PART ONE
FACING THE CRISIS

In December 2013, in the remotest reaches of Guinea, close to the border with Liberia and Sierra Leone, a two-year-old infant named Emile Ouamouno fell sick with a fever, severe headache and bloody diarrhoea. Within days he died, followed by his three-year-old sister, Philomene and his mother, Sia. What no-one realized until too late was that Emile and his family had been infected by Ebola—a virus that has not before been reported from the region.

By March 2014, the World Health Organization (WHO) had become aware of the emergence of a communicable disease in Guinea characterized by fever, severe diarrhoea, vomiting and a high fatality rate. Laboratory tests revealed the cause as a new strain of *Zaire ebolavirus*. On 28 March, there were 103 suspected and confirmed cases of Ebola in Guinea, with 66 deaths. A WHO spokesperson told reporters in Geneva that the outbreak—for which there was no known cure or treatment—needed to be watched very carefully. "A lot of those cases still are only suspect cases," he said. "Local health authorities will report any number of syndromic cases that resemble Ebola but turn out not to be. So we don't expect all of these cases to end up confirmed in the end. However, on the other hand, there are probably other cases out there which we don't know of yet. So this is an extremely fluid situation."

So it proved. By 1 April, just three days later, the number of cases in Guinea had jumped from 103 to 122, with 80 confirmed deaths. However, there seemed no reason to assume that this outbreak would differ from previous recorded instances in the Democratic Republic of the Congo, Sudan and Uganda, which had been successfully contained. This time, however, instead of burning out, the outbreak became a wildfire: the virus became ingrained in people's lifestyles and found ways to spread within and beyond the affected areas.

Because of the nature of the Ebola virus, healthcare workers are most vulnerable, and have been hardest hit. A total of 838 health-care workers are known to have been infected with Ebola up to 4 January 2015, 495 of whom have died.

Ebola is a cruel and unforgiving disease. The sicker the victim, the more infectious he or she becomes, posing a grave threat to health workers, care givers and local healers. Of the first 15 recorded deaths, four were health personnel. The greatest viral load is carried by the recently deceased so those who participate in funeral rites faced particular risks. Throughout the region, communities still practiced traditions handed down through generations—including ritually washing and touching the dead prior to

The West Africa Ebola outbreak emerged in a region where diseases which present similar initial symptoms are prevalent, such as typhoid, malaria and Lassa fever. With trained medical personnel and healthcare facilities scarce, accurate diagnosis is problematic and deaths that might otherwise be preventable are still common. By March 2014, the Ebola virus had reached the Guinean capital, Conakry. The outbreak appeared under control several times, only to re-emerge. During May, Ebola had spread to the districts of Kenema and Kailahun in Sierra Leone, and in June cases were reported in Lofa district in Liberia. Speaking to the media in December 2014, Dr. Margaret Chan, Director-General of WHO said: "It is fair to say the whole world, including WHO, failed to see what was unfolding. Of course, with the benefit of hindsight, if you ask me now... we could have mounted a much more robust response."

burial. Each of the growing number of funerals presented an opportunity to generate new chains of transmission, more funerals, and more opportunities for the outbreak to spread.

As the weeks passed, the number of cases grew and the reach of the virus expanded, crossing the border into Liberia and Sierra Leone, exploiting the traditions of close-knit communities who come together to bathe the dead, honour their passing and provide a dignified ceremonial passage to

> “What we need to learn for the future and for the entire world—something that we are very, very much lacking—is early response. Early response was lacking in this outbreak. Ebola has been known for more than 30 years in the African region. It wasn’t a strange disease, the United Nations knew, the US government knew what Ebola was. From the very beginning they knew this was a terrible disease with high fatality, with international consequences. The response should have been more robust, more effective, more timely. Don’t pretend these countries have capacity unless we are sure these countries have the capacity.
>
> **Tolbert Nyenswah**,
> Liberia Incident Manager

the afterlife. No longer confined to sparsely populated rural areas—as it had been in earlier recorded outbreaks—the virus jumped to the densely populated towns and cities of Guinea, Liberia and Sierra Leone.

By the beginning of July 2014, despite the combined efforts of Ministries of Health, WHO and front-line partners such as Médecins sans Frontières and the Red Cross, Ebola was firmly entrenched in all three countries, with reports of more than 750 cases and 445 deaths. At a two-day emergency ministerial meeting on Ebola, convened by WHO in Accra, Ghana, delegates declared the outbreak a serious threat to all countries in West Africa and beyond and called for immediate action. Health Ministers pledged to strengthen surveillance to detect cases of Ebola and to boost local community engagement, among other priorities, to rein in the unprecedented outbreak. They expressed concern about the social and economic impact of the outbreak and stressed the need for national leadership, enhanced cross-border collaboration, coordinated action by all stakeholders, and community participation in the response. WHO established a sub-regional control centre in Guinea to act as a coordinating platform to consolidate technical support to West African countries by all major partners and to assist in resource mobilization.

On 9 July, the United Nations Security Council expressed its deep concern over the Ebola outbreak and conveyed to the international community the need to provide prompt assistance to prevent the spread of the virus. On 1 August, Dr. Margaret Chan, Director-General of WHO, met with the presidents of Côte d’Ivoire, Guinea, Liberia and Sierra Leone in Conakry, the Guinean capital, to launch a $100 million response plan to support an intensified international, regional and national campaign to bring the outbreak under control.

The Ebola Virus Disease Outbreak Response Plan in West Africa identified the need for several hundred more personnel to be deployed in the affected countries to supplement overstretched treatment facilities. While hundreds of international aid workers, as well as more than 120 WHO staff, were already supporting national and regional response efforts, it was plain that many more were needed. The greatest need was for infectious disease clinicians and nurses, epidemiologists, social mobilization experts, logisticians and data managers. The plan outlined the need to increase preparedness systems in neighbouring countries and emphasized the need to improve ways to protect health workers from infection.

Describing the outbreak as “fast-moving” and “unprecedented”, Dr. Chan said that “the current outbreak is moving faster than efforts to control it.” She indicated that if the situation continues, the consequences would be catastrophic in terms both of lost lives and socio-economic disruption. There would be a high risk of spread to other countries. With 1,323 cases and 729 deaths recorded, the WHO chief said that accurate and detailed mapping of the outbreak was urgently needed, along with a dramatic increase in public awareness of the facts about Ebola. The outbreak “is not just a medical or public health problem; it is a social problem,” she said, noting that deep-seated beliefs and cultural practices were a significant cause of further spread and a significant barrier to rapid and effective containment. “The hiding of cases defeats strategies for rapid containment.

Red Cross worker filling in daily chart, N'zerekore, Guinea. "Ebola came to Guinea, Sierra Leone and Liberia and found us there, the Red Cross and Red Crescent", said Elhadj As Sy, IFRC Secretary General. "We work and live with communities and will continue to accompany them in addressing the difficult challenges they face." In addition to its ongoing work, including in safe and dignified burials, the Red Cross expanded its commitment to include treatment, in particular opening a new Ebola Treatment Centre in Sierra Leone.
© UNMEER/Martine Perret

Moreover, public reticence can create security threats for response teams especially when fear and misunderstanding turn to anger, hostility or violence," she said.

Following the Conakry summit, WHO appealed for support for the emergency response plan. WHO told the press, "we need many more contributions from the international community, from governments, from NGOs, academic institutions, from anyone who can provide us with doctors, nurses, and other public health staff. We need materials. We need money, and this we need quickly and we need a lot of it…. We are looking at hundreds of international staff that we would like to get into region as fast as possible."

The urgency of combatting Ebola was further emphasized on 8 August when WHO declared the outbreak in West Africa an international public health emergency. With the emergence of a case of Ebola in Nigeria, as well as a mounting toll in Guinea, Liberia and Sierra Leone, Dr. Chan told a press conference in Geneva that "this is the largest, most severe, most complex outbreak in the nearly four decades history of this disease." Calling for international solidarity, Dr. Chan said "our collective health security depends on support for containment in these countries."

> “Every day, every hour, every minute that passes, or is wasted now extends the period of time in which people will die and in which the virus can be transmitted to other nations. So there is no time to lose, and this has been our first global priority for months now.
>
> **Anthony Lake,**
> Executive Director of UNICEF

This sense of urgency was reinforced on 13 August when UN Secretary-General, Ban Ki-moon, called together the top executives of the United Nations system in New York. The Secretary-General stressed the need for the entire UN system to support the efforts of the affected governments, WHO and international partners. WHO Director-General, Dr. Chan, told the meeting that “more than one million people are affected, and these people need daily material support, including food. The curtailment of air travel to these countries and their isolation from the rest of the world has made it even more difficult for agencies like Médecins Sans Frontières to bring in staff and supplies.”

With some 2,000 confirmed or suspected cases, and more than 1,000 deaths, WHO declared in mid-August that the magnitude of the Ebola outbreak, especially in Liberia and Sierra Leone, was most likely underestimated. Whenever a treatment facility was opened, it was immediately filled with previously unidentified patients. For example, when a 20-bed treatment centre in Monrovia, Liberia’s capital, was opened it was immediately overwhelmed with more than 70 patients. According to WHO, “this phenomenon strongly suggests the existence of an invisible caseload of patients who are not being detected by the surveillance system.” A further reason to believe the outbreak to be more extensive were reports that many families concealed the infected, believing the disease had no cure and that the victim would be more comfortable dying at home. In rural villages, especially, corpses were being buried without notifying health officials, with no investigation of the cause of death and no precautions being taken to prevent transmission of infection to mourners. Under-reporting of cases was also a result of people denying the existence of the outbreak: they sometimes refused to believe that a patient had Ebola and considered that care in a treatment centre would actually lead to infection and result in certain death.

As the outbreak advanced, its impact on societies increased. Schools closed, leaving up to 5 million children without education, and health systems were coming under increasing strain. In Monrovia, virtually all health services had shut down, depriving not only those suffering from Ebola but all who needed care. In response, UNICEF flew in 68 tonnes of supplies to Monrovia in September 2014. The shipment included 27 metric tonnes of concentrated chlorine for disinfection and water purification and 450,000 pairs of latex gloves. Also in the shipment were supplies of intravenous fluids, oral rehydration salts and ready-to-use therapeutic food to feed patients undergoing treatment. This was the beginning of UNICEF’s largest supply effort ever—by the end of 2014 more than 4,000 metric tonnes had been flown in. At the same time, UNICEF was increasing the deployment of communications teams, producing print communications and radio programming to raise public awareness about the outbreak and ways to prevent infection.

By early September, WHO was reporting that there had been 4,269 cases and 2,288 deaths in Guinea, Liberia and Sierra Leone. Nigeria had 21 cases and 8 deaths, while Senegal had one confirmed case. In response, Secretary-General Ban asked the UN system to give top priority to fighting the Ebola outbreak. He announced the establishment of a Global Ebola Response Coalition to provide a platform to galvanize the diverse actors

On 12 August 2014, UN Secretary-General Ban Ki-moon appointed Dr. David Nabarro as Senior United Nations System Coordinator for Ebola with responsibility for ensuring that the UN system makes an effective and coordinated contribution to the global effort to control the outbreak. Speaking to the media, the Secretary-General called on the international community to respond urgently to the shortage of doctors, nurses and equipment, including protective clothing and isolation tents, saying “We need all hands on deck.”

By early September, significant offers of cash, equipment and personnel had begun to materialize from governments, non-governmental organizations and the private sector. The United States Agency for International Development (USAID) announced plans to make an additional $75 million available to the global Ebola response. More than 100 experts, mostly from the United States Centers for Disease Control and Prevention (CDC) were deployed to the region.
© UN Photo

involved in ending the outbreak, and asked Dr. David Nabarro to act as his Special Envoy on Ebola, to provide strategic coordination and to spearhead a robust programme of international advocacy and resource mobilization. Participants in the Coalition include governments of affected countries, regional bodies and major bilateral donors, international financial institutions, international humanitarian organisations, the International Federation of Red Cross and Red Crescent Societies and representatives from across the UN system.

The Secretary-General also announced that he would convene a high-level meeting on Ebola during the opening of the 69th session of the UN General Assembly. At the meeting Mr. Ban welcomed growing signs of global solidarity, including the deployment of physicians, nurses, epidemiologists and other specialists to the region, and called on all countries and organizations to move swiftly to support the governments of the affected countries. The African Union, European Union, individual nations, non-governmental organizations and the UN system all undertook to assist—with Cuba offering 250 health personnel. Mr. Ban also called on countries not to close their borders to people coming from the affected countries, and asked airlines and shipping companies to maintain transport links. He said that "isolating countries risks causing more harm and delaying efforts to stop the Ebola virus rather than preventing its spread."

On 16 September, the UN systems presented its Overview of Needs and Requirements (ONR) for the response. The amount requested totalled $987.8 million for the following six months. Introducing the ONR at a press conference in New York, the UN Secretary-General said that Ebola was "not just a health crisis; it has grave humanitarian, economic and social consequences that could spread far beyond the affected countries. Generous contributions are being announced each day, but we have a lot of catching up to do to provide the health services, food, water, sanitation and supplies that are needed. Every day we delay, the cost and the suffering will grow exponentially."

© UN Photo

On 19 September 2014, the General Assembly, under the leadership of its President, Sam Kahamba Kutesa, unanimously approved a resolution to establish the United Nations Mission for Ebola Emergency Response (UNMEER). On 29 September, leaders from Sierra Leone and Liberia urged the General Assembly to ensure the United Nations mounted a stronger, better coordinated response "to end this grave threat to our collective survival."

Foreign Minister Samaur W. Kamara of Sierra Leone said the Ebola outbreak "is the very first example of a world challenged by globally weak infrastructure and surveillance systems for dealing with faster occurrences of animal-to-human, and human-to-human transmissions of highly contagious diseases," all made possible by quicker transportation, increasing urbanization and dense networks of people moving between rural and urban areas and across borders.

"We have been slow to meet this new challenge because no-one recognized this confluence of trends could emerge with such virulence in West Africa," he said. Mr. Kamara said that when the virus hit, Sierra Leone was "doing many things right" following a devastating decade-long civil war, with significant progress in health care and literacy and rebuilding infrastructure. "Based on the knowledge we had, based on the advice we were given by our international partners, we mobilized to meet this unfamiliar threat. But the staff, equipment, medicines and systems we had were inadequate and this slowed our effective response."

While the international community has "finally come around" to see the outbreak as a global challenge, the response must be scaled up and better coordinated, he said. "Our people live in fear and cannot understand the nature of a disease that claims a life and prevents family members from burying their loved ones."

Liberian Foreign Minister Augustie Kpehe Ngafuan warned of the overall consequences of Ebola, beyond its immediate health impact. "It is a total crisis—it is an economic crisis, a social crisis, and a potential political and security crisis. Indeed its deleterious impact has been very wide and very deep," he said, causing a 3.4 per cent slide in economic growth and a potential 12 per cent economic decline in 2015.

"To douse the wildfire caused by Ebola, we have been left with inadequate resources, time and personnel to attend to other routine illnesses like malaria, typhoid fever and measles, thereby causing many more tangential deaths," he added. "An increasing number of pregnant women are dying in the process of bringing forth life. In short, our public health system, which totally collapsed during years of conflict and was being gradually rebuilt, has relapsed under the weight of the deadly virus."

Two days later, with some 5,000 cases and nearly 2,500 deaths attributable to Ebola, the Security Council convened its first emergency meeting on a public health crisis, declaring the Ebola outbreak a threat to peace and security. Telling the Council that the global Ebola response needed a 20-fold increase in support, the Secretary-General announced the creation of the United Nations Mission for Ebola Emergency Response (UNMEER) with five priorities known by the acronym STEPP: stopping the outbreak, treating the infected, ensuring essential services, preserving stability and preventing further outbreaks. These were to be the guide for bending the curve of transmission and bringing the outbreak down to zero cases.