

## Ebola IASC key messages

19 June 2019

### Key messages

- The Ebola epidemic in the Democratic Republic of the Congo (DRC) is in a critical phase. Now in its eleventh month, it has claimed more than a thousand lives.
- The increased transmission rates in recent weeks raises the risk of spread to other provinces in DRC and to surrounding countries. On 12 June, the Ugandan Ministry of Health confirmed three cases of Ebola Virus Disease in Uganda. The risk of spread nationally in DRC and at regional level is assessed as very high.
- The Government of DRC is leading the response to the outbreak, with the support of the international community and national and local responders. In Uganda, the ministry of health responded quickly to this situation. WHO and other partners are building on preparatory work already in place to support this response.
- The UN commends the government, institutions and people of DRC for their efforts on the response to date.
- The full involvement and engagement of local people remains key to successfully controlling the outbreak. Community leaders, both religious and political, must be more effectively involved in the response. We can only tackle Ebola if there is trust and confidence by the communities in the response. Community engagement needs to be strengthened: the response must be patient and community-orientated.
- The NGOs in DRC are doing crucial work, and they are key partners to the UN. Their continued presence remains critical to containing the outbreak. The NGOs need more financial and other support, and to be effectively included in response coordination mechanisms
- The main problem constraining the current response is insecurity, political manipulation and community distrust in areas around Butembo in North Kivu Province, the current epicentre of the outbreak. Many armed groups operate in the area, and there have been many attacks on Ebola facilities and staff.
- Health professionals, humanitarian workers and UN peacekeepers have put their lives at risk to save lives in a challenging environment.
- Insecurity leads to lack of access, and that is what drives the increase in cases. When the response cannot reach people, they do not get the chance to be vaccinated, or to receive lifesaving treatments if they fall ill. The technical means to stop Ebola are available but without access or a secure operating environment they cannot be deployed effectively enough.
- The required technical skills and tools required for the response have been fully deployed.

- Vaccines are a cornerstone in the effort to contain the outbreak. More than 114,000 people have been vaccinated to date and it has proven to be very effective in people who received it. An expanded and adapted vaccination plan has been put in place by WHO.
- Maintaining the response also requires continued financial support from donors. Donors released funds as soon as the outbreak was announced and have continued their important support to date. This needs to be sustained.
- Beyond the threat of Ebola, the overall humanitarian situation in DRC is one of the largest and most complex in the world, DRC is the second largest food crisis in the world after Yemen, with 13.1 million of people in Crisis or Emergency Phases of Integrated Food Security Phase Classification. The wider humanitarian response needs to be sustained as we tackle the Ebola outbreak.
- Given the above factors, the UN has determined that an enhanced UN wide response is required to overcome these operating constraints and this includes moving senior leadership and operational decision making to the epicenter of the epidemic in Butembo.
- In complement, the Inter-Agency Standing Committee (IASC) unanimously agreed on 29 May to activate the Humanitarian System-Wide Scale-up for Infectious Disease Events. This is an internal measure, designed to adjust the humanitarian response when it is already underway. This activation demonstrates the commitment of the entire humanitarian system to do everything possible to end this outbreak.
- Under the IASC decision, operations will be scaled up in health zones in the DRC in which transmission is occurring or likely to occur. This scale-up activation will help optimize coordination and response capacity in affected and at-risk areas, strengthen engagement with communities, and bolster preparedness actions.

### **UN Ebola response leadership structures in DRC**

- In Kinshasa, the Secretary General's Special Representative (SRSG) in DRC, Leila Zerrougui, is the most senior UN interlocutor with the DRC Government, political and other leaders and the international community. She coordinates the UN system wide collaboration on Ebola in Kinshasa. She is supported by the DSRSG/Resident Coordinator/Humanitarian Coordinator (who is supported inter alia by the OCHA office). The UN technical leadership on Ebola in Kinshasa rests with Peter Graaff, Special Representative of the Director General of WHO, who works closely with the SRSG.
- The Secretary General has determined that a strengthened EVD response coordination and support mechanism will be established in Butembo, to be headed by Mr. David Gressly, who is appointed UN Emergency Ebola Response Coordinator (EERC), at the ASG level. He will oversee the coordination of international support for all EVD response-related and enabling operations. He will also strengthen the coherence of the UN-wide response

- One of his key objectives is to support an improvement in the security environment, so that the area affected by the outbreak is sufficiently permissive for the public health response. MONUSCO, the UN's peacekeeping operation, plays a crucial role in support of this.
- Another key objective for the EERC is to promote a cross party, bipartisan dialogue so that local faith and political leaders provide appropriate information to communities on the dangers of the outbreak and the need to deal with it, and thereby ensure a higher level of trust in and support for the response among local people.
- The EERC reports to SRSZ Zerrougui, but is delegated a high degree of operational autonomy, as required to ensure an agile and effective response given the complexity of the local situation. The UN is in the process of putting in place the resources and capabilities necessary to support the EERC. The EERC is also supported by the Deputy Humanitarian Coordinator.
- WHO will continue with the technical lead for public health operations on the ground under the leadership of Dr. Ibrahim Soce Fall, Assistant Director General, Emergency Response.
- The community engagement pillar of the UN's support for the public health response is led by UNICEF.
- OCHA has appointed a Senior Ebola Coordinator in Butembo, Charles Bernimolin, working in support of the EERC, contributing to effective coordination with the public health response and facilitating the involvement of international NGOs, who have a key role to play in the response, in the coordination of the overall effort. Additional resources are being allocated from the OCHA managed Country Based Pooled Fund to support the work of NGOs in the area affected by the outbreak, including in dealing with non-Ebola humanitarian needs.
- Additional UN reinforcement of the UN presence beyond Mr. Gressly and Dr. Fall in Butembo, as the centre of gravity of EVD response efforts, will also be put in place.
- The Ebola Operation Centre in Goma continues to be an important component of the response, not least for technical updates and information sharing.
- The UN's senior leadership in Geneva, New York, Kinshasa and Butembo have set up regular stocktaking meetings to ensure that the response is on the right track and the required resources are available at the operational level.

### **Neighboring countries**

Given the high risk of spread to neighboring countries the UN has supported preparedness activities in South Sudan, Rwanda, Uganda and Burundi. This work is led by WHO. The UN continues to work with the governments to ensure they have the capacity they need to respond to a potential outbreak. Preparedness activities need to be scaled up.