications ranging from tiredness and severe joint pains to visual impairments that can lead to blindness. They have mounted a vaccine clinical trial in Guinea, and early results have been extremely encouraging. Public acceptance of the trial has been very good. We have learned the importance of listening to the concerns of communities and winning their trust and cooperation. We will continue the studies and mobilize funding for rapid deployment once the vaccine is approved by regulators

As a contribution to Ebola's legacy of preparedness, WHO is putting together a blueprint for the rapid development of new medical products for any future outbreak. Next month, WHO, the United States Centers for Disease Control and Prevention and national counterparts will evaluate the performance of three rapid point-of-care diagnostic tests. If the results are good, that innovation will be another important contribution to outbreak containment and preparedness for the future. Right now, the rapid screening of patients for high-risk procedures, such as those in maternity and surgical wards, helps restore confidence in the safety of health facilities for patients and health professionals alike. This is part of recovery.

The Ebola outbreak in West Africa shocked the world out of its complacency about the infectious disease threat. We witnessed the decisive role of vigilance and readiness in countries that experienced an imported case. All responded to that imported case as an urgent national emergency and stopped onward transmission or held it to just a handful of cases. The world has learned from the Ebola experience. I am personally overseeing reforms in WHO that include the establishment of a global health emergency workforce, an operational platform that can shift into high gear quickly, performance benchmarks that show exactly what we mean by "high gear", and the funding needed to make that happen.

Let me once again thank all States Members of the Organization and the United Nations system for their consistent personnel, financial, logistical and political support for this vital transformation.

The President: I thank Dr. Chan for her briefing.

I now give the floor to Dr. Nabarro.

Dr. Nabarro: I would like to thank the Security Council, especially the Nigerian presidency, for this initiative. I should also like to thank the Director-General of the World Health Organization, Dr. Margaret Chan, for her leadership. I also greet all the others who have been invited to offer briefings today, and who have really played very key roles in the global response to the Ebola outbreak.

I should like to focus on three components of the Ebola response. The first is the impact of decisive and powerful leadership. The second is the importance of community ownership of the response. The third is the value of working together in long-term solidarity

First, with respect to powerful and decisive leadership, national Governments, regional organizations and global leaders have stepped up to the challenge of Ebola like never before. The leaders of countries that have been affected by the outbreak have taken charge, articulated clear visions, provided strategic direction and enabled a massive response to unfold. The Governments of the affected countries created mechanisms to engage all the necessary stakeholders. Local and national health actors have been playing an essential role alongside other government

sectors, civil society, private enterprises, scientific institutions and the media.

Regional and subregional organizations have been instrumental in channelling attention and fostering action from the start. This has really been an extraordinary, collective response. The African Union established its support to the Ebola Outbreak in West Africa (ASEOWA) in September 2014. ASEOWA deployed more than 850 medical workers from several African countries, and recruited over 4,000 local volunteers, including people who had survived Ebola. I am sure that we will hear more about that from Mr. António. The African Union Chairperson, Ms. Dlamini-Zuma, stimulated a private-sector fundraising drive in November 2014, which engaged senior African businesspeople and mobilized more than $32 million. On 20 July 2015, the African Union Health Ministers adopted the statute for the African Centre for Disease Control and Prevention, during the International Conference on the theme "Africa Helping Africans", held in Malabo. The Mano River Union and the Economic Community of West African States have worked intensively on inter-country issues and reinforced national systems for prevention and response.

At the global level, world leaders have showed extraordinary initiative and commitment. They have mounted massive, rapid and coordinated support to help affected countries take the heat out of the epidemic. For example, in September, the Secretary-General called for the whole of the United Nations system to step up its support to the Ebola response. That followed a request from the Presidents of Guinea, Liberia and Sierra Leone that the Organization help them to coordinate the international response. To that end, the Secretary-General proposed the first-ever United Nations emergency health mission. Known as the United Nations Mission for Ebola Emergency Response (UNMEER), the Mission was endorsed by the General Assembly at the end of September 2014 under the presidency of Mr. Sam Kutesa, Foreign Minister of Uganda, as one of his first acts as President of the General Assembly. UNMEER incorporated enhanced action from many United Nations entities, and deployed to the region just 10 days later.

At the same time, the Secretary-General also established the multi-partner Global Ebola Response Coalition. It has become an integrated platform that engages Governments, non-governmental organizations, intergovernmental groups and academic, philanthropic and private-sector organizations in weekly meetings. Forty such meetings have taken place thus far, wich serve as a venue for high-level strategic coordination and for identifying challenges, enabling collective and timely adjustments to strategy and encouraging continued innovative research, along with incorporating scientific advances.

UNMEER closed on 31 July 2015, having achieved its core objective and contributed to a scaled-up response and improved coordination. The World Health Organization has now taken on the stewardship of the collective response of the United Nations system and will continue to encourage everyone to work effectively together.

The past 12 months of the response have been financed from multiple sources. One example is the United Nations Multi-Partner Trust Fund, where 40 Member States have joined together with private businesses, charities and individuals to contribute funding to the Ebola response that can be used where it was most needed. That is going to support logistics and air travel, clinics and staff, as well as the necessary elements to ensure community ownership.

On 10 July, the Secretary-General convened the International Ebola Recovery Conference. Together with partners, the United Nations, the African Union, the European Union, the World Bank and the African Development Bank worked to generate more than $3.4 billion in new financing. The significant pledges are catalysing national and regional Ebola recovery efforts. But I must stress that that work is not cheap, and the response and the recovery need continued solidarity and support from Member States.

Moving on to the second of my three points, I should like to say a little about the response.

I want to stress something that we have come to recognize in recent months. The response works best when it is owned by the affected communities. What we seen is that the implementation of the response has gone well when people whose health is at risk have felt in control of their own lives, as well as their deaths, and when they have been able to shape the response to suit their interests. People's concerns and fears are more easily addressed, important cultural practices can be made both safe and dignified, and concerns are more easily addressed. Transmission chains are identified more quickly, contacts are traced more readily and

the outbreak ends more rapidly if communities own the response. The response works really well when community leaders are part of its direction. Therefore, when people themselves define the support they require, and when their leaders help them to access the assistance they need quickly, when they need it, challenges and obstacles are swiftly overcome. On ocassions, however, we have seen that the response has not consistently prioritized community ownership. As we move forward, it is now always been seen as an essential and vital ingredient of the response.

I now turn to my third point, namely, working together in long-term solidarity. The Ebola outbreak in West Africa is not over. Doctor Chan has briefed us on the remaining work to be done. She has also pointed out the need for technical, operational and financial solidarity with the thousands of people who are hard at work in the affected countries, who are stemming the tide of the current outbreak and who remain vigilant and ready to respond. They cannot afford to let up on the response, and they need our collective solidarity. But there is more.

The thousands of people who have survived Ebola need dedicated support, because the longer-term consequences of living through Ebola area becoming more apparent every day. Far too often, the survivors face stigma. Their convalescence is often painful and debilitating: loss of eyesight, severe joint pain, headaches and extreme fatigue. It is really a serious issue. Many survivors now need access to dedicated health care, as well as help to rebuild their lives. Only then are they able to contribute fully to their families, to society and to the economy.

Let us now look at the nature of the response. The importance of an all-of-society response to the emergency is necessary. That means different actors — from local leaders to mining companies — contributing their specialty knowledge and expertise. The contribution is greatest if all those different stakeholders are helped to align their activities and coordinate their work with one another. Strong engagement by all actors is necessary until the outbreak is brought to an end, and as recovery is advanced.

Countries need help to comply with the International Health Regulations and to ensure their people's health security. Looking ahead, that means predictable funding for accessible and effective health systems, as well as predictable support when a health emergency is suspected.

I would go a bit further in that regard: the coming years will see unexpected new outbreaks of disease; we just do not know where, when or how they will strike. That means that the security of humankind depends upon being able to anticipate such outbreaks, to react quickly, to curtail the spread of disease and to prevent people's suffering. To get that kind of response in place depends upon the whole of society everywhere being meaningfully engaged, with ring-fenced support for strong basic health systems and for community resilience, together with proven capacities for surveillance, analysis, early warning and rapid reaction. Societies that collectively recognize those threats to health, proactively address the challenges and engage with their health systems in the response will be at the heart of secure nations and a safer world in the future. Reducing the risk of health crises does contribute to a peaceful and a more secure future for everyone around the world. It needs our collective and continued engagement, and that is why I am so pleased to have had the opportunity to brief the Security Council this morning.

The President: I thank Dr. Nabarro for his briefing.

I now give the floor to Mr. António.

Mr. António: At the outset, I wish to congratulate you, Madam President, on your delegation's assumption of the presidency of the Security Council for August and for inscribing this critical issue on the agenda of the Council in order to reflect on this difficult chapter in our nations' history, show our appreciation to all stakeholders and reflect on how to better prepare ourselves to counter any eventual epidemics.

I also thank the Nigerian presidency for inviting the African Union (AU) to take part in this debate in order to bring to bear its perspectives on lessons learned from the Ebola epidemic, given the African Union's active engagement in the continent's coordinated response in the framework of the African Union support to the Ebola Outbreak in West Africa (ASEOWA). That was well underlined by Dr. Chan and Dr. Nabarro, whom we thank both for their role in tackling this disease and in coordinating the international effort, including with the African Union. I look forward to listening to Mr. Mosoka Fallah and Mr. Per Thöresson, as well as to representatives of Council members and affected countries.

It will be recalled that, following the World Health Organization (WHO) declaration on 8 August 2014, the

Peace and Security Council of the African Union, at its 450th meeting held in Addis Ababa on 19 August 2014, invoked article 6 (f) relating to aspects of its mandate with regard to humanitarian action and disaster management and decided,

> "given the emergency situation caused by the Ebola outbreak, to authorize the immediate deployment of an AU-led military and civilian humanitarian mission, comprising medical doctors, nurses and other medical and paramedical personnel, as well as military personnel, as required for the effectiveness and protection of the Mission".

The Peace and Security Council mandate led to the establishment of ASEOWA. The primary objective was to contribute to the ongoing efforts to stop the Ebola transmission in the affected countries, prevent its international spread and contribute to rebuilding the health systems. The Peace and Security Council twice extended the mandate of ASEOWA, which will expire on 31 December, although the epidemic is deemed contained and under control.

The African Union Commission is currently undertaking a comprehensive evaluation of the ASEOWA mission with a view to identifying lessons learned and experiences gained. Allow me, however, to share with the Council nine of the key lessons learned, among others.

Lesson one concerns a speedy response and deployment of the urgently needed human resources for health. It took less than four weeks for the AU support to the Ebola Outbreak in West Africa to be deployed following the adoption of the Peace and Security Council mandate. ASEOWA was established following the Peace And Security Council mandate of 19 August and deployed to Liberia by 15 September. By October, ASEOWA was deployed to the three affected countries. That is unprecedented.

Once a decision was made in November 2015 to initiate a surge, increasing the number of ASEOWA volunteers from the initial 100, it took less than one month to have close to 835 volunteers working in all three affected countries. Again, the African Union Commission moved rapidly, within the space of a single month, from Lagos through Addis Ababa, Kinshaha and Nairobi to mobilize health workers and recruit and deploy volunteers from Nigeria, Ethiopia, the Democratic Republic of the Congo and Kenya. In addition, ASEOWA recruited about 4,000 local volunteers within the three affected countries.

Lesson two regards the underlying principle and flexibility of ASEOWA. In the context of the international community's response to Ebola, the African Union has the largest deployment of the much-needed human resources for health, but was embedded within national ministries of health based on their needs. ASEOWA's concept of operations clearly defines its strategy; a central tenet is that the AU will support but not dictate to the affected countries. Hence, ASEOWA volunteers were placed at the disposal of the countries to support and supplement their health workers, whose ranks have been badly depleted by the Ebola virus disease.

ASEOWA worked within the national incident management system set up by each affected country. ASEOWA teams were deployed on the ground by the Governments' Ebola incident management system to support the following six pillars of the response as adopted by the countries: case management; logistics management; surveillance and contact tracing; communication and information; social mobilization; and psychosocial care. The credibility of the ASEOWA leadership and volunteers inspired trust in the affected population, from the national leadership to communities, which provided entry points into national coordination structures. As a result, ASEOWA volunteers deployed to the Ebola hottest spots and were instrumental in drastically reducing Ebola cases by February 2015.

Lesson three regards collaboration with and coordination among various actors. Although coordination in the field was particularly challenging because tasks assigned to some actors were not properly coordinated, ASEOWA liaised and collaborated effectively with the United Nations, WHO, the United States Centre for Disease Control and Prevention, Médecins Sans Frontières, Red Cross and other organizations, as well as with Cubans and the Chinese, with whom the African Union managed and worked together inside Ebola treatment units in the affected countries.

ASEOWA remained the central coordinator for Africa's response, working with member States and the Economic Community of West African States (ECOWAS) in the field and at the Strategic Emergency Centre at the African Union Commission in Addis Ababa to ensure daily coordination meetings in Addis

Ababa, bringing together member States, development partners, United Nations and humanitarian agencies and interdepartmental participation from within the African Union Commission; coordination between Addis Ababa and the capitals of the affected countries and of key development partners; coordination among medical, logistic and other emergency experts; and coordination from headquarters to the field offices in West Africa.

Lesson four concerns partnership, in particular with the African private sector. ASEOWA received financial and technical support from partner countries and organizations, such as the United Nations, WHO, the United States of America, China, Japan, Sweden, Norway, the European Union, Turkey, Kazakhstan, and the World Bank, among others. The African Private Sector — through the Africa Against Ebola Solidarity Trust Fund — remains the single-largest financial contributor to the AU's Ebola response. In addition, the African private sector leveraged its assets and technology for the use of ASEOWA. Through a short message service code campaign, the private sector succeeded not only in mobilizing financial resources for ASEOWA, but also in mobilizing ordinary Africans to participate in the fight against Ebola. By joining forces with the Commission in the Ebola response, and with the commitment to support the African Centre for Disease Control and Prevention — in the context of medium to long-term post Ebola measure – the African private sector has demonstrated the true spirit of African solidarity: Africa helping Africa.

Lesson five is that technology and innovation played an important role in the AU response to the Ebola outbreak. ASEOWA field epidemiologists are equipped with global positioning devices for contact tracing, and they use mobile technology to transmit their data and reports in real time. Software such as ArcGIS, Stata and Epi Info were used to generate and analyse data. On our part, the African Union Commission developed its own process software to manage the recruitment and processing of volunteers, which contributed significantly to our ability to process — in two days' time — and select from more than 500 potential volunteers provided by each member State. The human resources process involved verifying credentials, background checks, medical clearance and insurance. Technology and innovation are key in responding to any future emergency.

Lesson six pertains to African solidarity, the spirit of Africa helping Africans. ASEOWA was conceived in the spirit of African solidarity, and supported by the African Union's convening power, political leverage, its continental reach and its networks in all regions of Africa, including the diaspora. Technical expertise came from 18 member States, African Humanitarian Action, an African humanitarian non-governmental organization, the Economic Community fo West African Sates, Africans in the diaspora, as well as from affected countries. The ASEOWA volunteers included doctors, nurses, epidemiologists, lab scientists and technicians, public health officers, social workers, psycho-social experts, community mobilizers, communications experts and survivors of EBOLA. They all promptly responded to the call of the African Union Commission for help.

Lesson seven has to do with the need to build Africa's capacity to deal with future public health emergencies. Another major lesson learned from the Ebola outbreak is the need for the AU to put in place a medium- to long-term programme to build Africa's capacity to deal with public health emergencies and threats in future. Disease surveillance and detection, emergency preparedness for health and natural disasters and the proper responses are vital. It is therefore imperative that the capacities and systems most needed to prevent, detect and respond to public health threats must be reinforced in order to ensure that, in the medium- to long-term, African countries meet all the International Health Regulations and have in place the requisite capacities and systems. It is in that context that the African Union Commission reiterates its commitment to speed up the establishment of the African Centre for Disease Control and Prevention and to ensure that it is operational in the next couple of months, as directed by the policy organs of the African Union. The Centre will partner with the World Health Organization and other relevant stakeholders to assist member States in addressing gaps with regard to compliance with International Health Regulations, thereby complementing one another and ensuring effectiveness.

Lesson eight has to do with a cost-effective mission. ASEOWA deployed close to 850 medical workers from 18 African countries, and recruited more than 4,000 local volunteers — including survivors — to work all over the affected countries. ASEOWA was flexible enough to deploy its teams to where they were needed the most and to support the people's

priorities. ASEOWA worked with national authorities to restore critical maternal newborn and child health care and other medical services in vital health-care centres. ASEOWA worked with local organizations to help revitalize hospitals and support strained medical capacities in an infection-free environment. All that was accomplished at a cost that was only a fraction of what other aid interventions usually cost.

Lesson nine involves bridging the gap between Geneva and New York in the event of public health emergency of international concern, like Ebola. Pursuant to article 12 of the International Health Regulations, the Director-General of the World Health Organization determines that an event constitutes a public health emergency of international concern. As we have witnessed, Ebola was a threat to international peace and security, for which the Council has the primary responsibility. Yet there is no role in the International Health Regulations for the Security Council. With the impending review of the International Health Regulations, the African Union wishes to invite members of the Security Council to consider how best to address those lacunae, to coordinate with the World Health Organization and to assess the role of the Council once the latter determines that an event constitutes a public health emergency of international concern.

In conclusion, I wish to highlight the fact that the African Union, the regional economic communities and national Governments are strengthening their respective capacities to respond to emergencies and disasters. Models for emergency response teams, emergency medical teams and the African Capacity for Immediate Response to Crises are being tested in various crisis theatres. ASEOWA saved lives safely, swiftly, inexpensively and effectively. The ASEOWA model provides a working template and guidelines for emergency responders in Africa, and perhaps in other continents.

The President: I thank Mr. António for his briefing.

I now give the floor to Mr. Thöresson.

Mr. Thöresson: First of all, I would also like to thank you, Madam President, for having organized this very important meeting. Our deepest gratitude also goes to Dr. Chan and Dr. Nabarro in particular for their important briefings and tireless efforts throughout this period. I also wish to highlight, and express my gratitude to, the African Union for its absolutely crucial contributions in fighting the Ebola outbreak.

I am honoured to take the floor today on behalf of the Chair of the Peacebuilding Commission. As is well known, the three worst-affected countries are all on the agenda of the Peacebuilding Commission, and we have been closely engaged from the very beginning of the Ebola crisis. International attention and support at the outbreak of the Ebola epidemic must now be matched by equal levels of commitment for the long-term recovery. In that regard, we welcome the successful outcome of the Ebola recovery conference on 10 July, where the international community pledged more than $5 billion in long-term recovery efforts. We must now make sure that the donors deliver on their commitments, because only by staying the course will we ensure that this does not happen again and that progress made in peacebuilding can be sustained.

The crisis has exposed gaps in international peacebuilding efforts during the last decade in terms of institution-building, security sector reform, reconciliation and economic recovery. We must therefore step up our support in the recovery period, by building strong institutions and supporting inclusive politics. There is also a need to emphasize regional approaches by supporting regional frameworks and capacities. In that regard, we warmly welcome the important role that the Mano River Union continues to play.

Moving forward, the Peacebuilding Commission would like to highlight the following three points.

The first point is the need to strengthen State-society relations, including institution-building. The successful national and local community leadership in the Ebola response should also be built upon now for the coming recovery phase. Strengthening national and local institutional capacity should be the focus, including as a way to improve State-society relations. During the peak of the crisis, heightened levels of grievances among the population added further impetus to the need to support recovery efforts in a way that also strengthens social cohesion and establishes trust.

Our second point is the importance of the provision of basic social services throughout the affected countries. Decentralization of public services is key to extending State authority and ensuring that citizens have a stake in the governance of their own countries. It also contributes to restoring trust between citizens and the State. Improved access to health care in all areas of the affected countries is key to achieve real resilience. That will require capacity-building to enable

the operation of local Government in remote areas and strengthen governance in the health sector.

The third point is that socioeconomic recovery in the aftermath of Ebola needs to be a top priority. The socioeconomic impact of Ebola has been absolutely devastating. Economic revitalization is a key priority for the affected countries to be able to emerge out of this crisis as stronger and more resilient nations. Generating employment and providing access to education, in particular for the youth and women, will be critical. Diversification of the economy will also help to ensure more inclusive growth and reduce dependency on the extractive sector. Responsible investments, an improved business environment and financial inclusion are also key levers that can help in propelling development.

Before concluding, let me stress the importance of better investment in preventive action. We must move beyond the fire brigade mode of doing business and build back more resilient institutions and stronger national systems in the Ebola recovery process. The Peacebuilding Commission looks forward to continuing engaging the Security Council and other relevant parties on the important Ebola recovery process. We stand ready to continue advocating for long-term recovery and peacebuilding needs and to accompany the affected countries on their journey to sustainable development and peace.

The President: I thank Mr. Thöresson for his briefing.

I now give the floor to Dr. Fallah.

Dr. Fallah: I express to you, Madam President, and the members of the Security Council, my profound gratitude for giving me this opportunity to bring to participants a story on behalf of the voices of the communities, a story that has done us very well because we have zero cases this morning. It is a story that is due to maverick changes made by the people. It is a story that has three parts: where we were one year ago, where we are now, and where we have to go.

I would say that this story is tied to the miracle of West Point. In June 2014, we had the second wave of Ebola. It was devastating and revealed human suffering and misery. People were left in rooms with dead bodies; we could not treat people in a timely fashion. They saw that their friends and neighbours were dying slowly and that nothing could be done because our system was inadequate. There were instances where we took people to the Ebola treatment unit but we had to wait for others to die and remove their bodies, before we moved in new patients.

In August 2014, Ebola struck West Point. West Point is a slum where 70,000 people live in 5,000 houses deprived of sanitation, with one clinic and one little school. This was a slum bearing a distrust for institutions. This was a slum that was characterized by secret burials and hiding of the sick. It was a daunting and impossible task. To address Ebola treatment, we needed to open a transit centre — a holding centre. However the holding centre was ransacked by the community because it did not understand that there was no trust.

How did that sad story then became an experiment and a story today? We realized that, in order to win the fight against Ebola, we had to involve the community and give them ownership. We therefore approached the community to let them know that it was our fear for survival. It was their threat. They knew the community better than us and we wanted them to lead us. They came together and they joined us in the fight against the threat. They helped us to find all of the missing contacts. The very holding centre that they had looted became the holding centre that they supported. They moved the sick to the holding centre; they supported us.

Within two weeks we saw a dramatic change, such that the Minister of Health asked us to replicate the experiment in our communities where there were there were outbreaks. Wherever we went, we would listen to the communities. We recognized the leaders and we gave them the ownership and they led us. We decided to hunt Ebola one community at a time. Initially we were on the defensive. But with the involvement of the community, we then got on the offensive to begin to strike at Ebola one community after another. We let them lead us.

That led to the birth of the Community Based Initiative. We felt that we were being led by the community and we followed the community, with banners from other international donors, like the United States Centers for Disease Control and Prevention, media shows and the United Nations. We finally arrived at the long-awaited zero cases. But the story that we have to tell is the story of the community members, the old people, the young people, the teachers who stood with us in the communities.

Where are we today? This is based on a story about our recent outbreak, in Margibi County, Liberia. On

29 June we received information about a new Ebola case. We moved into Margibi County. In 48 hours we mobilized the community. We formed an Ebola council led by community members. They were able to track all of our contacts, wherever they went. Many of them had no relationship with Ebola, but they understand it involved human beings. We went to the Ebola transit unit and we took photographs of the survivors of their family as they were recovering and we brought that back to the community. Working together with the response team, within 23 days, we were able to work down and contain the outbreak. It was a time of joy. The community took the leadership role and we supported them.

There is an important lesson to learn for the future. Doctor Nabarro said it so well, as did Dr. Chan. An important lesson to learn is the power of the community to survive, to overcome challenges. In fact, all of us who seek to avert future challenges that threaten us as humankind must give them the power. We must recognize the structure of the communities. We must recognize the leadership, and we must support them. If we support them through routine health services, they will be able to protect us when crises come tomorrow. That is an important lesson that we must learn.

An important lesson we will learn is that we must build relationships and trust within the communities so that during the low points they can support us, or carry out testing where data might be needed. It is based on trust. It is based on relationship. It is based on the fact that we are responsive to their needs and must give them the leadership. I cannot overemphasize the need to build public-health capacities, so that our hospitals do not become graveyards but places that will prevent the next Ebola outbreak by instituting measures that enhance diagnostic capacity. We are developing the next generation of public-health practitioners, building that capacity and importing it in the context of the community, to every member, so as to ensure recovery, empowerment and the leadership that has protected us and will protect us from future outbreaks.

I wish to thank you, Madam President, the Ambassador of the United States and Mr. Nabarro for giving me this opportunity to make the voices of the communities heard. Community-based initiatives assume that indeed we will work with communities and give them the support and the tools they need so that we human beings are able to overcome whatever threats come our way.

The President: I thank Mr. Fallah for his briefing.

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

Mr. Kononuchenko (Russian Federation) (*spoke in Russian*): I wish to thank you, Madam President, for having organized today's briefing. I am also grateful to Ms. Margaret Chan, Mr. Nabarro and other speakers for the updated information of the situation regarding the Ebola virus.

The decision of the Secretary-General on the withdrawal of the United Nations Mission for Ebola Emergency Response on July 31 is clear evidence of the real progress achieved in countering the epidemic.

At the same time, although there has been a significant improvement in the situation in Guinea, Liberia and Sierra Leone, which have been affected by Ebola, the international community must continue to take active measures to prevent similar events in future. As long as there is even a single case of infection, the threat of the spread of the virus remains real.

At this juncture, a key role in achieving and maintaining a sustainable zero indicator of infection will be played by the expert capacity and coordinating activities of the World Health Organization (WHO).

The Russian Federation continues to make a significant contribution to international efforts to eradicate Ebola, including providing bilateral assistance to the aforementioned States of West Africa, strengthening international response mechanisms for emergency public-health and epidemiological situations, enhancing national readiness on preventing the transboundary spread of the virus, and carrying out scientific research to devise new means of diagnosis and prevention. Russia has allocated $20 million to the budgets of WHO, UNICEF, the World Food Programme, the International Civil Defence Organization, the World Bank and the Ebola Response Multi-Partner Trust Fund. The total Russian contribution has exceeded $60 million.

Since August 2014 a Russian mobile laboratory has been working in Guinea, on the basis of which Russian experts are providing practical and advisory assistance to the Guinean authorities. In November 2014, Russia transferred to Guinea a 20-bed field hospital. In January 2015, in the city of Kindiya, Russian private-sector contributions helped contribute to the building of a permanent hospital with 65 beds for the treatment of

infectious diseases. Russia also is actively working on creating a vaccine against Ebola.

In the context of the development of Russian-Guinean cooperation in the area of combating infectious diseases, a decision to provide financing of $11.7 million over three years has been taken in the framework of a joint scientific research programme aimed at training staff and providing material and technical support for the infrastructure of Guinea.

We intend to continue to cooperate fully with our African partners in ensuring the permanent eradication of the virus and overcoming its negative consequences.

Ms. Power (United States of America): Let me begin by thanking Nigeria for keeping the international community focused on Ebola with this meeting and, of course, for deploying more than 500 health workers to the countries affected at the peak of the outbreak, when they were so desperately needed. I wish also to commend Nigeria's swift and methodical response to two outbreaks within its own borders during the epidemic, including one in Lagos, a city of more than 21 million people, which show how we can effectively contain Ebola with the right response.

I would also like to thank all of today's briefers for their contributions: World Health Organization (WHO) Director-General Margaret Chan, United Nations Special Envoy David Nabarro, the Chair of the Peacebuilding Commission and his representative here, and the African Union Permanent Observer, Ambassador Téte António. We express our immense gratitude to the men and women of their various organizations on the frontlines of this fight helping communities rebuild and recover.

Lastly, I wish to thank Dr. Mosoka Fallah, who took time away from his daily work with his fellow Liberians to share his story and the story of community solidarity and leadership. When other people were fleeing the growing outbreak, he ran headfirst into it. Where others saw an impenetrate climate of fear and distrust, he saw what he described here again today, communities yearning to be empowered to stand up to this deadly virus, and those communities, with his support and partnership, went about building their trust and knowledge, household by household and block by block. We are in awe of his bravery and determination and, above, all the compassion he showed for his fellow Liberians.

Let me begin with what we all know. We have made tremendous progress towards stopping this deadly outbreak. Acording to WHO, in the week that ended on 9 August, only three new cases of Ebola were reported in the affected countries, one in Sierra Leone and two in Guinea. Three cases in a week across three countries; how many members of the Council would have believed that possible a year ago, when we were seeing three, four or more cases pop up each day in individual households across the region, when three new cases arriving in a single field clinic would have been considered a slow day?

But it would be a serious mistake to take our eye off the current outbreak or to think that when we end it our job will be done. So today I want to briefly set out three steps that the region and the international community must take to address this outbreak and help prevent future ones from reaching such devastating proportions.

First and most obvious, we must work relentlessly to get to zero. Ebola is a cunning virus capable of exploiting even the slightest slip-up, delay or other weakness in our response. A single missed link in the chain, a contact who is not traced, a burial that is not carried out safely, a symptomatic patient who is not properly tested or quarantined, any single mistake or weakness can itself spawn a new, deadly branch of this outbreak.

So while the procedures that have been put in place may feel onerous at times, they are critically important, as is our constant vigilance. Even when a country gets to zero, as we have seen, new outbreaks can and will occur. The true measure of the progress made and systems put in place will be how early these systems can detect and then contain any new outbreaks. Consider Sierra Leone's Tonkolili district, where on 24 July the first case of Ebola in more than 150 days was reported. In response, national and international experts travelled immediately to the area, where more than 50 people were quarantined, including 29 high-risk contacts, two of whom tested positive for Ebola. Contact teams deployed to trace possible lines of transmission, and local religious and community leaders were engaged to inform nearby communities about symptoms and what to do if they detected them.

This is the kind of effort that is needed to prevent new outbreaks from becoming epidemics.

Secondly, as others have noted, we need to build up the public-health systems and improve primary case in the countries affected as well as countries with similar vulnerabilities, of which there are many. This means strengthening the institutions themselves and supporting the people who make them work. As this outbreak demonstrated, Ebola thrives in places with fragile, overstretched health systems and limited public-health capabilities. By allowing the virus to spread faster and more widely, those vulnerabilities pose a threat not only to people living in countries with weak systems but to people everywhere. Last month's International Ebola Recovery Conference was aimed at exactly that — strengthening public health systems in Guinea, Liberia and Sierra Leone. It is critically important that all countries deliver on the pledges they made at the Conference — and before it, for that matter.

Thirdly, we need to understand how our global health and emergency response architecture allowed the epidemic to spread so widely before we stepped in and scaled up. Several critical efforts have been undertaken to identify crucial flaws in the response, including the report issued by the WHO Ebola Interim Assessment Panel and the United Nations High-level Panel on the Global Response to Health Crises, whose final report is forthcoming. We urge those involved to put forward concrete, actionable recommendations on the systemic reforms needed to ensure timely, effective and coordinated responses, and we welcome the commitment that Dr. Chan and Dr. Nabarro have made to undertaking swift reforms within the WHO. Those reforms necessitate the support of all partners and Member States. Here are just a few of the questions those efforts should seek to answer.

Why did it take the United Nations, its agencies and all of us so long to be seized by the urgency and magnitude of this outbreak? What was lost between staff on the ground — people like Dr. Fallah, people who were seeing clinics overflow and bodies abandoned in the streets — and people like us, with the power to catalyse an effective response? Would critical resources, time and energy have been saved by relying on existing United Nations and international structures to coordinate the emergency response, rather than creating a new one in the United Nations Mission for Ebola Emergency Response (UNMEER), or did UNMEER add value? If we had the response to do over again, or if we should confront another outbreak, the bottom line is, what would we do differently?

Of course, the value of those exercises rests not on the diagnoses but on the swift implementation of any remedies identified. Here, too, the international community's continued engagement is crucial. In September of last year, when the United States had the privilege of presiding over an emergency meeting of the Security Council to try to rally international support for the Ebola response, I noted then that we knew how to bend the outbreak's deadly curve — it was just a question of marshalling the resources and the will to do it. "The math is simple", I said at the time; "the sooner we act, the more lives we will save" (*S/PV. 7268, p. 9*). The same is true today, only we are no longer just talking about this Ebola outbreak, but about other disease outbreaks that will inevitably follow. Get to zero. Build more resilient public-health systems that everyone can access. Learn from our mistakes. If we do that, we will go a long way towards preventing the next outbreak from taking so many lives and tearing apart so many families and communities. The math is still simple. The sooner we act, the more lives we save.

I would like to close, finally, by telling the Council about just one of those lives saved. On 24 July 2014, just over a year ago, a 44-year-old emergency-room doctor named Philip Ireland was headed to a staff meeting at John F. Kennedy Memorial Hospital in Monrovia, Liberia, when he was struck with a headache so severe, he saw flashes of light. His heart rate shot up and he felt feverish. He suspected he had Ebola, but the few clinics in Monrovia taking suspected patients were overflowing. So he quarantined himself at home. His mother made her own personal protective equipment suit out of rain gear and household gloves so that she could care for him. But Dr. Ireland's condition continued to deteriorate, until by the seventh day he could not feel his own pulse and was rushed to an Ebola treatment unit. His first night in the unit, he had diarrhoea 46 times and vomited 26 times. "I woke up barely alive, in a sea of mess," he said. But in what he later described as "the most touching act of kindness one could ever imagine", a physician's assistant named Patrick came to Dr. Ireland the next morning, bathed and dressed him and put him in a clean bed. Then Patrick prayed with him. Dr. Ireland said,

> "That man has changed my wheel when it comes to how to give empathy and care for a patient. I now know, because I was a patient who was dying."

Day by day, Dr. Ireland got stronger, and 14 days later he was released, Ebola-free. Today, Dr. Ireland is

back in JFK Memorial Hospital in Monrovia, where he is not only treating patients again but is also helping to train a new generation of Liberian doctors and nurses. He sees that as part of his duty, a way of rebuilding a health system decimated by the virus that almost took his life. And at the end of each day, he goes home to his wife and five children. That is one life — one life saved in an outbreak that to date has taken the lives of more than 500 health professionals and more than 11,000 overall. Just imagine for one moment how glad we will be, the next time around, if we take the steps today that will save thousands of lives later.

Mr. Mangaral (Chad) (*spoke in French*): I would like to thank the Nigerian presidency of the Council for this month for organizing this meeting on the Ebola epidemic, which affected three West African countries so severely from December 2013 and whose effects continue to trouble some of them today. I would also like to thank today's briefers, Dr. Margaret Chan, Dr. David Nabarro, Ambassador Tété António, Mr. Per Thöresson and Dr. Mosoka Fallah, for their statements.

The very particular attention given to the Ebola epidemic by the United Nations and the rest of the international community is testament to the degree to which our planet remains vulnerable in some areas, and to which the international solidarity, demonstrated by the multifarious efforts that it brought together, is what is required to create an adequate response for combating the negative effects of this plague and similar natural disasters. As is clearly highlighted in today's concept note (S/2015/600, annex), it was not only Liberia, Guinea and Sierra Leone that suffered so severely from its effects, with thousands of deaths, but other countries in the same subregion as well, if to a lesser degree, that saw the disease's effects, including Nigeria, Senegal and Mali. Even countries outside the African continent were affected.

The Ebola epidemic spread so fast that it was considered a threat to international peace and security. We should recall that on 18 September the epidemic was the subject of an emergency meeting of the Security Council (see S/PV.7268), which generally is not called on to discuss public health issues. In view of the scale of Ebola and the threat it posed to international peace and security, resolution 2177 (2014), proposed by the United States, was sponsored by 134 States Members of the United Nations and adopted unanimously by the members of the Council. The resolution demonstrated the ability of the international community to mobilize in the face of this extraordinary crisis. We commend the reaction of the international community, led by the Security Council, in its collective grasp of the seriousness of the situation, particularly through the adoption of the resolution and its call for international aid to be mobilized in combating this scourge.

The deaths caused by Ebola, the precariousness of basic social health services and the chaos among their existing structures, including the closure of hospitals in some countries, were both a result and the visible symptoms of the weakness of the health systems of the countries most affected. We also saw how slowly international aid was deployed, despite the fact that it was available, as well as the stigmatization of the entire African continent and the excessive and insulting protective measures taken by several countries — the practices of quarantine, isolation and even tacit embargo are still deplorable even considering the right of States to defend and ensure their own security, including as it relates to health issues. That state of affairs was broad justification for the appeal on 29 August 2014 to the Secretary-General by the leaders of the three countries most affected pleading for the aforementioned measures to be lifted. For its part, the Peace and Security Council of the African Union, at its sixth extraordinary meeting in Addis Ababa on 8 September, made a similar urgent appeal aimed at ensuring that those countries were not isolated.

As the Secretary-General has emphasized, Ebola was not merely a public-health crisis. Its humanitarian, social and economic consequences are serious and could threaten the political stability of the countries involved. Ebola has had an negative effect on various socioeconomic sectors in Liberia and all the countries affected in the region. We have seen, for example, measures taken by some international transport companies to restrict international shipping access to the countries most affected by Ebola, which had an immediate negative impact on their economies. The effects caused a collapse in the countries' various socioeconomic sectors and dealt a further blow to the living conditions of the populations.

We recognize that Liberia — a country emerging from a long civil war — has experienced delays with regard to peacebuilding and the process of gradually withdrawing the United Nations Mission in Liberia. Nevertheless, we welcome the surge in solidarity on a bilateral basis prompted by Ebola. In that connection, we commend the efforts of individuals of the countries

that deployed medical teams and military personnel on the ground. In the epidemic of Ebola, we saw the full support among international organizations, regional and subregional organizations, such as the Mano River Union, the Economic Community of West African States, Médecins Sans Frontières and the United Nations Development Programme — and above all the resolve of the African Union Peace and Security Council, which, for the first time in its history, decided, at its meeting in Nairobi on 19 August 2014, to send a civilian-military medical team to Liberia.

We note the statement made by the Deputy Director-Geneal of the World Health Organization that

> "It is possible to contain and minimize the spread of an Ebola epidemic as long as the international community acts rapidly and effectively. In that fight, priority attention must particularly be given to children, women and other vulnerable categories of people."

That assertion retains its validity today in the ongoing fight against the epidemic in Sierra Leone and Guinea. But vigilance must be maintained given the emergence of isolated cases in Liberia, which had been declared Ebola-free. We hope that the international community will draw on the lessons learned from these cases by adopting an early warning system so that we can react in a more timely manner to future outbreaks of that nature.

I would like to conclude by paying homage to the victims, including those in the medical corps who honoured the Hippocratic oath by not abandoning those who were ill and by giving their best, even at the cost of their own lives, in treating them. Among them there were eminent epidemiologists and foreign physicians. I also pay homage to the United Nations contingent on the ground, who did not waver in the exercise of their mission.

Mr. Lamek (France) (*spoke in French*): I too would like to thank you, Madam President, for having organized this Security Council debate almost a year after the first meeting of the Council (see S/PV.7268) devoted to the Ebola epidemic, held in September 2014. I would also like to thank all the speakers for their briefings.

At the outset, France would like once again to pay tribute to the victims and the local and international personnel who were intimately committed to the sick since the beginning of the epidemic. If the situation has clearly improved in the three countries most affected, it is the fruit of the work on the ground of a solid strategy, endowed by significant human and financial resources. In that regard, we commend the work of the United Nations, whose related teams played a key role at the strategic and operational levels. We equally commend the exemplary response of the African Union.

In spite of those encouraging results, the Ebola epidemic has not ended. The international community must remain mobilized to conquer the virus. It is essential to pursue our efforts in maintaining strengthened epidemiological surveillance and a response capacity beyond the zero-Ebola objective. The complete eradication of the virus in the three affected countries remains our priority.

Since the beginning of the Ebola crisis, France has been fully committed to the countries affected, notably in support of the efforts of the Guinean authorities. We have mobilized more than €220 million, including €160 million from contributions raised from the State budget. In Guinea, our support for the authorities includes in particular the training and protection of the actors involved in the crisis by setting up two training centres in France and in Guinea. Our support also includes medical leadership through the establishment of four Ebola training centres, a centre for treating nursing staff and the financing of four laboratories.

In addition to these efforts to overcome the epidemic, we have already focused our attention on the recovery of the countries involved. Just as it was at the forefront of the emergency response to the epidemic, France has actively participated in those recovery efforts by mobilizing more than €150 million in additional funding. Overall, France will have raised approximately €350 million in response to the epidemic and to help the affected countries in recovery.

The Ebola crisis has highlighted the fragility of the health-care systems of the affected countries. Recovery efforts should focus on strengthening those systems based on a regional approach. France is already implementing several projects with our African and international partners. We support the establishment in Guinea of regional alert-and-response teams to the epidemic. We are also establishing a network of public health institutes to monitor the risks of epidemics in West Africa. This project will be connected to a network of laboratories led by the Pasteur and Institut Mérieux Institutes, and will be supported by strengthening hospital hygiene at the regional level.

Not only does the epidemic not recognize borders, but it has affected all sectors of society of those countries — education, economies and political processes have been disrupted. French support for the most affected countries covers all those areas. We intend to strengthen our cooperation in the region with our local and international partners. We need to work together both to put an end to the epidemic and to ensure the resilience of health-care systems and their capacity to prevent similar health crises in the future and to support sustainable development in the region.

In conclusion, further consideration must be given to how to improve the response of the international system as a whole to health crises, both through multilateral forums and on the ground. The epidemic should be taken as an opportunity to build our capacities to cope with significant health challenges. The epidemic reminds us that we need to have robust early warning and response capacities, and in particular how badly we need the International Health Regulations of the World Health Organization. France will organize on 29 October in Paris a high-level meeting on lessons learned by the many actors involved the response in West Africa.

Mr. Gaspar Martins (Angola): I would like to begin by congratulating the Nigerian presidency of the Council for convening this important meeting. Allow me to also thank Dr. Margaret Chan, Director-General of the World Health Organization; Dr. David Nabarro, Special Envoy of the Secretary-General on Ebola; the Deputy Permanent Representative of Sweden on behalf of the Chair of Peacebuilding Commission; and especially Ambassador Téte António, Permanent Observer of the African Union to the United Nations.

I would like to especially welcome the participation of Dr. Mosoka Fallah, who spoke directly from Liberia, a country that has been so heavily affected by the Ebola epidemic. I thank him very much for sharing his direct experience of the epidemic with the Council.

We acknowledge the adoption by the Security Council of resolution 2177 (2014), which declared the Ebola crisis to be an international threat to peace and security, as that decision helped to highlight awareness of the epidemic and to increase international assistance to Liberia, Sierra Leone and Guinea. We also commend, and express our gratitude to, the Secretary-General for his efforts to help generate impetus for donor events that have helped raise much-needed funds to combat Ebola in the West Africa subregion. We also extend our gratitude to the Member States, financial institutions and international and regional organizations that supported this initiative and showed solidarity to the affected peoples and communities.

Resolution 2177 (2014) calls for support to affected countries in intensifying prevention and response activities, as well as the dedication of adequate capacity to prevent future outbreaks. Such measures, combined with the efforts of the Secretary-General's high-level panel on the global response to health crisis, as well as the ongoing reforms at the World Health Organization — which Dr. Chan has again outlined here this morning, especially the recommendation that it develop a global health emergency work force — have the potential to safeguard against future threats to international peace and security in the form of epidemics.

We highlight the African Union Peace and Security Council initiative to establish the African Union support mission for the Ebola outbreak in West Africa, which is a concrete example of how regional organizations can play a central role in responding to crises in their respective geographic areas. We also commend the adoption by African Health Ministers of the statute of the African Centre for Disease Control and Prevention, at Malabo in July.

The daily progress in curtailing the spread of the disease gives us hope that the Ebola outbreak is coming to an end and the economies of the affected countries will again be on the right track, so that the bright prospects they had before the outbreak will finally become a reality. From the thousands of lives lost in 2014 and 2015, Ebola cases have fallen to an encouragingly low level: two cases total in Guinea and Sierra Leone, which brings us to a zero-case reality.

Although the Ebola outbreak is not the only threat to peace and security on the agenda of the Council, it is nevertheless a relevant study of best practices on how lessons learned can be used in future. In particular, the lessons learned from the international community's collaborative efforts can be adapted to establish ever-more innovative and flexible partnership arrangements that draw on our respective strengths and help build and consolidate peace and stability, not only in Africa but in conflict areas around the world.

Another lesson learned from the Ebola outbreak is that, similar to the more mainstream threats of terrorism and violent extremism, contemporary challenges to international peace and security require early and

timely intervention, cannot be contained within borders, will proliferate if there is weak infrastructure, require regional approaches and close collaboration with civil society and will nullify any efforts that are not inclusive, thus making it harder to find durable solutions.

Thanks to the commitment of the international community and determined leadership at the national, subregional, regional and international levels, the Ebola outbreak has been contained. That is a major success that we can collectively celebrate and learn lessons from. This meeting of the Security Council is another important contribution and an opportunity for us to take stock and remain vigilant to respond effectively, and avoid, future outbreaks of disease that pose a threat to human security at the international level.

Mr. Olguín Cigarroa (Chile) (*spoke in Spanish*): We thank the Nigerian presidency for convening this meeting on the global response to the outbreak of Ebola in West Africa. We also thank the briefers for their statements.

The recent outbreak of Ebola produced important lessons learned and best practices, foremost the importance of having a coordinated system at the regional, subregional and global levels to address, at an early stage, scourges that threaten health and cause health emergencies affecting international peace and security. Early-warning systems require coordinated participation while avoiding duplication of effort on the part of the various agencies of the United Nations system, civil society, the private sector and regional and subregional organizations, which are fundamental and irreplaceable pillars. We appreciate the fact that some United Nations agencies have revised their initial response protocols and decided to restructure in search of more effective mechanisms to combat such epidemics.

We have learned the importance of preventing scenarios of discrimination against the people and countries affected. It is imperative to take measures that include a cross-cutting approach to respect for human rights to prevent new forms of exclusion and stigmatization.

Resolution 2177 (2014), which my country co-sponsored, includes the idea that a health crisis could threaten international peace and security. We therefore pay special tribute to all regional and subregional actors who did not hesitate to assist in the most difficult moments of the epidemic, even at the cost of risking their lives. Such gestures of generosity and solidarity deserve special recognition.

We stress the importance of a proper process of recovery after the crisis. Several of the countries affected by the outbreak of Ebola was their economies collapse, thereby exposing the vulnerability of their public health systems. We support and encourage the efforts of the Peacebuilding Commission and the various agencies and programmes of the United Nations, especially the World Health Organization, as well as other organizations, in building national capacity in the areas most affected by the crisis.

Finally, we agree with the Secretary-General, in the sense that the outbreak of Ebola serve to reveal a world united in the face of the problem. However, our investments and sacrifices may be lost if the job is not properly completed. So long as there are Ebola cases in any part of the world, we are all at risk.

Mrs. Kawar (Jordan) (*spoke in Arabic*): At the outset, I would like to thank you, Madam President, for convening this important meeting. I also thank Dr. David Nabarro, Dr. Margaret Chan, Mr. Téte António, Mr. Per Thöresson and Dr. Mosoka Fallah for their comprehensive briefings. At almost the same time last year, we met (see S/PV.7268) to consider the serious consequences of Ebola and how to deal with this unprecedented type of threat to international peace and security.

The unity within the Council and the intensified coordination of regional and international efforts guided the effective response to the Ebola outbreak and the establishment of the United Nations Mission for Ebola Emergency Response (UNMEER), which completed its tasks a few days ago, having achieved the key goals of its mission. I offer my thanks and appreciation to the entire staff of UNMEER for their sacrifices and efforts to control the spread of Ebola. We also thank all countries that provided medical equipment and financial resources. We hope that the World Health Organization (WHO), which has assumed UNMEER's responsibilities, will be able to halt the spread of Ebola altogether.

We must capitalize on this international achievement and completely finish our work, especially given the fact that the ongoing negative indications, while limited, could reignite the danger. Guinea and Sierra Leone, for instance, continue to suffer Ebola virus

infections, despite the decline in the number of cases and the shrinking areas of transmission. The resurgence of Ebola in Liberia following the announcement that it was Ebola-free requires the international community and the stakeholders to support the affected countries in preventing the rebound of Ebola cases.

The public health systems of the countries of West Africa constitute a major obstacle to the elimination of Ebola. The Governments of the affected countries should, with the assistance of international and regional organizations, scale up and improve their health-care systems. It is clear that Ebola spread very quickly because of the weakness of those systems. We must also establish monitoring, surveillance and early detection systems, especially in areas of migration and cross-border movement, in order to prevent transmission at the regional and international levels.

The countries of West Africa should invest in and benefit from the human resources that were developed during the Ebola response period so as to strengthen the confidence of the international community in their national health services. That will enhance the engagement of local communites in post-Ebola recovery strategies. The capacities of those communities could be built up so as to strengthen their countries' economic development. The international community cannot ignore the serious impact of Ebola on the socioeconomic situation of those countries, especially given the fact that the three countries most severely affected are on the agenda of the Peacebuilding Commission. We commend the Secretary-General for convening the international conference on Ebola last month, which stressed the importance of ongoing investment in those three countries.

In conclusion, we call on the international community to maintain its support for the affected countries by providing resources and assistance in order to eliminate Ebola and for the post-Ebola recovery strategy, as well as in strengthening preparedness in facing the challenges raised by the virus.

Mr. Liu Jieyi (China) (*spoke in Chinese*): China appreciates Nigeria's initiative to convene today's meeting on Ebola. I thank Dr. Margaret Chan, Director-General of the World Health Organization (WHO), and Dr. David Nabarro, Special Envoy of the Secretary-General on Ebola, for their briefings. I listened carefully to the statements made by Ambassador António, Mr. Thöresson and Dr. Fallah.

The Ebola epidemic broke out in West Africa in late 2013. It was the most severe outbreak of the disease, with the broadest geographical scale and the longest duration, in the 40 years since the virus was first discovered. The virus has posed not only a serious threat to the lives, health and security of the inhabitants of the affected countries, but also challenges to the economic and social development of those countries.

Since the epidemic began, the United Nations, the World Health Organization and other agencies have taken emergency measures and actively coordinated with the international community in combating the epidemic together. At present, thanks to the efforts of all parties concerned, Ebola prevention and control have made significant progress and the efforts to combat the Ebola epidemic have achieved conclusive results. The Ebola epidemic has seriously impacted the economic and social development of Sierra Leone, Guinea, Liberia and other West African countries. The international community should draw lessons from the epidemic and focus on the post-Ebola recovery and reconstruction of the affected countries, with an emphasis on the following points.

First, poverty alleviation and development must be accelerated so as to lay a solid material foundation for the prevention of the recurrence of the Ebola epidemic. The fundamental reason for which the virus was able to run rampant throughout the region is poverty. Only eradicating poverty and achieving development as soon as possible can ensure a solid material basis for preventing the epidemic from recurring. The international community should continue to attach growing importance to the international development agenda, effectively increase development assistance, and actively help the affected countries in developing their economies, creating employment opportunities, eradicating poverty, improving livelihoods, developing expertise, improving national governance and building the capacities of the Governments concerned to ensure their peoples' prosperity, health and security.

Secondly, a long-term vision must be developed to help African countries establish and improve their public health systems. The Ebola epidemic has revealed the weaknesses of the public health systems of the African countries concerned. China hopes that the international community will help African countries to build more hospitals and laboratories and purchase advanced instruments and equipment, while actively supporting their efforts to establish public health

emergency response and management mechanisms, improve grass-roots prevention and control systems, enhance the training of medical personnel, and strengthen prevention awareness within the general public, while fully upgrading the necessary hardware and the software.

Thirdly, coordination and synergies must be strengthened in the face of such non-traditional security challenges as the Ebola epidemic. No country can address these on its own. The international community should foster a sense of the common destiny of humankind while it works as one and shares the highs and the lows together. United Nations bodies such as the Security Council and WHO, as well as international financial institutions such as the World Bank and the International Monetary Fund, should strengthen coordination, bring their own own advantages into full play, and continue to support the African Union, the Economic Community of West African States, the Mano River Union and other regional organizations in playing their special roles in preventing and controlling the epidemic. They should also help the countries of West Africa to emerge from the shadow of the Ebola crisis as soon as possible and achieve socioeconomic recovery.

Africa is China's good friend and brother. We have gone through thick and thin together. China sympathizes with the affected African countries over the impact the epidemic. Ever since the outbreak of the epidemic, China has been among the first to provide assistance and has delivered the most large-scale foreign assistance in the health sector in its own history, thereby playing a leading and promoting role in the international response to the epidemic. On numerous occasions, China has dispatched large chartered planes to the three West African countries to deliver goods, with a cumulative value of $120 million, in the four rounds of assistance to the affected countries and 13 neighbouring countries. China has also dispatched over 1,200 epidemic disease-control experts and medical workers, and also helped Sierra Leone and Liberia to build a biosafety laboratory, an Ebola treatment centre and other important facilities.

As of July, the Chinese medical assistance team had tested over 5,000 virus samples and treated over 800 patients. China has also helped the affected countries train over 13,000 medical workers. Recently, Foreign Minister Wang Yi of China visited Sierra Leone, Guinea and Liberia to obtain first-hand information on the results achieved by the three countries in combating the epidemic and to learn about the needs and aspirations of the three countries in terms of their post-Ebola economic and social reconstruction. At the next stage, in response to the specific needs of the African countries, China will enhance its assistance to these countries in terms of health-care systems, cooperation in production capacity, infrastructure-building and human resources development so as to help African countries accelerate their development and enhance their capacity to address health emergencies. China is also carefully studying the recovery plan of the three West African countries and the Mano River Union, and is actively considering a new round of assistance measures.

The Chinese Government will also provide the United Nations Ebola Multi-Partner Trust Fund with an additional $5 million in cash to support the United Nations in its ongoing leading and coordinating role in the recovery process for the affected areas. China pays close attention to the health and well-being of the African people, and is ready to join hands with the international community to make a greater contribution to peace and development in Africa.

Mr. Wilson (United Kingdom): I thank you, Madam President, for convening this important meeting, for keeping this theme on the agenda and, in particular, for the way that Nigeria responded to the challenge of Ebola within its own borders, as well as for your leadership in helping so many others.

I welcome the briefings by Director-General Chan — and thank her for beaming in from Hong Kong — Special Envoy Nabarro, Mr. Téte António and Dr. Fallah, who spoke so movingly about the determination of communities to survive. I want to express my thanks to Dr. Nabarro for his tireless work in coordinating the international Ebola response and to Dr. Chan for her leadership of the World Health Organization (WHO). I welcome her commitment to better equipping the organization for future responses. As others have said, all of us have a great deal to learn from what happened this last time. I want to pay particular tribute to Dr. Fallah's bravery and the power of civil society that he represents in combating this disease.

The African Union has made a significant contribution to the fight against Ebola. All 835 African health workers deployed by the African Union,

including the 190 Nigerians who volunteered as part of that effort, are a testimony to the region's commitment to defeating Ebola.

In September last year, the United States Centres for Disease Control and Prevention predicted that up to 1.4 million cases could emerge in West Africa by early 2015, posing a clear threat to international peace and security. It is important to remember that that was a real risk, but today the number of cases stands at just over 27,000. The Ebola epidemic has been brought under control. The Council usually discusses bad news. Today, we should take a moment to mark that progress and take steps to ensure that it lasts.

Curbing the spread of that terrible disease has required hard work and sacrifice, in particular on the part of local people in affected areas, but also of national Governments in Sierra Leone, Liberia and Guinea and health-care workers from across the entire world. Tragically, over 11,000 people have died. That number would have been far greater without their dedication. We can be proud that the international community rallied to support the efforts to defeat Ebola.

The United Kingdom played its part. In Sierra Leone, we committed over $660 million and built six treatment centres and three diagnostic laboratories. With the expertise of both our military and civilians, we supported a command-and -control function that made both the national and district responses more effective. In total, over 1,300 military and health-care workers deployed to support the response. Throughout the crisis, we responded with pace, ambition and innovation working with many others, including China, Cuba, Denmark, Sweden, New Zealand and Australia.

Our collective efforts are working. From a peak of over 500 new cases per week in Sierra Leone, we saw only one last week. But that is still one too many. The international community must remain committed to the region and to getting to zero. As the recent cases in Liberia show, even when a country has reached zero, we cannot drop our guard. To get to zero and stay there we must maintain our resolve and our support. The affected countries are rightly taking steps to transition out of crisis and into recovery, helping millions of children back to school, restoring basic health-care services and kickstarting economic activity. That all requires the backing of everybody here.

We thank the Secretary-General for holding the remarkably successful International Ebola Recovery Conference in July. It will now be important for donors to work closely with both the affected countries and with each other to best coordinate activities for the benefit of the region. The United Kingdom will continue to stand by Sierra Leone and the region. We have pledged $370 million in support of President Koroma's two-year ebola recovery strategy and our commitment to Ebola recovery, including debt relief through the International Monetary Fund, is now over $500 million.

Collectively, we must learn the lessons from this crisis to improve the international and national health systems. We therefore welcome the work that is being carried out by the Secretary-General's High-level Panel on the Global Response to Health Crises. It is clear that we need to achieve three things. First, WHO reform at the headquarters, regional and country levels is needed if it is to properly coordinate and lead responses to humanitarian and health crises. Secondly, we need more investment in prevention and preparedness so that national health systems have the early warning triggers and safe affordable technologies to allow them to respond quickly and effectively to future outbreaks. Thirdly, we need swifter rapid-response mechanisms, with stronger links between the health and humanitarian sectors, so that they are able to respond to health emergencies in a coordinated way.

The response in Sierra Leone showed us the effectiveness of a joint, cross-Government and multinational approach that allowed us to rapidly design and deliver an emergency response — what Sierra Leone's Permanent Representative Vandi Minah calls more vividly a complete "jigsaw puzzle" of a response. All of that was done in very closely partnership throughout with the Government of Sierra Leone, and only President Koroma's strong leadership made it possible.

We cannot wipe out the suffering this disease has inflicted, but we can commit clearly today to reaching zero. And we must prepare deliberately and effectively both to prevent and to tackle disease outbreaks in the future.

Mr. Gasso Matoses (Spain) (*spoke in Spanish*): I thank you, Madam President, for giving us the opportunity today to hear some of those who were at the front line of the response to the epidemic and reconstruction and development efforts of the countries affected. Their opinions and views are essential to Member States in making informed decisions on the steps to take in the future in order to put an end to

the final remnants of the epidemic and in helping to strengthen the response and adaptation capacity of the local, regional and national authorities and institutions.

Today, Dr. Chan has sent us a very optimistic message. Naturally, we share that optimism, which is the result of a series of assertive decisions made over the past months and year. One of those is clearly illustrated by the example of Nigeria's swift and transparent reaction when the threat of Ebola crossed its borders. That was a model of good practices from which we all need to draw the appropriate lessons. The initiatives aimed at strengthening regional cooperation mechanisms are also extremely encouraging. Those include the initiatives of the Mano River Union, the Economic Community of West African States and, in particular, the African Union, which Ambassador Téte António has just outlined for us. Furthermore, it is important to acknowledge the recovery plans that were presented at the high-level conference convened by the Secretary-General by the affected countries of Guinea, Liberia and Sierra Leone. Spain fully endorses those recovery plans.

We find ourselves at a time of cautious optimism. Thanks to the work of thousands of professionals and volunteers, many of whom have given their lives, we are closer to the end of the crisis. Above all, this has been made possible thanks to the work and commitment of local communities, as Dr. Fallah and Dr. Nabarro have described so eloquently, which have made it possible for us to speak today of being close to the end of the crisis. We are close to the end, but not there yet. As several speakers have stated, we must not let down our guard. While Ebola is no longer in the headlines and the number of infections fell to zero only a short while ago, we need to be aware that the Ebola virus has not disappeared but remains hidden, and we need to be prepared for it.

We have spoken at length today of the need to be prepared, and preparation should accordingly focus on three areas. First, we should focus on research. We have had very encouraging news about the new experimental vaccine, and Spain is strongly committed to the new initiative, which will make it possible — once properly tested and verified — for the vaccine to be made available to all those in a vulnerable situation.

The second area of preparedness is, as we have just heard, the need to make rapid response resources constantly ready for deployment on the ground. The United Nations has had ample experience in this area over the past year that should enable us to determine where we have succeeded and where we need to improve.

Thirdly, we need to focus on the rebuilding and improving of the health-care systems of the countries most affected and of those that could be vulnerable in the future. We need to recognize that local health-care assistance and regional assistance at the first signs of an outbreak of an epidemic are two of the weakest links in the chain. Once acknowledged, it is essential that we strengthen our focus to try to solve those problems.

Exactly one year ago today, the Spanish priest Miguel Pajares died in Madrid. Just a few weeks later, another Spanish priest succumbed to Ebola. Both men gave their lives helping those affected in Liberia, and through their memory I pay tribute to all the victims of the epidemic and all the humanitarian workers who have paid with their lives in that crisis and in others.

A year ago, the impact of the virus demonstrated that it could spread beyond the countries immediately affected. We also realized that the crisis had become more than just a localized health emergency. That led the Security Council to take action. At the time, although not a member of the Security Council, Spain co-sponsored resolution 2177 (2014), which was a milestone in the evolution of the Council itself. Spain co-sponsored the resolution because we thought at that time — as we still do — that the concept of threats to international peace and security should cover not only traditional threats, but also others that, like the Ebola epidemic, could threaten millions of lives and the stability of entire regions and countries that, in many cases, are already vulnerable and fragile, thereby undermining post-conflict achievements and undo progress towards sustainable development.

The cases of Guinea, Sierra Leone and Liberia have been exemplary models in that regard. We therefore believe that any security sector reform in those countries, or any plan for stabilization or border management, cross-border mechanisms for fighting organized crime or the trafficking of illicit goods and drugs — in short, anything that could pose a threat to peace and security — must resolutely take into account the new threat of an epidemic or pandemic that, while starting off as a health issue, has a far broader impact.

In that area, I fear that our attitude has been more reactive than proactive. I shall therefore conclude by stating my belief that it would be a good idea for the

Council to consider how we could better incorporate the lessons learned from this crisis into the peacebuilding architecture and into Peacebuilding Commission, in particular. That would be the question that I ask on the issues raised today.

Mr. Špokauskas (Lithuania): I thank the briefers for their comprehensive interventions, as well as for their dedicated selfless work in fighting the Ebola outbreak in West Africa. I also commend the Nigerian presidency for its initiative to convene this timely Council meeting, as well as for its meaningful contribution to fighting Ebola.

The outbreak has been brought under control now, yet it continues to claim reappear in Sierra Leone and Guinea. As Dr. Chan and numerous others noted earlier this morning, it takes only one infection and one delayed collective response to spark another disastrous epidemic. There is simply no room for complacency. As we look ahead, we must not forget the lessons that should have been learned and the mistakes that should not be repeated.

First of all, the epidemic has once again proven that prevention and early action are key to making future crises less devastating and costly. Ebola has struck countries that have only recently come out of conflict, impairing their hard-won path to peace and development as their fragile health-care systems and governance structures struggled with that new invisible enemy. At the same time, the outbreak highlighted the importance of national Governments' rapid initial efforts to combat the outbreak and of an effective early response, as well as the vital role of grass-roots and community organizations in reducing transmission rates and engaging in prevention efforts, such as those that were so powerfully advocated by Dr. Fallah earlier this morning.

The timely involvement of regional and subregional organizations was instrumental. The rapid deployment of trained medical and support personnel — coordinated by the African Union support to the Ebola Outbreak in West Africa — helped to save thousands at the peak of the outbreak. The African Union Commission, with the support of bilateral partners, has advanced the initiative to establish an African centre for disease control that has the potential to contribute to greater preparedness and resilience in tackling similar epidemics on the continent. These initiatives testify to the leadership and ownership of the region, and should be encouraged.

The United Nations system, working closely with the World Health Organization, has demonstrated its ability to mobilize and ensure an immediate, effective and coordinated contribution in combating the outbreak. The United Nations Mission for Ebola Emergency Response and the Global Ebola Response Coalition enabled and facilitated this unprecedented response and cooperation. The engagement of the Security Council has also helped to focus the international community's attention on the peace and security threats posed by Ebola to fragile post-conflict nations. United Nations peacekeeping and political missions in the affected region, in particular the United Nations Mission in Liberia, supported efforts to combat and prevent the further spread of the epidemic. That in turn helped to sustain the effort to bring Ebola cases down to zero thereby supporting the post-Ebola recovery effort in the crisis-affected countries.

The United Nations pledging conference on Ebola in early July demonstrated the international community's ability to maintain its attention on putting the most affected countries on the path to recovery. The confirmation by the World Health Organization that the newly developed vaccine against the deadly virus is highly effective and could help to prevent its spread also provides hope that with the necessary mobilization, prevention mechanisms and adequate resources an Ebola epidemic of such scale will never happen again.

The Ebola crisis has disrupted the peacebuilding efforts of the three West African countries, while affecting their economies, trade and tourism, basic health care and social services, food security and education. It has changed livelihoods and broken community ties with a disproportionate impact on the most vulnerable groups, such as women, children and the elderly. The burden of the epidemic was particularly harsh on women because of their role as care givers, health personnel and providers for their families. Each of the Ebola-affected countries has seen larger numbers of women victims of the epidemic than men. The outbreak has also affected women through loss of livelihoods since productivity in the agriculture, trade and service sectors fell sharply and is yet to recover.

Therefore, besides being physically affected by the epidemic, women have seen reversals in their economic and social empowerment. Inevitably, effective preventive and recovery strategies must be developed to ensure that women have full say on all related matters, both as beneficiaries and as decision-makers.

The epidemic's negative impact on children is also multifaceted. Birth registrations of more than 70,000 children were disrupted during the Ebola outbreak, thereby depriving them of their rights and leaving them in a social no-man's land where they become vulnerable to marginalization as non-citizens and easy prey to human traffickers, recruiters and illegal adoption handlers.

Ebola orphans are another highly vulnerable group. Across the affected countries, some 30,000 children have been orphaned by Ebola, nearly 60 per cent of whom live in isolated rural areas. Some are shunned and stigmatized due to baseless fears of infection. Too many face increased risks of physical and sexual abuse. Female orphans are particularly vulnerable to sexual exploitation, rape and teenage pregnancy. Post-Ebola recovery strategies must therefore include adequate child protection measures and provide for a viable future through reintegrating such children into community life, empowering them to support themselves and receive education, while also providing guidance and psychosocial counselling.

Strengthening the resilience of Ebola-affected countries requires ensuring that all vulnerable groups have a say in their future. That can only be done through strengthening institutions, rule of law, good governance and respect of human rights, including through multi-stakeholder dialogue and civil society engagement. The United Nations system and the international community must remain vigilant and support Ebola recovery long after the crisis is no longer front-page news. Moreover, we should ensure that the painful lessons of the epidemic are not lost in bolstering our preparedness and response to future health emergencies.

Ms. Chávez Colmenares (Bolivarian Republic of Venezuela) (*spoke in Spanish):* My country welcomes the convening of this briefing of the Security Council and the concept note (S/2015/600, annex) to guide our deliberations on the Ebola virus disease and its current status. The pandemic has tragically affected the friendly peoples of Guinea, Liberia and Sierra Leone, thereby impacting the entire region of West Africa and the world over the past year and a half.

In commending the holding of this meeting of the Council, we consider it equally important to address this issue in the appropriate political forums, including the General Assembly and the Economic and Social Council, in view of its clear economic and social dimensions.

We also thank Dr. Nabarro, Dr. Fallah, Dr. Chan, Ambassador António and Mr. Thöresson, Deputy Permanent Representative of Sweden, for their comprehensive statements regarding the current situation in the fight against the Ebola virus.

The Ebola outbreak became a regional crisis in West Africa that demanded urgent attention and whose consequences were made evident in the collapse of health systems, the shutdown of schools, the increased rate of internally displaced persons and refugees, the closure of farms and businesses, and the overall contraction of the economies of the most affected countries. Resolution 2177 (2014), adopted by the Council on 18 September 2014, recognizes the threat posed by Ebola and the need for a coherent approach that is both coordinated and comprehensive.

We welcome the latest report published by the World Health Organization (WHO), which highlights a significant reduction in the incidence of the outbreak following the declaration of Liberia as a territory free of Ebola in May and despite the three new cases presented earlier this week in Sierra Leone and Guinea. We congratulate the peoples and Governments of those countries on the results achieved after more than a year of hard and sustained struggle.

The gravity of the health problem has demanded a comprehensive and multidimensional approach on the part of the international community, which has been involved by way of international, regional and national organizations, and the economic and social sectors. Global mobilization has been manifest through multiple contributions of various kinds made in solidarity to address the devastating consequences of the pandemic. Venezuela contributed generously to the Ebola Response Multi-Partner Trust Fund.

In that context, we recognize the selfless efforts of the interdisciplinary teams of men and women around the world dedicated to fighting the Ebola virus and the work of representatives and of the Special Envoy of the Secretary-General on Ebola and his colleagues, WHO, the African Union, the Economic Community of West African States, the Mano River Union, the international medical brigades and the States Members of the Organization. Latin America and the Caribbean have been present from the beginning in the form of 450 Cuban doctors who contributed as fellow human beings

working in solidarity on the ground. Moreover, we welcome the Secretary-General's initiative to convene on 10 July the high-level international conference on post-Ebola recovery efforts, in close cooperation with the Governments of Guinea, Liberia and Sierra Leone.

For Venezuela, the leadership of the brotherly peoples of Africa through their Governments and regional and subregional institutions is essential to formulateing strategies in the new phase when the whole region is declared definitively Ebola-free. The economic and social recovery from the crisis must be a priority on the international agenda, given the contraction in the gross domestic products of the affected countries, including more than 70 per cent since the start of the crisis. The structural causes of the crisis must be addressed substantively in the search for a more just and equitable model, since the pre-eminence of a capitalist, impoverishing and exclusionary system is unsustainable over time and is the leading cause of world inequities whereby the countries of the South are precisely the main victims.

Moreover, in the context of the peacebuilding architecture, it is fundamental to prioritize a sustainable development approach for these African countries, especially given the social and human repercussions of the virus. We appreciate the efforts of the Peacebuilding Commission and encourage it to continue strengthening them in the future.

For its part, together with international efforts to prevent the spread of the virus, on 18 October 2014 the Bolivarian Alliance for the Peoples of Our America held an special summit in Havana to address the fight against Ebola and to motivate political will towards prevention and training of interdisciplinary teams both to prevent health threats affecting the region and to contribute on the ground to eradication efforts.

At this stage, where the most affected States remain fragile in the face of chaos and the the consequences of the crisis, the international community must not relent in its cooperation in support of those nations. We also need to ensure that continued efforts are made to tackle poverty through the use of inclusive, sustainable economic and social models and that the necessary structural measures are taken so that the pandemic never recurs. The devastating humanitarian crisis in various segments of society caused by Ebola, which particularly affected children and women, is a call on us to engage in deeper reflection and to take action with respect to the major challenges that remain in terms of cooperation with the brotherly peoples of Africa in the fields of both security and peacebuilding.

After years of exploitation and colonialism, the region is now encountering major crises, which its people have faced with exemplary dignity and courage. Despite the immense challenges, there have been efforts to raise awareness in the rest of the world to mobilize concerning the human right to international solidarity on this and other important issues.

We are therefore convinced that overcoming this crisis requires us to reflect on how cooperation in its many dimensions can contribute to the development of the great human and geographical potential of Africa, a continent with great cultural diversity and a rich history. It is important, therefore, that we promote new sustainable cooperation models in solidarity with the peoples and the Governments of Africa, bearing in mind their right to self-determination.

The post-Ebola focus is an opportunity to implement a comprehensive socioeconomic, political, humanitarian and cultural approach focusing on the empowerment of the African people in their development processes, with the ongoing full support of the international community, in a spirit of solidarity, so as to cooperate in the strengthening of their health systems, in which regional bodies will also have a key role to play.

The crisis has taught us about the need to improve our coordination mechanisms as well as our health-care protocols at the international level and to create early-warning and updated technology-transfer systems in the field of public health, on a free and accessible basis, giving priority to prevention and education.

We must ensure that access to new initiatives to combat Ebola such as the development of a vaccine and all means for treating it should be available to all, without any social or economic discrimination. All States and institutions are called on to work towards this goal in a decisive manner. We must also avoid and punish any stigmatization of individuals and nations victims of Ebola, through an ethical, responsible social response that does not unduly dramatize the situation, ensuring also the provision of adequate educational programmes that ensure a scientific and humane approach to the pandemic and to other diseases that several affect developing countries.

Finally, Venezuela reaffirms its commitment to the African peoples in their struggle against poverty

and social exclusion and to support their right to development through the promotion of international cooperation and solidarity, especially with respect to threats such as the one that this terrible scourge has posed to humankind.

Mr. Ibrahim (Malaysia): I wish to join others in congratulating you, Madam President, and the delegation of Nigeria for having convened this important briefing. I wish also to thank Dr. David Nabarro, Special Envoy of the Secretary-General on Ebola; Dr. Margaret Chan, Director-General of the World Health Organization; His Excellency Téte António, Permanent Observer of the African Union; His Excellency Per Thöresson, speaking on behalf of the Chair of the Peacebuilding Commission; and Dr. Mosoka Fallah for their respective presentations to the Council this morning.

Let me also take this opportunity to commend the contribution and pledges made by various countries to fight the disease and the many brave doctors and health-care workers engaged in tireless efforts to counter this deadly disease. We warmly welcome the successful outcome of the recent International Ebola Recovery Conference, on 10 July, at which the international community pledged more than $5 billion for long-term recovery efforts.

In associating itself with the statement delivered by the representative of Sweden on behalf of the members of the Peacebuilding Commission, Malaysia wishes to make the following brief comments.

From the United Nations Development Programme report entitled "Recovering from the Ebola crisis" to the recent International Ebola Recovery Conference and the various meetings held at the United Nations concerning the Ebola crisis, there are a considerable number of lessons learned that we could gather from the Ebola crisis. Many of them have been clearly outlined in the concept note prepared for today's briefing (S/2015/600, annex). These lessons learned will be important for future strategic planning to prevent future outbreaks and enable early detection of potential crisis situations.

My delegation further believes that the Ebola crisis has presented a unique opportunity for the international community to reassess its approach to assisting post-conflict countries. It also has provided valuable perspective to the countries affected, particularly on what else is needed to maintain stability and preserve the hard-won peacebuilding gains made. Malaysia continues to believe that there is a need to place further emphasis on building resilience and strengthening national capacity in consolidating support for post-conflict countries.

Malaysia underscores that close coordination within the United Nations system is crucial to maintaining the focus of the international community on the recovery period of the Ebola crisis, with the aim of generating greater political commitment and contributions to the countries affected. Continued coordination and cooperation are equally important so as to ensure the optimal and efficient use of resources. In addition, proper planning between the United Nations and the Governments of the affected region will be essential to ensuring that the efforts towards recovery are carried out in a safe and effective manner.

My delegation also wishes to underline the three key priority directions for the engagement of the United Nations system in peacebuilding, namely, inclusivity, institution-building, and sustained international support and mutual accountability. We believe that these key priorities remain relevant in assisting the Ebola-affected countries, particularly in developing a coherent strategy linking the development, security and political aspects.

Malaysia is further encouraged to note the strong engagement and commitment of many regional organizations, particularly the African Union, the Economic Community of West African States and the Mano River Union, in the fight against Ebola. Certainly a coordinated national and regional response has been fundamental in easing the difficulties faced by the Ebola-affected countries.

We also take this opportunity to commend the role played by the Peacebuilding Commission in the fight against Ebola. It has been instrumental in maintaining the focus of the international community on the Ebola crisis and coordinating efforts with all partners, including regional and subregional organizations. We believe that the Commission's role is equally important at this point in time to build the capacity and resilience of the countries affected.

While we have seen remarkable progress in the efforts made to contain the disease thus far, Malaysia concurs with others that we must remain vigilant and continue to strive towards getting to zero and staying at zero. At this juncture, it is vital to ensure the unwavering support of the international community for the countries affected to assist them to progress further

during the recovery period. We are of the view that for the affected countries to come out of this process stronger and more resilient, we need to invest not only in hospital and medical facilities and infrastructure but also in peoples and Governments in order to build a sustainable future for the peoples of the region.

On our part, the Government of Malaysia, in collaboration with Malaysia's private sector, has taken the initiative to continue to contribute in kind as well as financially to the Ebola-affected countries since the beginning of the spread of this deadly disease, in 2014. Recently we also contributed $100,000 through the Ebola Response Multi-Partner Trust Fund. Malaysia has also offered two of its public-health specialists to Sierra Leone to assist in monitoring and controlling the pandemic. The first specialist left Malaysia in April and the other in June. Their roles are to monitor and give symptomatic treatment to those who are not admitted to the hospital. Malaysia sincerely hoes that these modest contributions will help the Ebola-affected countries in this important recovery phase.

In conclusion, we will continue to monitor the situation closely to see how we can further support the countries affected, whether in the immediate or longer term. Malaysia wishes to assure the Security Council of its full support and cooperation in working closely with all partners in assisting the countries in this important recovery period.

Mr. Van Bohemen (New Zealand): We congratulate Nigeria on its initiative in arranging today's briefing. Ebola was and remains a truly global threat. It is fitting that the Security Council was, and has remained, involved in dealing with that threat and in ensuring international preparedness in dealing with any recurrence of Ebola or of any other deadly disease of similar proportions. We would like to thank all the briefers for their statements, which, among other other things, described the range and depth of the responses to last year's outbreak at the international, regional, national and community levels.

The Secretary-General's establishment of the United Nations Mission for Ebola Emergency Response (UNMEER) was a new and appropriate reaction as the first-ever United Nations emergency health mission. In part, it came in response to the Council's call, in resolution 2177 (2014), for a comprehensive response to the epidemic. We would like to acknowledge the leadership of the United States in the adoption of that resolution and in the mobilization of the international response. We also want to acknowledge the terrible human toll wrought on the affected States of West Africa, and the enormous amount of work they and their peoples did to bring the outbreak under control. New Zealand joined the international response, giving to the trust fund and deploying medical personnel to Sierra Leone to work alongside their British and Australian counterparts. We also worked with Pacific nations to enhance their preparedness to respond to an Ebola outbreak.

Thankfully, the outbreak in West Africa has now been contained and rolled back. That is rightly cause for considerable satisfaction. However, the Council should not miss the opportunity to learn from the UNMEER experience, both its successes and mistakes. Others have spoken extensively on the crisis and the global response, and we endorse their views and assessments. There are four additional points I would like to emphasize.

First, preparations should be made to ensure rapid, focused reactions to future health threats. International responses drawing on all relevant frameworks, such as the International Health Regulations, must be coordinated across regions, particularly where cross-border transmission is occurring. The speed in this instance with which a United Nations trust fund was mobilized, and its lower administration costs, should be a benchmark for establishing funds where urgent action is required in future. The report of the Ebola Interim Assessment Panel of the World Health Organization (WHO) on the WHO response is a positive step towards ensuring that we learn as many lessons as possible from the Ebola outbreak, so that future health responses are quicker, more effective and better coordinated.

Secondly, the rapid and far-ranging nature of the outbreak caused widespread fear across the globe. We should remind ourselves that such fear, although understandable, should not drive States to impose unhelpful, and ultimately counterproductive, restrictions on movement during pandemics, other than those in line with the International Health Regulations. While a crisis can be intense for a number of countries, or even a subregion, in a continent as large and diverse as Africa, calibrated approaches to restrictions are often called for. We applaud those countries that took steps to reopen borders and reinstate air links as safely and quickly as possible.

Thirdly, we recognize that the logistical burden of mounting a large international response in a short period

can be heavy and a severe strain on local systems. Close coordination amoang responding countries is vital. Our own experience demonstrated the value of having country responses led by a single donor as part of the wider WHO-coordinated response. At the same time, the roles of the Economic Community of West African States and the African Union were vitally important in coordinating among States within the subregion most affected by the outbreak.

Fourthly, the international community, particularly the United Nations system, must maintain support to affected areas in order to avoid any further resurgence. The progress in developing vaccines is very encouraging, but we must also acknowledge that the next health crisis could come from an as-yet unidentified threat. In our region, preparedness undertaken in the context of the Ebola outbreak to respond infectious diseases will have long-lasting effects for the Pacific's ability to combat other emerging health threats.

Lastly, I would again like to commend Nigeria for taking the initiative to arrange today's briefing. It has done us a great service both in marking a situation that posed a very real threat to regional and potentially global security and in providing an opportunity for reflection on how we, the international community, dealt with that challenge and can do better in the future.

The President: I shall now make a statement in my capacity as representative of Nigeria.

My first words in my national capacity must be to thank all five of our briefers, the largest number we have had in a long time. I would like to thank Dr. Margaret Chan for taking time out of her home leave to participate in today's meeting, and Dr. David Nabarro, Special Envoy of the Secretary-General, for his compassion, passion and pursuit of Ebola. I thank Ambassador Tété António for his dedication to the African cause and Mr. Per Thöresson for the work of his delegation in the Peacebuilding Commission. And I thank Dr. Mosoka Fallah very much for laying his life on the line and for his spirit of sacrifice. I believe that together they have all brought invaluable perspectives to the discussion we are having today. Their in-depth comprehension of the subject and this important issue underscores the essence of our briefing today, and indeed reinforces the urgency of concerted and relentless efforts in the fight against the Ebola virus disease.

We all recall that the outbreak of Ebola in countries in West Africa was not merely a national or regional humanitarian crisis but a truly global one of almost unprecedented proportions. It was a clear demonstration of a health threat that had an alarming ability to ignore national borders and spread rapidly to potentially any country on this planet. The epidemic revealed gaps and weaknesses in health sectors and proved a strain on Government revenues, especially in the affected areas. It is for that reason that we welcome the solidarity, commitment and determination demonstrated by people, Governments, institutions, non-governmental organizations, civil society and private-sector entities across the world. We recognize the contributions of all those who have confronted and still continue to tackle the outbreak with a collective resolve to achieve zero infections and ensure that that is sustained at zero all over the world.

On 29 May, the world welcomed the news that Liberia had been declared Ebola-free. The celebration turned out to be short-lived with the emergence of a new case, and indeed of other new confirmed cases in Sierra Leone, an indication of an ever-present threat and a reminder to all that we must remain vigilant until the Ebola virus is totally eradicated. I believe that Nigeria, having encountered and vigorously overcome the Ebola virus disease, can share lessons from its experiences in the fight, which included high levels of vigilance and contact-tracing, the rapid introduction of the requisite control measures, strong Government and community commitment, prompt intervention on the part of the World Health Organization in collaboration with the Government, and the unalloyed commitment of dedicated health workers. We also embarked on a robust compaign to create public awareness of the disease, and successfully avoided the dissemination of false information, rumours and undue panic among the citizenry. At one point, in fact, it was taboo to shake hands.

At the international level, there can be no doubt that the adoption of the landmark resolution 2177 (2014), led by the United States, strengthened the international community in its willingness to act in a coordinated and concerted manner to eradicate the disease. In our view, what is now required is the institution of substantial preventive and early-response mechanisms that focus on capacity-building and the strengthening of health delivery systems. On our part, we have contributed $5.5 million to the solidarity fund instituted by the Economic Community of West African States to tackle the Ebola virus outbreak in the subregion. We think that this and similar contributions could be effectively

utilized to put in place preventive measures as part of a framework to reduce the response period to the epidemic.

We must also underscore the need to forge strong and sustainable regional and international partnerships, as the African Union (AU) has demonstrated and as we heard so eloquently from Ambassador António. Its sterling leadership in the fight against the Ebola epidemic, mainly through the African Union support to Ebola Outbreak in West Africa, is noteworthy. Nigeria commends the AU for mobilizing the private sector, which has contributed up to $32.6 million to the Ebola Fund, as announced by the Chairperson of the AU at the Ebola international conference on 10 July. We also commend the Secretary-General for convening the conference, which attracted huge participation and tremendous expressions of financial and material support for the affected countries.

We believe that Africa must take the lead in addressing its own challenges. That is why we appreciate the efforts that culminated in the recent convening of the International Conference on Africa's Fight against Ebola, held in Malabo only three weeks ago. The Conference was successful in highlighting the imperative to bridge the capacity gaps, especially in the areas of human resources and the training of health professionals in the affected countries.

We strongly support regional approaches to tackling the Ebola virus and other pandemics. That is why, in our view, the recently established Mano River Union Consolidated Ebola Recovery Trust Fund is a welcome initiative for allocation and disbursement arrangements, in consultation with partners. The commitment of African regional subregional organizations clearly demonstrates that regional arrangements have a crucial and pivotal role to play in combating the ongoing threat of the Ebola virus disease and, indeed, any future pandemic. The crisis has necessitated that regional actors in Africa work in concert with the rest of the international community and relevant stakeholders, especially the World Health Organization, to systematically tackle the epidemic. When regional organizations assume leadership in response to health emergencies, they engender a sense of inclusiveness and are more likely to gain the trust of local populations.

The United Nations Development Programme report released earlier this year, to which the representative of China referred earlier and which is entitled "Recovering from the Ebola crisis", attests to that, as it notes that "a regional perspective could have greatly enhanced the effectiveness of the response" to Ebola. The report recommends measures, such as joint investigation missions, the sharing of best practices between bordering districts and establishing a biosafety protection level for laboratories. Nigeria is not only in support of those recommendations, but also calls on all Member States and partners to commence their implementation as soon as possible. The achievement of these goals will ensure that Ebola and all similar epidemics will be controlled and contained in a more timely and effective manner.

The recent vaccination trial currently being undertaken in some affected countries is also worthy of mention in this conversation. The results published online recently in the British journal *The Lancet* suggest that the vaccine may be highly effective beginning 10 days after inoculation. Even as these studies continue, there is an urgent need to make the vaccine more widely available to the many people who are still exposed and still susceptible to the infection. I believe that this is the time for definitive and rapid collective action.

I now resume my functions as President of the Council.

I give the floor to the representative of Sierra Leone.

Mr. Minah (Sierra Leone): At the outset, I wish to join others in commending you, Madam President, for this initiative in keeping the issue of Ebola in front of the international community. I wish you all the best for your month as President of the Council.

We can all agree that we have turned a corner. From the beginning of the outbreak of Ebola, a sense of pervasive fear invaded all our collective thoughts and the three nations directly affected. We now have a sense of collective hope and optimism for the future. This has come at a very high cost. In Sierra Leone, we are determined not to look back in anger or frustration, or to find fault, but to learn the hard lessons that we are supposed to learn and develop the best practices that we are supposed to develop.

As we sit here today, we sit in remembrance of those who have made the ultimate sacrifice: the health workers, the doctors, the burial teams, and the innocents who have been struck down by this disease. We can do

our best to commemorate them by making sure that our collective actions from this point on fully justify the faith they had in us and the loss that their families now endure.

As we move forward from emergency to recovery and resilience, we as States — Sierra Leone and, I am sure, my colleagues in Liberia and Guinea — do so in the firm conviction that we fully recognize that the primary responsibility for the care, safety and health of the citizens of our countries lies with our political leadership. Therefore, we know that the heaviest burden falls on us. However, we continue to look to the international community to ensure that we discharge our burden in the manner in which we wish to discharge it.

Our health systems — health-care delivery and management — were found wanting. We are grateful for the teams and the material, financial and other support that we received, but we realize that these systems must be rebuilt, and they must be rebuilt better than they were before. To that end, we look to all nations that have fully developed health-care systems to see what we can learn and what we can adapt to our local conditions. We will also make sure that we hear the message that comes loud and clear from the lowest and simplest communities within our nations — that anything done in their name must include them in the planning, the design and the execution, and must fully reflect their local cultures and values.

We are mindful to ensure that the Ebola virus disease, if it does comes back, is successfully combatted. We are mindful of the fact that the mosaic of various responses must be complete. That is what we also refer to as a jigsaw puzzle. In other words, quite simply put, the logistical, scientific, diplomatic and national efforts must all be in harmony. There can be no disjointed efforts; there can be no duplication. Within the United Nations, the Secretary-General has made it quite clear that the various institutional silos should not operate as such, but operate as one. Within the subregion of West Africa, we fully embrace the belief that if one State remains affected, all of us are still at risk. Therefore, Guinea's successes are Sierra Leone's successes and Liberia's successes; Liberia's relapse is also the relapse of Guinea and Sierra Leone. Therefore, we stand together and we hope that we shall succeed together.

There is a sense in this crowded global diplomatic agenda that each issue should enjoy its 15 minutes of fame and promptly move off the stage. However, we know that that should not be the case with Ebola.

We are told that even after 42 days of no new cases, there is a possibility of relapse. We are also informed by the best scientific minds that in any region where Ebola has appeared, it might reappear again. The question is not if Ebola will reappear; it is how we respond as a nation and a community when it does. Therefore, the health systems, the early warning systems and the cross-border surveillance must be in place. We look to Nigeria and Uganda as States that have effectively and efficiently combatted the appearance of the Ebola virus disease so asto learn lessons about early warning and about how to move swiftly and effectively to curtail the threat.

I speak to the Council as the national of an exhausted but grateful nation that looked to the world community, put out a hand seeking assistance, and received the assistance it needed. As I said before, we are fully mindful of our national responsibilities. We are fully mindful of our national failings, and realize that we must do better by our populations without reluctance or hesitation. There is a sense that the first public health mission is perhaps something of an anomaly; some consider it a bit far-fetched, perhaps, but it has shown its mettle. It has proven to us all that it is worthwhile. The risk in setting up such a health mission of unprecedented proportions has met with success. Resilience, quite simply put, means that the nations affected must be able to withstand any future pandemic or epidemic that comes down the line.

The Ebola virus disease, unfortunately, has threatened our peacebuilding gains, and we therefore welcome the strong and vocal initiative of the Peacebuilding Commission and the peacebuilding architecture to take the lead in sounding the alarm and the warnings. We also appreciate the efforts of the non-governmental organizations that were out in the field at the very outset, including Médecins Sans Frontières, which made the call and continued to sound the alarm loudly and vociferously. They also now warn that we should not be complacent and that, as we approach the last mile, we should not start celebrating prematurely.

It has, as I said before, been a long and difficult path that has led to losses and bereavement and had a

heavy cost. National democratic systems of governance have been fully tested and pushed to the breaking point. There were missteps and mistakes, but I believe that at the end our relationship with the international community has been strengthened. Our relationship with the United Nations system has been strengthened, and we believe that the strength of any relationship lies not in whether there are disputes, disagreements or discord, but in how we deal with those disputes when they arise.

I do believe that the nascent Ebola recovery and resilience communities that have arisen — which of course include Dr. Nabarro and Dr. Chan — are ones that now understand each other. From the national systems, the national leadership and the national Ebola recovery response teams, there is a sense that the medical protocols that have been developed have to be followed. There is a sense within the communities now that the Governments of the respective affected countries now work for them. There is a sense at the global-community level that we are all in it together and that if we can establish the firewall in West Africa, the risk to the rest of the world will diminish correspondingly.

We are all committed to seeing the back of this disease, but beyond that we are grateful for the efforts being made at the regional, subregional, continental and global levels to ensure that there is a proper system of disease control, not only at the regional level but also at the continental level, so as to make sure that any epidemic and pandemic that does come along will be swiftly dealt with. As our medical doctors in Freetown have said to us, it would be a tragedy if we were to successfully deal with Ebola, only to have cholera come down the line in two months' or half a year's time. Therefore, there has to be a medical firewall and a system of improvement.

In closing, while we aspire to a system of medical excellence, we have now made sure that our Ministry of Health aspires in the short term to a national health system of reasonable competence — in other words, one that can deliver satisfactorily to its citizens whenever we have this kind of pandemic or epidemic. It has been a year and a half of fear, but going forward I do believe that we have learned the hard lessons and can therefore look forward with hope and cautious optimism. The international community has stood by Sierra Leone and the affected States, and it is incumbent on the affected States to stand by their citizens.

As we go forward and approach the busiest period in the diplomatic calendar, it is gratifying that the various agencies and institutions of the United Nations family have remained focused on the Ebola virus disease and its eradication. Our watchword must be vigilance so that we can achieve the much-desired resilience.

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

The meeting rose at 12.55 p.m.