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## **United Nations Ebola Emergency Response (UNMEER)**

### **Short Mission Brief**

#### **I. UNMEER Activity Summary**

##### **Overview**

The catastrophic effects and unprecedented spread of the Ebola virus in West Africa in 2014 occasioned the creation of the United Nations Ebola Emergency Response (UNMEER), the UN's first emergency health mission, which was active from 19 September 2014 to 31 July 2015. Structured in many ways like a peacekeeping operation, UNMEER was a bold, region-wide, and temporary strategy to scale up and coordinate the international response to the epidemic after the initial failure of national authorities and the World Health Organization (WHO) to bring Ebola under control. Ebola was only the second disease after HIV/AIDS to be deemed a threat to international security by the UN Security Council, thus making UNMEER an intriguing case study from two angles: as an means for evaluating efforts to address health crises in peacekeeping-like organizational settings, and more generally as a model for region-wide, integrated approaches to peacekeeping.

##### **Background**

The West Africa Ebola outbreak is believed to have originated in Guinea in December 2013. The disease spread and reached epidemic levels over the course of 2014, most dramatically affecting Liberia, Sierra Leone, and Guinea, with shorter and less severe outbreaks in Mali and Nigeria. As of 1 July 2015, 27,550 confirmed, probable, or suspected cases of Ebola were reported in the former three countries, with 11,235 confirmed, probable, or suspected deaths.<sup>[i]</sup>

Though the first cases of Ebola were reported to WHO in March 2014, the organization did not declare a health emergency until August, at which point nearly 1,800 people were already infected and nearly 1,000 had died.<sup>[ii]</sup> Given the exceptionally high lethality of the virus and the potential speed of its spread, it posed a threat not only to the immediately affected countries, but to the world as a whole. Any response WHO might have made would be hampered by an operating budget that is "incommensurate with its responsibilities," representing a mere third of the funds available to the US Centers for Disease Control and Prevention.<sup>[iii]</sup> The slow and inadequate response from WHO and the UN system led to growing international alarm and frustration, including within the UN itself, where the disease's disastrous effects in conflict-affected states were evident to observers in both the Department of Peacekeeping Operations (DPKO) and UN field presences. The UN Secretary-General, having evidently lost confidence in WHO's ability to handle the crisis on its own, cited the need to pair WHO's strategic knowledge with a "very strong logistics and operational capability"<sup>[iv]</sup> through a newly established mission that would report directly to him.

The decision to take the Ebola epidemic to the Security Council was an indicator of the severity of the perceived threat posed by the virus and the need for an exceptional response. It had the desired effect of helping to galvanize international responses. However, it also had the effect of legitimizing a military response, which was highly inefficient and at best modestly effective. The U.S. government dispatched the 101<sup>st</sup> Airborne Division to Liberia, an action that was chiefly symbolic. The concomitant militarization of the

national response in both Liberia and Sierra Leone was counter-productive both in disease management and in terms of civil liberties.<sup>[v]</sup>

### **Mission Establishment**

The Secretary-General initially presented his decision to establish UNMEER in a letter shared with the General Assembly and Security Council (A/69/389-S/2014/679, 17 September 2014). Declaring that Ebola was “no longer just a public health crisis, but has become multidimensional, with significant political, social, economic, humanitarian, logistical and security dimensions,” the Secretary-General proposed a mission that would unite all UN actors under a “unified operational structure to reinforce unity of purpose, effective ground-level leadership and operational direction, in order to ensure a rapid, effective, efficient and coherent response to the crisis.” Thus, while not technically a peacekeeping operation in need of a Security Council mandate, UNMEER’s design reflected current UN practice of integrated missions with a single head, the Special Representative of the Secretary-General (SRSG), reporting directly to the Secretary-General.

The Secretary-General’s proposal was followed immediately by Security Council resolution 2177 (18 September 2014), which similarly recognized Ebola as a threat to international peace and security that could undermine peacebuilding and development efforts in affected countries. The resolution, which had 130 co-sponsors, emphasized the importance of coordination among UN agencies and tasked the Secretary-General with ensuring that all UN entities “accelerate their response to the Ebola outbreak, including by supporting the development and implementation of preparedness and operational plans and liaison and collaboration with governments of the region and those providing assistance.” Shortly thereafter, General Assembly resolution 69/1 (23 September 2014) welcomed the Secretary-General’s decision to establish UNMEER as well as resolution 2177, and requested that the Secretary-General report on specific measures needed to launch the mission. The Secretary-General’s response (A/69/404, 24 September 2014) outlined the goals, mission structure, staffing needs, and budget for the mission to the General Assembly, functioning as the equivalent of a peacekeeping operation’s mandate.

### **Mission Structure**

Building on the modern UN peacekeeping model that integrates and coordinates the activities of the long-term UN Country Team presence under the leadership of the SRSG, UNMEER was also a unique organizational structure that deployed staff across its multiple offices in several affected countries, rather than being located within and confined to a single country. Headquartered in Accra, Ghana, with sizable offices in Liberia, Sierra Leone, and Guinea, UNMEER was designed with an eye towards a comprehensive regional mission that was also tailored to the contexts and government responses of the individual countries in question.

Anthony Banbury (United States of America) served as SRSG until 3 January 2015 and was followed by Ismail Ould Cheikh Ahmed (Mauritania) from 4 January 2015 to 25 April 2015. Acting SRSG Peter Jan Graaff (Netherlands) oversaw the mission’s drawdown from 25 April 2015 to 31 July 2015. In parallel with the SRSG’s leadership of UNMEER as an operational and logistical force, the mission was also supported by the Secretary-General’s Special Envoy on Ebola, David Nabarro (United Kingdom), who was tasked with overseeing overarching strategic leadership, coordination, and advocacy for international attention to Ebola. The Special Envoy also convened meetings of the Global Ebola Response Coalition, established on 1 September 2014 to coordinate between governments, regional and sub-regional organizations, NGOs, and the UN.

UNMEER was guided by five strategic objectives: halting Ebola, treating infections, ensuring essential services, preserving stability, and preventing Ebola’s spread to non-affected countries. Its core activities revolved around case management, safe and dignified burials of Ebola victims, training, logistics, and support for government and NGO responses.<sup>[vi]</sup> Under UNMEER’s direction, the Ebola response was

implemented by key UN Country Team and related actors such as WHO, the World Bank, the International Monetary Fund, the World Food Program, UNICEF, the UN Development Program (UNDP), the UN Population Fund, the UN Office for the Coordination of Humanitarian Affairs (OCHA), and the International Organization for Migration.

Headquarters in Accra were designed around four pillars, each with a Director: medical response, headed by a Director of Health; operational coordination and planning, headed by a Director of Operations; essential services, headed by a Director of Essential Services; and in-country crisis response teams, headed by a Director of Mission Support. Ebola Crisis Managers in each country oversaw the crisis response teams operating there.<sup>[vii]</sup>

The work of UNMEER and other UN actors in the region has been aided by the Secretary-General's Multi-Partner Trust Fund, established on 22 September 2014 to provide a common financing mechanism by UN member states and other actors for rapid response and support of UNMEER's strategic objectives. Together with eight other UN agencies, UNMEER received grants from the Trust Fund for projects to fight the epidemic.<sup>[viii]</sup> Of the \$149.77 million currently received, primarily from UN member states, the United Kingdom has been by far the largest contributor at \$31.88 million, followed by Sweden at \$13.21 million, Germany at \$11.6 million, and India at \$10 million.<sup>[ix]</sup>

UNMEER's preliminary requested budget from 19 September 2014 to 31 December 2014 was \$49,943,600 (civilian personnel costs \$5,671,000; operational costs \$44,282,000). The Secretary-General's initial requested staffing for UNMEER and the Special Envoy for Ebola comprised 283 people in total: two Under-Secretaries-General; three Assistant Secretaries-General; 93 staff in Accra; 52 staff in each of the three most affected countries; seven staff in the Regional Service Centre in Entebbe, Uganda; six staff in UN headquarters in New York for liaison and reporting work; and 20 supplemental staff in the existing Department of Management and Department of Field Support at headquarters. Also included in the preliminary request were a dedicated liaison aircraft, six utility helicopters, and initial training infrastructure and Ebola treatment center construction costs.<sup>[x]</sup>

### **Mission Activities**

UNMEER's near-term objectives starting on 1 October 2014 were to establish its offices and deploy personnel, vehicles, communications, and logistical capabilities within 30 days, achieve 70 percent case isolation and safe burials within 60 days, and achieve 100 percent case isolation and safe burials together with a decline in new infections within 90 days.<sup>[xi]</sup> UNMEER met its deployment goals, with advance teams dispatched to UNMEER's Accra headquarters and three country offices. The Secretary-General reported that within 30 days, the mission had "mobilized significant human resources and logistical assets, set up operational capabilities in record time and developed a detailed operational plan," and the SRSG consulted with local governments, NGOs, civil society, and bilateral actors.<sup>[xii]</sup> Writing in the medical journal *The Lancet*, Lawrence Gostin and Eric Friedman noted that UNMEER's 60-day targets of 70 percent case isolation and safe burials were largely achieved by 1 December 2014.<sup>[xiii]</sup> The Secretary-General reported similar results, with 70% isolation and treatment achieved in Guinea and Liberia within 60 days, and partial but not complete achievement in Sierra Leone.<sup>[xiv]</sup>

UNMEER supported the three most affected countries through support and deployments to governments' crisis management systems, including via staff dispatch to Guinea's National Ebola Response Cell, communications and staff dispatch to Sierra Leone's National Ebola Response Centre, and planning assistance to Liberia's incident management system.<sup>[xv]</sup> UNMEER also deployed eight field crisis managers to Guinea, 18 to Sierra Leone, and 15 to Liberia in support of district-level coordination.<sup>[xvi]</sup> In addition to operational/logistical support as well as early recovery and health system capacity building in places such as Liberia, UNMEER brought significant project funding to the Ebola response through the Trust Fund,

including 13 community-based projects in Guinea totaling \$934,759 and 46 in Sierra Leone totaling \$878,034.<sup>[xvii]</sup>

In response to what the Secretary-General termed “remarkable progress” in containing Ebola at the 150-day mark in March 2015, UNMEER used its adaptable structure to shift its operational focus, adopting the twin goals of accelerating response before the rainy season and commencing early preparations for mission drawdown.<sup>[xviii]</sup> By May 2015, active transmission areas were reduced by more than 50 percent since February 2015, and UNMEER staff from Accra headquarters and Liberia redeployed to Sierra Leone and Guinea, where the disease persisted for longer.<sup>[xix]</sup>

### **Coordination with Regional Peacekeeping Operations**

UNMEER’s work was built in part on UN peacekeeping operations in two of the affected countries. The United Nations Mission in Liberia (UNMIL) served as a significant launching point for logistical and engineering support to Liberia’s Ebola response.<sup>[xx]</sup> Security Council resolution 2190 (15 December 2014), which renewed UNMIL’s mandate, instructed the mission not only to assist the government’s Ebola response but also to coordinate with UNMEER, as appropriate, as part of UNMIL’s humanitarian assistance efforts. UNMIL provided logistical and engineering support to the response in Liberia and also offered assistance in communications, transportation, and security for UNMEER’s deployment.<sup>[xxi]</sup> UNMIL’s field offices worked with UNMEER to coordinate cross-border visits to trace populations that may have had contact with the disease.<sup>[xxii]</sup> UNMIL also took on additional roles as part of UNMEER’s drawdown, as discussed in the following section.

Other peacekeeping operations in West Africa coordinated with UNMEER to a lesser extent. Though Côte d’Ivoire was not directly affected by Ebola, the United Nations Operation in Côte d’Ivoire (UNOCI) joined UNICEF in augmenting temporary treatment facilities.<sup>[xxiii]</sup> In Mali, which was affected much more briefly by Ebola, the United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA) provided personnel, logistical, and material support to national coordination structures and case tracking efforts there.<sup>[xxiv]</sup>

### **Mission Drawdown**

While sharing many structural similarities with UN peacekeeping operations, UNMEER benefited from a clearer exit strategy and transition plan from the outset. According to the Secretary-General’s initial report that designed UNMEER, once the virus “no longer poses a grave threat to the people of the infected countries, the Mission will have achieved its objective and will be disbanded.”<sup>[xxv]</sup> Because UNMEER’s structure and individual country presences reflected its regional approach, individual country crisis responses could conclude and transfer their duties to the UN Country Team and other actors in the appropriate time and fashion.

Mali, a short-lived addition to the Ebola response, was declared free of the disease on 18 January 2015, at which point UNMEER’s withdrawal from the country was already underway, together with a transition of knowledge and resources to the government and UN presence there.<sup>[xxvi]</sup> Liberia was initially declared Ebola-free on 28 March 2015,<sup>[xxvii]</sup> which occasioned the transfer of the UNMEER office’s operations and assets to UNMIL and its Deputy Special Representative of the Secretary-General/Resident Coordinator, the UN’s chief development representative in the integrated UN peacekeeping presence.<sup>[xxviii]</sup> In Sierra Leone, UNMEER’s transfer of functions to the UN Country Team continued through July 2015, prior to the mission’s closure.<sup>[xxix]</sup> In Guinea, where the disease also persisted for longer, UNMEER transferred community-based project mechanisms and funding from the Trust Fund to UNDP in the period before its departure; it also donated a total of 79 vehicles (previously on loan) to OCHA, WHO, and NGOs.<sup>[xxx]</sup>

Plans were already underway in May 2015 to downsize and close UNMEER's Accra headquarters in conjunction with the abovementioned country office closures.<sup>[xxxii]</sup> Because UNMEER did not sideline WHO but instead relied upon its expertise as part of a more effective integrated mission structure under the SRSG, the transfer of remaining tasks to WHO and other partners was expected and planned for early on. The Secretary-General determined in July 2015 that “high-level, dedicated United Nations leadership to reach zero cases will remain in the countries beyond the lifespan of the Mission” until the end of 2015, led by WHO and with UN Country Team support.<sup>[xxxiii]</sup> Oversight of the UN response to Ebola, including the Ebola Crisis Managers from each country, subsequently rested with WHO.<sup>[xxxiii]</sup>

## II. Key Issues, Dilemmas, and Lessons from UNMEER

### 1. Security Focus Brings International Attention and an Integrated Approach

UNMEER is worth studying as a potential model for similar health responses in the future. By focusing on Ebola as a threat to international security and structuring UNMEER like a peacekeeping operation, the UN attracted much-needed international attention and funding, but sometimes at the expense of optimal health-centered responses.

After the disorganized failures before UNMEER, the Ebola response benefitted from an integrated mission structure that united the UN presence under the leadership of the SRSG, creating a single contact point for donors and a direct reporting line to the Secretary-General. Backing by Security Council resolution 2177 also gave the Secretary-General's effort a firmer place in international law and international attention. Whereas the WHO's International Health Regulations are voluntary, the Security Council's decisions are binding on UN member states; Gostin and Friedman have also noted that the UN's “historic action galvanized political support,” and suggested that “raising epidemic response to a level of high politics—through the UN, G7, or G20—could transform the global response.”<sup>[xxxiv]</sup> The structure and security orientation of UNMEER may have elevated attention and funding for the Ebola response in a manner that traditional responses could not, particularly given the WHO's limitations.

At the same time, while UNMEER's integrated and logistics-focused structure helped consolidate the Ebola response, it did so through the securitization of health issues. As Adia Benton and Kim Yi Dionne have noted, “the security paradigm—and particularly one in which threats from West Africa were spreading to the West—therefore colored U.S. and European responses to the crisis.”<sup>[xxxv]</sup> UNMEER may have also overcompensated for WHO's operational failures with excessive attention to logistics: Laurie Garrett has pointed to criticism that UNMEER's orientation led it to function too much like a humanitarian famine relief operation and not enough like a public health response, with an attendant excess of food rather than medical supplies.<sup>[xxxvi]</sup> The security emphasis also presents disadvantages for long-term engagement. The International Crisis Group has noted the concerns of health experts that centering health interventions around security “raises questions as to how much attention will remain as the epidemic winds down.”<sup>[xxxvii]</sup> The rationale for placing the Ebola response within a security framework, and appealing to member states to utilize military assets, is ultimately circular: because global public health is severely and chronically underfunded, and militaries are not, it is expedient to call on militaries to respond to an epidemic; but in turn this lends justification to the existing misallocation of resources and thus entrenches the securitization of global public health.

### 2. A Costly Stopgap in the Absence of Better Preparation

UNMEER brought coherence and leadership to the Ebola response but was a costly and bulky structure that would not have been necessary if WHO had better funding and operational/logistical capacities. In this sense, the utility of UNMEER and the health mission model in the future depends on whether reforms in WHO are carried out. UNMEER was a necessary structure at the time, but its deficiencies must also be considered.



Garrett has commented that “the enormous UNMEER mobilization appears to have been spectacularly expensive, accounting for far more expenditure than WHO’s interventions,”<sup>[xxxviii]</sup> a point also noted by the International Crisis Group.<sup>[xxxix]</sup> An independent panel reported to WHO in July 2015 that various stakeholders found UNMEER “unwieldy” and that existing response mechanisms should have been used rather than bypassed.<sup>[xl]</sup> UN peacekeeping is perennially challenged by the need to create new missions ad hoc, and an UNMEER-like strategy may not bring results as cost-effectively as increased funding for expert organizations like WHO.

UNMEER also faced delays. Médecins Sans Frontières suggested in December 2014 that international response remained slow, particularly regarding staff dispatch and training time as well as inadequate facilities.<sup>[xli]</sup> Garrett has questioned the utility of UNMEER in Liberia overall, suggesting that the work of the government, NGOs, public health experts, and foreign scientist teams were primarily responsible for halting Ebola.<sup>[xlii]</sup> However, while the former were undoubtedly crucial players, such assessments appear optimistic in their estimation of domestic Liberian capabilities. Prior to UNMEER, Liberia struggled when using its security forces to contain unrest surrounding quarantines and enforced curfews, including an August 2014 incident where protests in West Point were met with government bullets; Liberia itself was clear in its desire for international assistance.<sup>[xliii]</sup>

The WHO panel stated that it “does not feel that UNMEER constitutes the appropriate model mechanism for managing future large-scale health emergencies,”<sup>[xliv]</sup> and in an ideal scenario, this may be so. However, the importance of UNMEER cannot be dismissed based on hypothetical reforms to the global health system alone. Until organs like WHO have the proper funding and capabilities to tackle large-scale health crises at the outset, health missions like UNMEER, however imperfect and costly, may continue to be necessary.

### 3. The Role of Existing Peacekeeping Operations and Implementing Partners

Though UNMEER was deployed in order to provide leadership and logistical capabilities to the Ebola response, it also demonstrates the importance of existing UN structures, particularly peacekeeping operations, which will be vital to any future health mission. UNMEER did not replace WHO but rather augmented its abilities with a regional and integrated organizational structure, and local governments and UN Country Teams still provided the bulk of the response activities. UNMEER relied particularly heavily on an existing peacekeeping operation, UNMIL, for logistical, operational, and personnel in support of the governments of affected countries. The closure of UNMEER’s offices in Liberia also transferred duties to UNMIL’s Deputy Special Representative of the Secretary-General.

UNMEER shows some limitations as a potential model for future health interventions in a peacekeeping-like structure. The abovementioned reliance on UNMIL was critical for UNMEER’s deployment in Liberia, and the absence of existing peacekeeping operations in Guinea and Sierra Leone made UNMEER’s task far more difficult there. Even accounting for other factors that might have made the reduction of cases take longer than in Liberia, the fact remains that Guinea experienced Ebola first, yet did not initially benefit from international support prior to UNMEER.<sup>[xlv]</sup> It is similarly difficult to imagine that UNMEER would have been as prompt and effective without the longstanding UNMIL presence to assist it. UNMEER-style health missions may be difficult to easily reproduce in areas where only a UN political office or Country Team are present.

### 4. Benefits and Challenges of the Regional Approach and Inter-mission Cooperation

Regardless of the relative advantages and disadvantages of a peacekeeping-like response to health crises, UNMEER’s regional mission structure offers an intriguing potential approach for future peacekeeping operations. By focusing staffing not only in the Accra headquarters but in the three major country offices, UNMEER was able to adapt its approach to local needs and government responses, augment or withdraw

staff as appropriate, and coordinate information-sharing and case monitoring across country lines. A communicable disease like Ebola obviously does not respect borders, and UNMEER's organizational structure reflected this reality. A similar understanding of conflict drivers, such as armed groups that operate across borders or governments that back rebel groups in other countries, is increasingly important in modern peacekeeping operations. Regional approaches, however, are still relatively underdeveloped in UN peacekeeping and can take lessons from UNMEER. Security Council resolution 1609 (24 June 2005) introduced a regional cooperation framework between UNMIL and UNOCI which has resulted in small-scale temporary sharing of troops and equipment between missions. Though it is unclear whether the Security Council will ever consider a truly regional peacekeeping operation with offices and forces in several countries simultaneously, interest in inter-mission cooperation continues, and UNMEER's multi-office structure and flexible personnel and equipment deployment offer useful lessons for future missions.

At the same time, planners should consider Ebola's adverse impacts on existing inter-mission cooperation between UNMIL and UNOCI, which suffered despite the increased coordination in UN actors in West Africa through UNMEER. The Secretary-General has noted the suspension of joint operations between the two missions as well as Liberian and Ivorian security forces as a result of the outbreak,<sup>[xvii]</sup> though information-sharing between the two missions continued.<sup>[xviii]</sup>

## 5. Successful Transition through a Clearly Defined, Planned, and Phased Strategy

UNMEER is a good example of a flexible and locally adapted mission drawdown that reflects good practice for peacekeeping operations in general. Because of the aforementioned regional office structure, staff could be redeployed from countries with improving situations to those that still needed assistance, while UNMEER's core identity as an operational and logistical support platform meant that it worked throughout its deployment with the same UN Country Team to which it would transfer duties upon withdrawal. Additionally, UNMEER was designed as a short-term intervention that would end once the crisis was past and the response had been scaled up. The continued existence of the Trust Fund also guaranteed that attention and funding to the area would continue even after UNMEER's exit on 31 July 2015, as did the Secretary-General's clear indication that high-level UN attention and funding would remain until the end of 2015.

## III. UNMEER Literature Review

### Analyses and Scholarly Works

**Benton, Adia, and Kim Yi Dionne. "International Political Economy and the 2014 West African Ebola Outbreak." *African Studies Review* 58:1 (April 2015): 223-236.**

Benton and Dionne's article includes analysis of WHO's failure to respond to the growing Ebola crisis which led to the creation of UNMEER. It also notes the significance of framing the disease in security terms and the effects this had on the West's response.

**Garrett, Laurie. "Ebola's Lessons: How the WHO Mishandled the Crisis." *Foreign Affairs* 94:5 (2015): 80-107.**

Garrett's article includes a focus on Liberia that suggests that the country overcame the epidemic mainly through the work of MSF, the Red Cross, and other NGOs, without benefitting significantly from UNMEER or the international financial institutions.

**Garrett, Laurie.** “The Ebola Review, Part II.” *Foreign Policy*. 6 June 2015. Accessed 21 September 2015. Available from <http://foreignpolicy.com/2015/06/06/ebola-review-part-ii-g-7-merkel-world-health-organization>.

This additional article by Garrett includes structural criticisms of UNMEER’s deployment, and also suggests that the mission was a far more costly vehicle for addressing the epidemic than WHO might have provided.

**Gostin, Lawrence O., and Eric A. Friedman.** “A Retrospective and Prospective Analysis of the West African Ebola Virus Disease Epidemic: Robust National Health Systems at the Foundation and an Empowered WHO at the Apex.” *The Lancet* Vol. 385 (May 2015): 1902-1909.

Gostin and Friedman offer a positive assessment of UNMEER’s activities while also considering the future shapes that UN action involving global health security might take.

**International Crisis Group.** *The Politics behind the Ebola Crisis*. Africa Report No. 232. Nairobi/Brussels: International Crisis Group, October 2015.

The International Crisis Group’s report surveys various political contexts impacting the international response to Ebola, including security and capacity issues in the affected countries as well as failures within WHO. UNMEER’s role is briefly covered.

**Médecins Sans Frontières.** “Ebola Response: Where Are We Now?” MSF Briefing Paper. December 2014. Accessed on 22 September 2015. Available from <http://www.doctorswithoutborders.org/document/ebola-response-where-are-we-now>.

This MSF briefing provides an important non-UN perspective on UNMEER’s efforts midway through the crisis. MSF has historically resisted being “coordinated” by OCHA and other UN bodies, and its critical eye is focused here on shortcomings in the UN response.

### **Relevant Resolutions and Reports**

United Nations. General Assembly Resolution 69/1. A/RES/69/1. 23 September 2014.

United Nations. Identical Letters Dated 17 September 2014 from the Secretary-General Addressed to the President of the General Assembly and the President of the Security Council. A/69/389-S/2014/679. 18 September 2014.

United Nations. Letter Dated 12 November 2014 from the Secretary-General Addressed to the President of the General Assembly. A/69/573. 12 November 2014.

United Nations. Letter Dated 12 January 2015 from the Secretary-General Addressed to the President of the General Assembly. A/69/720. 13 January 2015.

United Nations. Letter Dated 10 February 2015 from the Secretary-General Addressed to the President of the General Assembly. A/69/759. 10 February 2015.

United Nations. Letter Dated 13 March 2015 from the Secretary-General Addressed to the President of the General Assembly. A/69/812. 13 March 2015.



United Nations. Letter Dated 16 April 2015 from the Secretary-General Addressed to the President of the General Assembly. A/69/871. 16 April 2015.

United Nations. Letter Dated 22 May 2015 from the Secretary-General Addressed to the President of the General Assembly. A/69/908. 26 May 2015.

United Nations. Letter Dated 16 June 2015 from the Secretary-General Addressed to the President of the General Assembly. A/69/939. 16 June 2015.

United Nations. Letter Dated 24 July 2015 from the Secretary-General Addressed to the President of the General Assembly. A/69/992. 24 July 2015.

United Nations. Report of the Secretary-General. A/69/404. 24 September 2014.

United Nations. Report of the Secretary-General. S/2014/892. 12 December 2014.

United Nations. Report of the Secretary-General. S/2015/320. 7 May 2015.

United Nations. Security Council Resolution 2177. S/RES/2177. 18 September 2014.

United Nations. Security Council Resolution 2190. S/RES/2190. 15 December 2014.

World Health Organization. Report of the Ebola Interim Assessment Panel. July 2015.

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<sup>[i]</sup> United Nations, Letter Dated 24 July 2015 from the Secretary-General Addressed to the President of the General Assembly, A/69/992 (24 July 2015).

<sup>[ii]</sup> Adia Benton and Kim Yi Dionne, "International Political Economy and the 2014 West African Ebola Outbreak," *African Studies Review* 58:1 (April 2015): 230-231.

<sup>[iii]</sup> Lawrence O. Gostin and Eric A. Friedman, "Ebola: A Crisis in Global Health Leadership," *The Lancet* Vol. 384 (October 2014): 1323.

<sup>[iv]</sup> United Nations Security Council, 7268<sup>th</sup> Meeting, S/PV.7268 (18 September 2014).

<sup>[v]</sup> Alex de Waal, 'Militarizing Global Health,' Boston Review, 11 November 2014, <https://bostonreview.net/world/alex-de-waal-militarizing-global-health-ebola>

<sup>[vi]</sup> Global Ebola Response, "UN Mission for Ebola Emergency Response (UNMEER)" (accessed 23 September 2015); available from <http://ebolaresponse.un.org/un-mission-ebola-emergency-response-unmeer>.

<sup>[vii]</sup> United Nations, Report of the Secretary-General, A/69/404 (24 September 2014).

[\[viii\]](#) Office of the UN Special Envoy on Ebola and Multi-Partner Trust Fund Office-UNDP, *UN Ebola Response Multi-Partner Trust Fund 2<sup>nd</sup> Interim Report for the Period October 2014 to May 2015*; available from <http://mpmf.undp.org/factsheet/fund/EBO00>.

[\[ix\]](#) United Nations Ebola Response Multi-Partner Trust Fund Office, "Trust Fund Factsheet" (accessed 23 September 2015); available from <http://mpmf.undp.org/factsheet/fund/EBO00>.

[\[x\]](#) United Nations, Report of the Secretary-General, A/69/404 (24 September 2014).

[\[xi\]](#) United Nations, Letter Dated 12 November 2014 from the Secretary-General Addressed to the President of the General Assembly, A/69/573 (12 November 2014).

[\[xii\]](#) United Nations, Letter Dated 12 November 2014 from the Secretary-General Addressed to the President of the General Assembly, A/69/573 (12 November 2014).

[\[xiii\]](#) Lawrence O. Gostin and Eric A. Friedman, "A Retrospective and Prospective Analysis of the West African Ebola Virus Disease Epidemic: Robust National Health Systems at the Foundation and an Empowered WHO at the Apex," *The Lancet* Vol. 385 (May 2015): 1903.

[\[xiv\]](#) United Nations, Letter Dated 12 January 2015 from the Secretary-General Addressed to the President of the General Assembly, A/69/720 (13 January 2015).

[\[xv\]](#) United Nations, Letter Dated 12 January 2015 from the Secretary-General Addressed to the President of the General Assembly, A/69/720 (13 January 2015).

[\[xvi\]](#) United Nations, Letter Dated 10 February 2015 from the Secretary-General Addressed to the President of the General Assembly, A/69/759 (10 February 2015).

[\[xvii\]](#) United Nations, Letter Dated 24 July 2015 from the Secretary-General Addressed to the President of the General Assembly, A/69/992 (24 July 2015); Global Ebola Response, "UN Mission for Ebola Emergency Response (UNMEER)" (accessed 23 September 2015); available from <http://ebolaresponse.un.org/un-mission-ebola-emergency-response-unmeer>.

[\[xviii\]](#) United Nations, Letter Dated 13 March 2015 from the Secretary-General Addressed to the President of the General Assembly, A/69/812, (13 March 2015).

[\[xix\]](#) United Nations, Letter Dated 22 May 2015 from the Secretary-General Addressed to the President of the General Assembly, A/69/908 (26 May 2015).

[\[xx\]](#) United Nations, Letter Dated 12 January 2015 from the Secretary-General Addressed to the President of the General Assembly, A/69/720 (13 January 2015).

[\[xxi\]](#) United Nations, Letter Dated 12 January 2015 from the Secretary-General Addressed to the President of the General Assembly, A/69/720 (13 January 2015); Bisa Williams, "Whole-of-Government Approach to the Ebola Epidemic," Briefing before the US House of Representatives Committee on Foreign Affairs on 13 November 2014, Reprinted in Hampton Roads International Security Quarterly (January 2015).

[\[xxii\]](#) United Nations, Letter Dated 10 February 2015 from the Secretary-General Addressed to the President of the General Assembly, A/69/759 (10 February 2015).

[\[xxiii\]](#) United Nations, Report of the Secretary-General, S/2014/892 (12 December 2014).

[xxiv] United Nations, Letter Dated 12 January 2015 from the Secretary-General Addressed to the President of the General Assembly, A/69/720 (13 January 2015).

[xxv] United Nations, Report of the Secretary-General, A/69/404 (24 September 2014).

[xxvi] United Nations, Letter Dated 12 January 2015 from the Secretary-General Addressed to the President of the General Assembly, A/69/720 (13 January 2015).

[xxvii] A new case was discovered on 29 June 2015, and Liberia was again declared Ebola-free on 3 September 2015.

[xxviii] United Nations, Letter Dated 22 May 2015 from the Secretary-General Addressed to the President of the General Assembly, A/69/908 (26 May 2015).

[xxix] United Nations, Letter Dated 24 July 2015 from the Secretary-General Addressed to the President of the General Assembly, A/69/992 (24 July 2015).

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