



HIGHLIGHTS

- Appointment of Dr. David Nabarro as Special Envoy for Ebola and Mr. Anthony Banbury as Special Representative and Head of UNMEER
- Unless response efforts in West Africa are significantly scaled up, the WHO is predicting that more than 20,000 people could be infected with Ebola by early November
- UNMEER advance teams deploy to mission headquarters in Ghana and the affected countries

Key Political and Economic Developments

1. UN Secretary-General Ban Ki-moon announced yesterday the appointment of Dr. David Nabarro as his Special Envoy for Ebola and Mr. Anthony Banbury as his Special Representative and Head of the United Nations Mission for Ebola Emergency Response (UNMEER). In his role as Special Envoy for Ebola, Dr. Nabarro will provide strategic and policy direction for a greatly enhanced international response and will galvanize essential support for affected communities and countries. Under Mr. Banbury's leadership, UNMEER will provide the operational framework and unity of purpose to ensure the rapid, effective and coherent action necessary to stop the Ebola outbreak, to treat the infected, to ensure essential services, to preserve stability and to prevent the spread to countries currently unaffected.
2. The Deputy Special Representative of the Secretary-General for Recovery and Governance in the UN Mission in Liberia (UNMIL) and UN Resident Coordinator / UN Development Programme Resident Representative, Antonio Vigilante, emphasised to the press that 40,000 community workers needed to be trained and that the "lack of specialised medical staff for the treatment of Ebola persisted." As a consequence, Mr. Vigilante noted the Liberian effort would focus on training community volunteers to staff care centres.
3. Yesterday, Amnesty International issued a public statement outlining key human rights considerations for the Ebola response. The statement underscored the legal obligations of the international community to provide assistance to affected communities. The document further elaborated that, in its response, the international community and the affected States should protect healthcare workers and service providers; address the disproportionate impact that the epidemic is having on women; and, apply a human rights framework to protect the safety, dignity and freedoms of affected communities, particularly related to plans for restrictions of movement.
4. International Crisis Group (ICG) issued a statement yesterday on Ebola and conflict in West Africa warning that the Ebola crisis threatens to become a political crisis that could unravel years of effort to stabilize West Africa, with the most affected countries now facing widespread chaos, social breakdown, and potentially collapse. ICG advocated that, to avoid such a scenario, the international community must provide more personnel, resources and engagement not only for the immediate crisis response but also for the longer-term challenges of strengthening governance and rehabilitating healthcare systems in order to avert a relapse. ICG noted that, in the three most affected countries of Liberia, Sierra Leone and Guinea, the Ebola epidemic has exposed citizens' lack of trust in their governments and the grave potential for unrest, where, in all three contexts, past civil conflicts could resurface and grievances over governments' management of the crisis could be exploited. In the response effort, ICG encouraged enlisting religious and traditional figures trusted by communities to undertake sensitization on prevention measures. Meanwhile, ICG called upon states in the region to dedicate resources to help their affected neighbours rather than closing their borders, noting that reopening the borders and putting in place appropriate surveillance measures must be the region's top priority to facilitate the influx of critical assistance, restart trade in basic commodities to avoid food shortages and facilitate controlled, rather than illegal, movement across borders.

Medical

5. Unless efforts to control the EVD outbreak in West Africa are significantly ramped up, more than 20,000 people could be infected by early November, according to a study by WHO and the Imperial College, London published yesterday in the New England Journal of Medicine entitled [Ebola Virus Disease in West Africa – The First 9 Months of the Epidemic and Forward Projections](#). Contrary to recent reports that women were being disproportionately affected by EVD, the Director of Strategy for the WHO and co-author of the report noted that the analysis revealed that the infection of males

and females was “almost split 50-50.” The study also provided insight into the fatality rate, with statistics indicating that a total of 70.8 per cent of patients confirmed to have been infected with EVD had died. Despite this alarming trend, the analysis also found that the case fatality rate was lower when only hospitalised patients were considered, supporting evidence that the quality and timeliness of healthcare does matter. However, this does not refute the fact that “the risk of the continued expansion of Ebola is real and urgently requires intensive scaling up of control measures while working towards rapid development and deployment of new medicines and vaccines.”

6. In addition to the WHO’s projections, yesterday, the U.S. Centres for Disease Control and Prevention (CDC) issued their own report, [Estimating the Future Number of Cases in the Ebola Epidemic – Liberia and Sierra Leone, 2014-2015](#), which forecasted that, without any additional intervention, EVD infections in Liberia and Sierra Leone could potentially skyrocket to 1.4 million by January 2015. This estimate is based on the assumption that EVD cases in the current outbreak are being under-reported by a factor of 2.5. However, CDC Director Dr. Tom Frieden informed media that the projections do not take into account the actions taken or planned since August, and thus the CDC does not believe that the worst-case scenario “would come to pass” now that the international community has begun to scale up its response. The best-case model in the analysis, which assumes that 70 per cent of patients are treated in settings that effectively reduce the risk of transmission and that safe burials have been arranged for the deceased, forecasts that “the epidemic in both [Liberia and Sierra Leone] ... would almost be ended” by 20 January 2015.
7. According to WHO, the outbreak in Liberia “is by far the most worrisome,” with 113 new cases reported over a single 24-hour period last week in a country with an overwhelmed healthcare system, not to mention food and fuel shortages. Furthermore, as the high season for malaria approaches and stocks of anti-malarial medication and bed nets have been depleted, some experts estimate that the “number of deaths from malaria may soon surpass those from Ebola.”
8. Swiss health authorities announced to the media yesterday that a Guinean asylum seeker has been hospitalised in Lausanne with suspected EVD, after arriving in the western town of Vallorbe on 17 September and informing officials he had left Guinea two days earlier.
9. Scientists in London yesterday unveiled to the media plans to proceed with clinical trials of prototype Ebola treatments in West Africa for the first time, possibly starting as early as November.
10. Yesterday, the first members of the 165-member Cuban healthcare team arrived in Freetown, Sierra Leone to aid in the fight against EVD, with the remaining members slated to arrive in October.

Logistics

11. UNMEER advance team members have begun to deploy to Ghana and the three most affected countries of Liberia, Sierra Leone and Guinea to lay the groundwork for the mission.

Outreach and Education

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Security

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Resource Mobilisation

12. Yesterday afternoon, the U.K.’s emergency committee Cabinet Office Briefing Room met to review progress on the U.K.’s commitment to significantly improve public health provision across Sierra Leone. Following the meeting, the U.K. launched its [Action Plan to defeat Ebola in Sierra Leone](#), which outlines the U.K.’s plans to construct at least four new Ebola Treatment Units (ETUs), deploy medical experts, and establish and staff a forward command and control logistical hub. The Government of the U.K. and Sierra Leone will hold an international conference in London on 2 October to further discuss how the global community can rally to provide an effective response.

Essential Services

13. In Liberia, the UN Logistics Cluster is providing engineering and construction support to establish ETUs on two sites, comprising a total of 500 beds, in Monrovia; construction is expected to be completed by the end of September. Meanwhile, in coordination with the WHO and the Liberian Ministry of Health and Social Welfare, the Logistics Cluster is establishing a common logistics hub in Monrovia to consolidate a centralised supply chain for all health actors. The hub is expected to become operational on 25 September.
14. In order to help track the impact of the crisis on food security, the World Food Programme (WFP) has commenced the use of mobile Vulnerability Assessment Mapping technology to collect data via

SMS from respondents in Sierra Leone on markets and food prices, livelihoods and household food security. Also in Sierra Leone, WFP is opening seven field offices to support operations and improve response time.

15. Although the Emergency Telecommunication Cluster (ETC) has not yet been activated in response to the Ebola emergency in West Africa, as the ETC lead, WFP has deployed its ICT Response Team to Senegal, Guinea, Sierra Leone and Liberia to meet with humanitarian partners and coordinate inter-agency ICT activities. According to an ETC report, one challenge for the team has been that some internet and mobile phone service providers have expressed hesitation about intervening in affected areas.

Regional

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