Transcript of Remarks at the Event: Impact of the Ebola Crisis: A Perspective from the Countries

October 9, 2014

DR. KIM: Good morning, everybody. Thank you so much for being here at this very early hour. I want to welcome everyone, and many thanks for joining us so early for this extremely important meeting. Given the seriousness of the crisis, we welcome those around the globe who are joining us online. You can join the conversation on Twitter at #EbolaResponse, one word. I am very pleased that we are joined here in Washington today by President CONDÉ of Guinea and President Johnson Sirleaf of Liberia and President Koroma of Sierra Leone by videoconference. Thank you, Your Excellencies, for joining us. Ladies and gentlemen, unless we quickly contain and stop the Ebola epidemic, nothing less than the future of not only West Africa but perhaps even Africa is at stake. The Ebola crisis in West Africa has already infected more than 8,000 people and claimed more than 3,800 lives, and the epidemic continues to spread. The crisis has already had a profound impact on the millions of people in Guinea, Liberia, and Sierra Leone. People are going hungry and are unable to go to work. At least 6 million children are unable to go to school and thousands have been orphaned. Many businesses have been shut down--have shut down their operation. Farmers are unable to harvest crops, airline flights are being canceled, trade has diminished.

Growth projects for 2014 of the three most affected countries have already been cut significantly. Just yesterday, we at the World Bank Group published our study that suggested that if we don’t move quickly to contain the epidemic, as much as $32.6 billion could be lost by the end of 2015. This is a potentially catastrophic impact.

Over the past week, we’ve had a patient die of Ebola here in America, and now at least one, perhaps two infected nurses in Spain. We are likely to see more cases in more countries. Over the past month, we’ve seen a stepped up response. We are very grateful for the Secretary-General himself stepping in with the announcements yesterday and the evolving
efforts of UN--UN MEER -- David Nabarro is here--have been very encouraging. But we're still way, way behind the curve, and we have to quickly speed up. We have to scale up the global response. One issue I'd like to raise briefly is a critical need for more trained health workers.

The World Health Organization has estimated that Liberia alone needs an additional 360 foreign medical staff TODAY to treat those infected. We now must reach out to countries around the world urgently to send health workers to the three countries. Today, I'd like to invite the three heads of state to be very frank and share with us their specific challenges and need with respect to the immediate and near-term health and socioeconomic impacts from the crisis.

I want to say something very specific to this case: Right now, the humanitarian response, being able to detect cases, doing safe burials, being able to prevent infections and being able to treat those who are ill in these three countries is both the correct humanitarian response, the correct public health response, and the correct response economically in terms of limiting the epidemic at its source.

As Tom Frieden, the leader of the CDC has said many, many times, the answer to this crisis is to stop it where it lies. And so, doing right by these three countries, by Liberia, Sierra Leone, and Guinea, is the right thing to do in all these dimensions. We've just got to get moving.

And at this point, I'd like to ask Christine Lagarde who--and Christine, we thank you, as well. You've moved so quickly to support these countries.

MS. LAGARDE: Thank you very much, Jim. And good morning to you, President Johnson Sirleaf, and to you, President Koroma. It's nice to see you both on the screens. And good morning, President CONDÉ. Thanks for being with us today.

On behalf of the IMF, I'm not going to address the health and humanitarian issues that Jim has identified so well, but I think that on this occasion, each institution has to do everything it can in its own area of competence and, more importantly, coordinate and cooperate with the others. At the IMF, we have mobilized resources, in addition to the programs that were in place in these three countries. We've moved expeditiously. I have to say that the Board has been unbelievable in responding to our request, and we are ready to do more. It is very rare for the IMF to say that, but on this occasion I will say it: It is good to increase the fiscal
deficit when it's a matter of curing the people, of taking the precautions to actually try to contain the disease.

The IMF doesn't say that very often. It's good to increase the fiscal deficit. Now, are we going to be enough of a response financially? No. And clearly, it's an instance where all international institutions, all bilateral donors have to rally around these three countries to help them face the crisis. And it is even more demanding, given the economic progress, that those three countries have made over the last few years. The case of Guinea, for instance, the growth was in double digits. In the case of Liberia and Sierra Leone, there were huge progress, and the economic situation from a macroeconomic point of view was on its way to stabilization, and the fight against poverty was making progress.

So, what is likely to happen in addition to what I'm not addressing, the health and humanitarian aspects of this crisis? Is potential economic decline which will hamper the efforts that have been undertaken by the population and by the governments of these countries. So, from our perspective, and I want to repeat that in front of you three Presidents, we will stand ready to help you more, and I hope that the Board will support our efforts in so doing.

I would like to recognize the effort of Jim Kim in trying to shake us all in doing what is required. And I would like to salute the heroic efforts of the doctors, of the nurses, of all the people who, on the ground, are taking risks to address this issue.

**DR. KIM:** Thank you very much. Excellency, Secretary-General, Ban Ki-moon.

**MR. KI-MOON:** Thank you, Dr. Kim. Thank you for organizing this very important meeting at this very important timing, and I'd like to thank His Excellency President Alpha CONDÉ of Guinea for his personal participation. And I'd like to welcome and glad to see President Johnson Sirleaf for Liberia and President Koroma of Sierra Leone. We have spoken over the phone yesterday with the three Presidents, and thank you for your leadership. I'd like to thank Madame Christine Lagarde of IMF, as well as President Donald Kaberuka of African Development Bank. And I'd like to also thank the President of CDC of the United States for leading this campaign with President Obama.

As everybody will agree, the West Africans are scared. They need our urgent help. The world fears Ebola, too. That is why we are here. The best antidote to fear is an effective response, effective and urgent response. We need a twentyfold speed and resource
mobilization. We meet today to build on the high-level meeting on Ebola which I convened just about ten days ago with President Obama and many leaders participating at the United Nations.

We have but five top priorities. First, we must stop this outbreak; second, we must treat the infected people; third, we must provide essential services; and fourth, we must preserve stability of the countries concerned; and fifth, prevent outbreaks in non-affected countries.

I commend the World Bank for approving $40 million for grants and loans for the three affected countries and the African Development Bank for its swift intervention. I thank the United Kingdom and Sierra Leone for last week’s conference in London, and I applaud the courage of many medical and support personnel working to help the people of Guinea, Liberia, and Sierra Leone. The United Nations is providing a system-wide response through UN-MIR with WHO at its center. Yesterday, I convened United Nations system-wide meeting again with Dr. Margaret Chan participating, with Dr. Dave Nabarro, my Special Envoy, and Special Representative Anthony Banbury [phonetic], all participating.

Dozens of countries are providing lifesaving contributions. These are building blocks for global response coalition, but let me be clear: Cases are growing exponentially. We need at least, as I said, twenty-fold surge in assistance: mobile laboratories, vehicles, helicopters, protective equipment, trained medical personnel, and medevac capabilities.

We must work together to provide the best standards of care for each individual. Things will get worse before they get better, how much worse depends on us, the international community. So, to all who have pledged, I say today, please deliver now. And for those who have yet to pledge, I say today, please do so soon. That’s my urgent appeal.

This is an unforgiving disease. And I have instructed my United Nations principal leaders that, do not wait for consultation. Just take action. When there is a disease, it is a matter of implementation, rather than waiting for consensus or consultation. I told them do not blame me for lack of consultation. It’s a matter of action, now. I think we can beat this disease. It’s time for the international community to step up and scale up, and I thank you very much for your leadership. Thank you.

**DR. KIM:** Thank you very much. And I also want to thank especially President Donald Kaberuka of the African Development Bank who has also responded extremely quickly to this epidemic. Donald.
MR. KABERUKA: Thank you, Jim. Good morning. Good morning, Ellen, and good morning, President Koroma. Good morning, President Alpha, Secretary-General.
In 2010, there was an earthquake in Chile of 8.8 Richter scale. It killed only 700 people. In the same way in Haiti, there was an earthquake of less magnitude. It killed 230,000 people and 1.2 million homeless. So, there could have been other factors, but this is what we are witnessing in [unclear 0:13:15], a simple epidemic which has hit a very fragile part of Africa.

Now, when we deal with an African epidemic, we are not dealing with something which Africans alone have to deal with. Ebola will cross the borders. Ebola will affect businesses around the world, and which is our responsibility, all of us, to handle it. The idea that this somehow is an African problem to be dealt by Africans is now proven to be completely insufficient.

So, I want to thank the UN system, Secretary-General, Jim, the World Bank, Christine, for what you have done, but above all for the countries themselves, for the leaders in front of us for what they're doing with their own people.

I think we have four urgent issues to handle. Number one is to deal with the epidemic itself; number two, the macroeconomic support; number three, to stop Ebola spreading in the Region. And above all, dear colleagues, I want to say the following, that please let us do no harm. Now, part of the harm is damaging investor confidence in the long term. These countries will overcome Ebola one day and will pick up the pieces. So, things we say today, things we do now, the numbers we give out, must be carefully thought-out and calibrated.

Now, we have provided up to now--I was in Liberia and Sierra Leone, I have met the Presidents. We have committed, up to now, $210 million, 60 million through WHO in August, and $150 million direct to the budgets of the countries only last week. But above all, we're providing $10 million to encourage African doctors and African health workers to go to Manu River area.

I think the key issue which our money is being used for is essential supplies, the Ebola trust fund Liberia, to support and pay for the health workers, and through the medium term. The issues now are very clear to all of us, the response was too slow, too little, too late. Now, there is mobilization, but we must avoid scare and fear which is leading to poor coordination. Let us not confuse coordination with excessive bureaucratic structures. We need a critical mass. We need to be careful with doomsday scenarios. And above all, we
need to avoid a narrative which is beginning to put the stigma on the people from Manu River area, or even people in West Africa as a whole.

It is a problem for all of us to deal with, and we can deal with it. And I think the narrative we need to hear is we can resolve this matter if all of us work together, and the African Development Bank will play its part. Thank you.

**DR. KIM:** Thank you very much. And now, I'd like to give the floor to President CONDÉ of Guinea.

**PRESIDENT CONDE:** [Through interpretation] Thank you, President. Secretary-General of the UN, President of the World Bank, Madame Managing Director of the International Monetary Fund, President of the African Development Bank and distinguished guests, I would like to thank Dr. Kim Yong Kim for having convened this high-level meeting to take stock of the impact of the Ebola crisis and disease on our economies, and for having taken the leadership to mobilize resources against the epidemic and help Liberia, Guinea, and Sierra Leone to fight this epidemic. Medicines Sans Frontieres, CDC, World Bank, African Development Bank, UNICEF, IMF, Red Cross, and our bilateral partners.

I would also like to thank on behalf of the people of Guinea the people who have allowed Guinea not to be isolated from the world.

We would like to thank President Francois Hollande, President Obama, his Majesty, the King, Mohammed Sikhs [phonetic] for their [unclear] support to Guinea, the Secretary-General of the UN, Ms. Lagarde and the President of the African Development Bank, who have played a determining role in mobilization.

Thanks to this increasing mobilization of the international community, we were able to make progress in fighting this disease. However, there are still enormous challenges that remain since this disease has already reached a total of 3,000 victims and our countries are in a very fragile situation.

Given the situation, we have to coordinate and target our efforts. This disease is, today, an international threat and deserves an international response, because all the West African Region is threatened by the epidemic. And that is why I would like to call for a coordination-a coordinated strategy.
In Guinea, the government with the help of different partners has already implemented coordination mechanisms and civil interventions on awareness actions, setting up three mobile labs, implementing two treatment centers, the opening of 41 control checkpoints at the borders, implementing a number of measures to make—to take—to make sure that measures are taken at the airport since we have seven daily international flights that arrive in Conakry. Without all of these actions, we—the only frontier that remained open was that of Mali—and we would like to invert the trend, the present trend of this disease. And despite all this progress, there are still major challenges because we have limited technical and financial capacities to take the major actions that has to be taken to contain the disease. There is a very weak state of education and information.

We need urgent financing and we—it seems that our growth rate has been reviewed for next year and will be much lower. We have to provide all sorts of supplies and medication, equipment. We have to fund the training of health care workers, and we have to reinforce the resilience to this type of epidemic. We need budgetary support to fund the fight against Ebola and we have to support the tourism, agriculture, and major sectors that have been affected by this disease and, as a conclusion, there are four objectives, immediate intervention to contain the disease, reinforce our health and education systems to be able to cope with any type of future epidemic, massive budgetary support, and I'm extremely pleased to hear the President of the IMF Managing Director—said that we need help and we can increase our deficit, which is quite a change from the usual narrative.

And the last point is we have to change our whole system of communication, as the Africa Development Bank has said. We have to change the narrative and better explain what Ebola is, to make sure that investors come back to our country, and we rely on the support, technical and financial support of the international community. Thank you very much.

DR. KIM: President Koroma, can you hear us?

PRESIDENT KOROMA: Yes, clearly.

DR. KIM: President Koroma, your remarks, please.

PRESIDENT KOROMA: Mr. Secretary-General of the United Nations, President of the World Bank, and the Managing Director of the IMF, president of the ADB, distinguished ladies and gentlemen.
Since the first cases of the disease in Sierra Leone in May, over 2,500 of our people have been infected, of which there are a little over 530 survivors.

Our people are dying. Children are being orphaned. Most of the dead are women, and over two-thirds of those infected belong to the most economically active age category of 15 to 50.

Children are not going to school, doctors and nurses are dying, and non-Ebola illnesses are adding to the toll of death and suffering due to further weakening of the health care system in the country.

This roundtable is very important for us. The fight on the ground in Sierra Leone urgently needs the support of people gathered here today to combat this virus. Without you, we can't succeed. Without your quick response, a tragedy unforeseen in modern times will threaten the wellbeing and compromise the security of people everywhere.

This is not a disease we brought upon ourselves. In Sierra Leone, we were implementing policies that were making our country one of the fastest growing economies in the world when Ebola struck. Ebola is now causing great disruptions to agricultural, mining, manufacturing, construction, tourism, and transportation, and posing a significant threat to human development, state security, and poverty reduction.

Governments' revenues are drying up. The livelihood of our people, compromised. Most of the resources expended so far in this fight have been our resources. This is changing, and we laud the World Bank for hosting this roundtable for increasing its allocation to our countries and for speeding up its approval processes to get resources to the ground. We laud other partners for infusing more urgency into their Ebola response.

The last few weeks have indeed been weeks of massive concerns and commitments to fight the outbreak. However, the general international response has, up to this moment, been slower than the rate of transmission of the disease.

This slower-than-the-virus response needs to change. I hereby seek the acceleration of the translation of commitments to physical facts on the ground. That is what is urgently needed now. Commitment on paper and commitment during the meetings are good, but commitments as physical facts on the ground are best. These are the physical facts on the ground that must be urgently deployed in our race against the virus.
One, a community Ebola care-holding center, comprising at least 20 beds in each of our 149 chiefdoms and 20 centers in the western area, giving a total of 169 community Ebola holding centers.

Two, treatment centers: The country requires now strategically placed treatment centers holding a total of 1,500 more beds.

Three, personnel: The 1,500 additional treatment center beds will require a recommended number of 5,250 health personnel, including 750 doctors, 3,000 nurses, and 1,500 other support staff of hygienists, counselors, and nutritionists.

The community care Ebola centers also need trained health workers, with medical doctors supervising a cluster of them.

Three, equipment and logistics: This includes PPEs, IV fluids, antibodies for superimposed infections, food supplies, 200 ambulance to service the nationwide network of treatment centers and community Ebola care units, 1,000 motorbikes for contact tracers, and 200 utility vehicles for supervisors, surveillance of visas, and burial teams.

Four, laboratories: There are currently four customized Ebola labs in the country able to do less than 150 samples per day. We need five more labs strategically located in the country to enhance quick turnaround from taking of samples to the presentation of results.

Importantly, also, security is required to ensure lab safety for health workers and prevents samples from falling in the wrong hands in this age of terrorists who may seek to spread the Ebola virus through bioterrorism.

Five, funds for incentives and other expenses: Millions of dollars are required to pay the thousands of health workers that will be deployed, millions of dollars are needed to shore up drugs, food, and other basic supplies and logistics.

Six, psychosocial support: The Ebola outbreak is devastating for children and women and communities, and this will need psychosocial support. Orphans will need care. Widows require support. And survivors help with meeting the challenges of stigmatization.

The other support services, the fight requires communication support to facilitate contact tracing, transmission of lab results, and general logistics chain management.
Eight is sustainability. We know that the present Ebola response is an emergency response, but sustainability must be integrated into each in order to enable us to respond more quickly to the recurrence of Ebola after the current one.

The literature tells us that Ebola outbreaks often recalls in all countries that it had manifested itself. This will require a medium-term transformation of makeshift centers into permanent ones, ongoing training of health personnel in the country, and the establishment of a national public health institute with such capacities.

Nine, kick-starting the economy: The disruptions of economic activities pose a major challenge in the domestic revenue mobilization, investments, external trade, and livelihoods. Therefore the support of multilateral financial institutions is critical in addressing the emerging financing gaps in the fiscal and external sector accounts of affected countries.

Support is needed to enhance post-Ebola investments, restore livelihoods, prevent more sufferings, and strengthen our capacity for partnership and peacebuilding, for good governance, and socioeconomic development.

We very much welcome the establishment of the UN-MIR and we salute the commitment to support the fight with holistic subregional emphasis.

In furtherance of this, we are proposing a subregional Manu River summit with UNMIR to tighten our plans, reach the gaps, and move forward.

Ebola, out of any one of our countries is not really a success until we get Ebola out of all our countries. Distinguished ladies and gentlemen, it is complex and involving. Current deployments are not enough if we are to get ahead of the virus and stop it. Now is the time for actions in logistics, now is the time for actions in establishing and staffing additional treatment centers. Now is the tie for getting clinicians, nurses, lab technicians and others on the ground. Now is the time for fast-tracking the translation of commitments to positive facts of response on the ground. This is a race to get ahead of this evil virus. This is a risk for all of us. I am hopeful we shall win this fight. We shall prevail. We have already ensured hundreds of survivors. We have to ensure the survival of tens of thousands more.

We will kick Ebola out of our countries with your support. I thank you for your attention.

DR. KIM: Thank you, President Koroma. President Johnson Sirleaf.
PRESIDENT JOHNSON SIRLEAF: Distinguished participants, since the cessation of conflict in 2003, Liberia has sought to reactivate the productive sectors, repair destroyed infrastructure, rebuild dormant institutions, develop capacity, and promote democracy in an open society.

Restoring bilateral and multilateral relationships and partnerships formed an important part of this policy of stabilization and reform. The results were slower than we anticipated, but the progress unmistakable. In growth, direct foreign investment, budget increase, construction of roads and bridges, schools and hospitals, electricity and water. In the MDGs, we are set to achieve women empowerment. We reduced from as high as 65 percent to 28 percent the incidences of malaria, and showed great progress in reducing child mortality.

The progress was not total, for we experienced in the last year a decline in the growth rate exacerbated by budget deficit on account of global price decline in major export and price increases in import of basic commodities.

Our development agenda was interrupted by the Ebola outbreak. We started in March and returned with intensity in June, spreading into the capital city, where one-third of the population resides.

With limited understanding of the disease, low human capacity, and a slow international response, the disease quickly outpaced our ability to contain it. As a result, the disease spread to all of our political subdivisions, over 2,300 persons have died, including 92 health care workers, and a further 6,700 of our citizens are being traced as contacts.

Affecting our neighbors in Guinea and Sierra Leone, as well, restrictions imposed on air and sea travel resulted in increased costs of travel and increased commodity prices affecting the poor.

With the support from development partners and the international community, we are working hard to contain the epidemic. We face huge challenges to ensure controlled treatment, robust contact tracing, and vigorous case management to stop transmission. We need to do more to change habits and attitudes through advocacy and community mobilization. We need to make sure that bodies are promptly removed from the streets of our cities and homes of our families.

More than ever, we need qualified and dedicated staff to join the fight against Ebola, and we need to ensure that it all comes together immediately.
Today, with better knowledge and capacity and robust support of partners, including the institutions you represent, we are a bit more confident that our collective response will turn the curve away from dire projections.

What can be done, and what more do we ask of you?

First, we must contain the disease in a more timely and decisive response. This means the construction of treatment and testing and bearing centers within a timeframe of one month. By mid-November, all such facilities functioning with staff health workers, both local and expatriate.

We need more resources for establishment of community care workers, with ownership and participation by the communities themselves.

We need to help the young children who have been orphaned.

Second, we need to improve and strengthen regular health care systems because many of the deaths recorded resulted in regular deaths of those who had no access to closed or nonfunctional health facilities. This will require support for training and compensation for health care workers who, for fear of the risk involved, have refused or are reluctant to come back to work.

Third, we must mitigate the economic consequences of the Ebola crisis which have caused a shifting of resources from ongoing operations under our agenda for transformation.

This will require stimulation of our productive sectors, particularly agriculture. This will also require significant support for completion of ongoing infrastructure projects, primarily power, roads, ports, and water, which are vital to improved access to and quality of health care.

Finally, I want you to note that our government remains firm in its commitment and resolve to meet the challenges of this crisis by ensuring a fully integrated coordination and decision making structure around a unified strategy and implementation mechanism with full transparency and accountability involving both domestic and expatriate accounting and auditing institutions.

I thank each of you for the tremendous support which Liberia received from your institutions as we traveled the road of social and economic recovery. I thank you even more today as you join us in meeting the challenges of the Ebola crisis, ensuring that our renewed health care system will prevent a recurrence and our economic gains will be restored.
DR. KIM: Thank you very much, Excellency. Thank you, all three, for giving us such very specific tasks and work to do. Now, I'd like to open it up and I'd like, if possible, if you'd like to speak, put your name cards up. And I hope that the speakers can address very specific issues.

How can the--one question: How can the international community speed up full-scale implementation of the response to the Ebola epidemic? And two, what additional actions can the international community take to help the affected countries? So, I hope that we can be extremely specific and that we can come out of this meeting with other things that we have decided to do. Now, what we're going to do is get as many comments as possible and then we'll go back to the three heads of state at around 8:40. In order to keep our time, I actually set the timer. Everyone has two minutes, and extra points if you can stay under two minutes. Let's start with Tom Frieden, from the Centers for Disease Control. Tom.

MR. FRIEDEN: Thank you very much and thank you, Jim, for your leadership and very rapid work and for all of the support, but most of all for, within the countries, the work that's been going on.

This is a fluid and heterogeneous epidemic. It is changing quickly and it's going to be a long fight. I will say that, in the 30 years I've been working in public health, the only thing like this has been AIDS, and we have to work now so this is not the world's next AIDS.

We can do that, I think, exactly as was said by all the three Presidents. Speed is the most important variable here. This is controllable and this was preventable. It is preventable by investing in core public health services, both in the epicenter or most affected countries, in the surrounding countries, and in other countries that might be affected.

Public health is sorely under-invested in, and yet it is a best buy. The economic costs that the World Bank released yesterday reflect costs that could have been prevented for less than 1 percent of what those costs will be. That is a very specific set of interventions that is needed: laboratories, trained public health staff, tracking systems, emergency response, and infection control.

Many years ago, a public health leader said that public health is purchasable. Within natural limitations, each community can determine its own death rate.
And President Obama at the UN, at the meeting that the Secretary-General convened said the slope of the curve is within our control. We can control it by speed going to the local level, supporting not just the countries, but the counties, districts, and prefectures. That is where the battle can be fought and the battle can be won. Thank you.


NIGERIA: Thank you very much, Jim. Three points.

Nigeria suffered this crisis and managed to contain it through a number of actions: quick, decisive action, massive mobilization, public information through cell phones. Everybody got a text message and 125 million texts--mobile phones in the country on hygiene, on what to do, and how to recognize the disease, and how to change practices.

We quickly mobilized all the logistics. I want to stress that the lesson we learned is that the quick communication and mobilization of logistics that the Presidents mentioned is key.

Our private sector was very active in donating both money and helping with logistics. The additional suggestion I want to make is that we have to bring the private sector in. They are very expert in logistics work and we need them to come in and move the logistics in this situation.

We have quickly moved, also, to donate money three months ago through ECOWAS, our President, Goodluck Ebele Jonathan, donated $3.5 million to the countries.

We've been working through Redeemers University and our Centers for Disease Control to train--help train workers and do lab work.

We stand to do more, ready to do more. I've talked to Donald Kaberuka about using the Nigeria trust fund at the ADB to try and move quickly.

And my final point is medium and long term in the --sorry, short term, long term. Short term, yes, humanitarian, but medium term, Marshall Plan to strengthen health systems.

And finally, do no harm. This thing is driving private sector away. I know in Nigeria, people-insurance companies refuse to insure staff to come for visits and for business. We must not roll back the progress made by this continent.

I wrote about it in the FT yesterday. It's a serious problem. Thank you.
**DR. KIM**: Thank you very much. I'd like the European Union Commission, Kristalina.

**EUROPEAN COMMISSION**: Thank you, President Kim. I hope you walk out of this meeting with a very simple message. We deal with a scary, deadly threat but, together, we can beat it. And obviously, we can achieve that only if we coordinate our efforts as UN is now doing for us.

Well, three points from the European Commission. First, we are delivering on the two-pronged approach that you outlined: Tackle the disease now, but also counter the negative economic, social, and security consequences.

We have provided €180 million. We will do more and we will broadly spread it in two parts, around 80, to fight the disease around 100 for a budget support for the countries.

In terms of immediate tasks right now, first, something that I admit we have struggled with for quite some time, medevac. Finally, we have a solution, we have a contract. As Ngozi said, turn to the private--when you are desperate, turn to the private sector, they'll come up with a solution for you. So, we can, under 48 hours, guarantee the evacuation of international medical staff, crucial for more people to go.

Second, we are leaning forward on delivering more in-kind assistance, because this community clinics, they need everything you can think of. We have now three cargo planes going to the three countries exactly with this, with equipment, with medical supplies for that reason.

Three, we continue to support more people to be deployed, including many Europeans. I'm very proud of them.

All the medical staff from my team is there, is in the countries, and we--now, I am running out of time--and we obviously all have to do more. Thank you.

**DR. KIM**: Thank you so much. The medevac news is very, very encouraging. Bruce Aylward, from the World Health Organization.

**WHO**: Thank you, Jim, Excellencies, ladies, and gentlemen. I arrived here 12 hours ago from West Africa. I'd been there 12 days ago, and I came this time to communicate three things. First, the situation is worse than it was 12 days ago. The disease is entrenched in the capitals. 70 percent of the people affected are definitely dying from this disease and it is accelerating in almost all of the settings.
The second thing I wanted to communicate is the response is behind, but there is a solid foundation to build on. There is some excellent best practice in training, in treatment centers, in logistics. It's a matter of scaling it.

The third thing that struck me was the extraordinary challenges faced by heads of state as they seek to communicate to their populations the urgency of this while still not creating panic and ensuring society moves forward.

I worry that we risk making their challenge worse. We are not at common purpose, and we must get to common purpose very, very quickly.

Jim, the one thing I would propose is we agree today to get three numbers: 70, 70, 60. 70 percent safe burials, 70 percent case isolation in 60 days. If we work to that common purpose, this disease will turn around. There is a huge number of investments going on, there's a huge amount of activity. It's really hard to pin it all right on that common purpose, and that is the challenge for these countries.

We have to eliminate the virus but first we have to eliminate the excuses. The consensus on medevac, hugely important to doing that; the consensus to get in training, hugely important to getting that.

Jim, I want to take two second to say five days ago I stood in an Ebola treatment center in Sierra Leone. I met three beautiful young girls who had survived this. They were 15 years of age, 6 years of age, 5 years of age. Their families were dead, their futures were completely uncertain. And the futures of these countries are today uncertain, as is the future of the continent. This does not need to be the case.

There is no question Ebola can be stopped. As we sit here today, Nigeria, Senegal, huge, complex Ebola crises have gone now more than 30 days without finding the virus. There is no question the strategies work. The question is how much carnage and human misery there will be between now and then, and that depends on if we get to common purpose. 70/70/60.

WHO commits to 600 people in 45 districts across the three countries in 60 days to find the cases, ensure the programs are safe, and ensure we have the evidence we need to get this finished. Thank you.

DR. KIM: Thank you very much. I'd like to ask Prime Minister Duncan from Cote d'Ivoire.
COTE D'IVOIRE: [Through interpretation] Thank you very much, Mr. President. I really want to thank you and the whole international community and my bilateral partners here for the actions taken to help tackle Ebola in West Africa.

This is like the plague in Europe which so affected the world. This has affected West Africa greatly, Guinea, Liberia, and Sierra Leone. We have left our borders open, starting in August, where we had to--we did have to close one part of the border, but these borders have been open since September, thanks to the interventions of the UN. What happens now is that the maritime channels are open. The Port of Abidjan, flights are resuming or will the third week of October.

The community has accepted that the blockade and the Abijan Airport should be open to provide supply from the United States from Cote d'Ivoire to the affected countries. We have contributed a million dollars to help our sister countries, and we will be sending Ivorian young doctors to help. This is now being implemented. We have the health corridors, the sanitary corridors in place on the borders. So, the measures taken by the international bodies are very important. They are essential to allow us to vanquish Ebola in this subregion.

And I would like to thank ECOWAS and the international community for the mobilization they have shown in this serious issue.

DR. KIM: --from the Netherlands.

NETHERLANDS: Thank you very much, Jim. Let me make three points: One on additional actions from our side; two, about coordination; and three about private sector, echoing what Ngozi has been saying.

Our additional actions: We have made available the Karel Doorman, which is joint logistics support ship. It can carry cargo with a total load of almost 2,000 lane-meters [phonetic]. It has a helicopter platform for six helicopters, it has a role two plus [unclear] hospital with 60 beds, two survival units, and there isolation units.

In addition to our financial contribution of €18 million, we will be reprogramming up to €60 million in the Region to support all the efforts of the three countries.
We make available our training program, Customs without Borders. It's a training program for customs officials and we all know there needs to be some improvement in the handling of goods in the countries. So, they are able to make tailored trainings.

On the coordination, we are really ready to coordinate and we have been doing so, but it has not been easy all the time. We have to acknowledge this and we have to make it better. And I think consensus is a good thing, but action is a better thing. Let me echo what we heard from the Secretary-General. In my country, there's a lot of criticism on the coordination. We need to straighten that out ASAP.

And then, thirdly, I have been dialoguing with the Dutch private sector that is active in the Region, there is Philip Shell Haneker [phonetic]. They are doing exactly, I would suggest, what Ngozi is saying.

They are assisting with financial contributions, they are making their logistical and health care facilities available, and they are echoing the news that the economies need to be sustained on the short and the longer term.

I will continue the dialogue, be very happy also to include some of the other companies and work with people around the table to make than an international endeavor. Thank you very much.

DR. KIM: Thank you. So, let me just--we will go next to David Nabarro, then we will go to Justine Greening, the United Kingdom, then we will go to Deputy Secretary Raskin, and then MSF, David Olson [phonetic], and we will continue from there. I'm sorry, we're trying to manage and give everyone a chance to speak. We will move as quickly as we can. David.

UNITED NATIONS: Thank you very much indeed for the initiative in establishing this event. My three points are, firstly, in order to achieve coordination, we need a global coalition that will bring everybody together in the same space.

Tomorrow, I am going to start some consultations about getting that coalition going as quickly as possible with the countries at the center and everybody arrayed around them.

Secondly, the results that were proposed by Bruce Aylward, 70 percent of burials safe, 70 percent of persons under treatment within 60 days are absolutely key, because unless people can be brought under treatment, the possibilities of isolation, which is key to controlling the outbreak, will not be realized.
And number three, please, let's heed the advice of the head of the IMF and make absolutely certain that there is no hold-back on resourcing. Every dollar spent now may well be worth more than $20 or $30 spent in two months' time. This is in a moment where there must be no postponement of financing decisions and no postponement of action because we haven't agreed on things. As everybody has said so far, the time is the key variable. Thank you.

**DR. KIM:** Thank you, David. Justine.

**UNITED KINGDOM:** Thank you. I will also try and keep my comments brief. To echo David's point that he just made, if we agree that we need to bear down and eradicate Ebola, then it makes sense to do it right now. If we wait a month, our task will be twice as big, literally, and twice as expensive. It will kill twice as many people. It will kill twice as many communities, twice as many countries and economies.

The UK is working directly with Sierra Leone. President Karoma, we will stand by you in this battle to bear down on Ebola in your country. We are helping you build the treatment beds, the community care. Our military are now on the ground helping to make sure those beds get build quickly. With the logistics, we, too, are sending a Royal Fleet Auxiliary Ship, Argos, which also has helicopter capacity. We need those country-owned plans that leaders today have set out to now be delivered, but that takes resourcing, it takes people, it takes health care workers.

We, too, can make a commitment on medevac. Some of the beds that we are building are specifically to treat health care workers should they become sick. So, we can provide those sorts of assurances for health care workers working in the facilities that we are building. But we need much, much more and much faster response from the rest of the international community. The UN trust fund that was launched a few days ago still has very little contributions in it. That will curtail how much the UN can respond unless more donors come forward with more money, more health care workers, more logistics.

We know what we need to do, the time to do it is now, and there is no reason to wait, but we do need to all step up to the plate.

**DR. KIM:** Thank you very much. Deputy Secretary.

**UNITED STATES:** Thank you, Dr. Kim, for convening this very important--very important session.
As we've heard today this morning, the scale of this crisis goes well beyond the direct tragic human impact of this dreadful disease.

Time is of the essence. These countries are facing food security and hunger issues as trade, local agriculture, and transportation are all being affected.

The economies in these three countries are under tremendous pressure. They are seeing sharp reductions in anticipated economic growth that they so desperately need to fuel development, investment, social services, and, ultimately, poverty reduction.

You know, tragically, before the Ebola outbreak, these countries had some of Africa's highest growth rates. The decline now to economic stagnation has occurred in a very short timeframe with devastating consequences for families, businesses, and governments at the same time that financing needs are spiraling.

These economic impacts are unlikely to reverse quickly because for each day of delay we see confidence in business, in foreign investment diminishing and the amount of time it will take to reverse this is important to underscore. The longer it takes to get the virus under control, the greater the likelihood that the virus itself or the secondary impacts will spread to other countries in the Region.

In other words, the economic costs are directly correlated with the time it takes to bring the crisis under control. So, the sooner we can contain the crisis, the sooner we can begin to cap the ultimate economic costs that these countries are going to face.

It is critical that we look at the economic needs of these countries now. There's been tremendous support from the international financial institutions. They have already approved significant amounts of money, that is wonderful. There are still more existing tools that need to be deployed: the Crisis Response Window at the World Bank, the IMF Rapid Credit Facilities, the African Development Bank financing mechanisms. More needs to be drawn upon. Thank you.

**DR. KIM:** Thank you very much. And next, I'd like to ask David Olson from Medicins sans Frontieres.

**MSF:** Thank you, Dr. Kim.
I'd just like to make the point that, in our response to outbreaks in the past, one of the biggest challenges that we've had is fear, and Secretary-General mentioned fear as did the Presidents.

And it's clear that we need—the fear is that going to treatment center, going to an isolation center is a death sentence, and we can stop transmission unless we have confidence in the system. And so, while we need to scale up twentyfold in treatment beds and doctors and nurses and laboratory services, we need to have that common purpose that was mentioned so that the communities know that the world is present and they are not afraid to come and receive care and the staff who works in these hospitals are not afraid to provide care. Thank you.

DR. KIM: Thank you very much. I'd like to ask Mark Suzman from the Bill and Melinda Gates Foundation.

BILL AND MELINDA GATES FOUNDATION: Thank you, Jim. So, just to reinforce the messages that you and the Secretary-General did, this is clearly an unprecedented humanitarian emergency and requires an unprecedented response. I think today's meeting is a signal to that.

We've heard from the heads of state in the Region. From the perspective of the Bill and Melinda Gates Foundation, we've responded with our largest ever support for a humanitarian emergency with a contribution of $50 million, of which we've already programmed half of, focusing particularly on emergency response preparedness. We were able to work directly with each of the Governments of Nigeria and Senegal with their rapid prevention that was already described. And we are also working with many partners around the table here on accelerated research and development for treatment and diagnostics.

And from our perspective, I just applaud the leadership around the table and stand ready to work with all the partners to continue to support this very important work going forward. So, thank you.

DR. KIM: Thank you very much. The next speakers will be Geeta Rao Gupta from UNICEF, the President of ECOWAS, the Minister of Foreign Affairs from Norway, and Chris Stone from the Open Society Foundation.
UNICEF: Thank you very much, Your Excellencies and all the partners around the table. UNICEF is committed to the 70/70/60 goal that Bruce and David highlighted. I just wanted to say that I think critical to this response is community-centered education and action. And UNICEF has been leading on the community education and social mobilization, and we are really now trying to scale that up extensively. But our credibility in that depends entirely on the scaling up of the care and treatment centers. So, I want to just emphasize the need for investments in those areas and to highlight to you that we are working closely with the World Bank now to try and rule out a much larger number of community case centers that will be available.

The medevac news is very heartening to hear, both for international and national medical staff, but I also hope that it will extend to other staff, not just medical staff, because a lot of our social mobilizers are in the communities going door to door.

And just one last point I wanted to make was about the medium care investments that the Finance Minister from Nigeria mentioned as well as the President has mentioned. It is very important so we are looking to strengthen the primary health care system simultaneously so that we can prevent some of the deaths that are occurring due to causes other than Ebola. Thank you very much.

DR. KIM: Thank you. And Bruce, while you're here, I just was wondering, "case isolation," not a lot of people are excited about "case isolation" if they have Ebola. So, can we change the language just a little bit, alter it so it's "treatment," it's "care," all those things at the same time?

WHO: It's a terrible word. We have to change it.

DR. KIM: President Ouedraogo from ECOWAS, thank you very much for being here.

ECOWAS: Thank you, President.

ECOWAS shares the views that were expressed on the very concerning impact of this disease on the economies of the countries in the Region. And therefore, we would like to join in the appeal launched by the UN Secretary-General for urgent support, not only to help the countries affected cope with the situation but to allow the neighboring countries to prepare themselves, but what's very important is a coordinated response. And I would like
to stress that the 15 member states of ECOWAS have established a national plan to respond and there is an organizing coordination committee that is implementing action and rolling out volunteers that come from the ECOWAS member states and we are totally willing to coordinate all of this. The other thing I wanted to mention is the opening of borders and the freeze--movement of people--if we close up the Region, we're going to stifle economic activities and reduce their capacity of action. So, the borders have to be open and there have to be teams that work on the field and come from the different states, and this to allow the economic activity to be sustained.

And I would like to thank the three heads of states that are affected for all the action that they are carrying out and their courageous response.

**DR. KIM:** Borge Brende of Norway. Thank you.

**NORWAY:** Thank you, Dr. Kim. And thank you for inviting to such an important breakfast. It is a good follow-up of the Security Council meeting on Ebola. It is a global humanitarian crisis that needs a global humanitarian response. That is what it is about. And reversing the outbreak is a shared responsibility. We all have the same responsibility around the table and we need to step up now so that it doesn't get totally out of control.

I second what the President of Sierra Leone said, Let's kick this evil virus out of the country now.

Norway has significantly scaled up our contribution the last weeks. We have now contributed US$30 million to the UN, to humanitarian organizations. We are also now contributing in-kind with personnel and also equipment.

This way we'll continue to do. We have also released potentially Hercules aircraft so we can use this in transportation purposes, but also getting people out.

And I'm also pleased, Dr. Kim, today to say that I think your idea of a trust fund through the World Bank on Ebola addressing livelihood issues, getting growth back again, sending a strong signal is very timely.

And on behalf of my government, I am pleased that we will contribute at least with US$10 million to this trust fund, and I hope others will do so, too'. Thank you.

**DR. KIM:** Thank you very much. Chris Stone--the next speakers will be Denmark, USAID, European Investment Bank, France, Canada, and Japan. And we're trying to get everyone
in as quickly as possible. Yes, we'll—and if I've called you, then put your card down and I'll get everyone else as well. Okay, Next, Chris. Thank you.

**OSF:** Thank you, Jim, and thank you for your leadership. I just want to underscore, in your opening remarks, the importance of the health workers being trained and the investment in training that we need.

Our part of the Open Society Foundations and the West Africa Foundation which has worked for many years with President Sirleaf, President CONDÉ, and Koroma, our effort has been to try and build strength on the ground, community care centers, community care that can be a lasting contribution so that we are simultaneously dealing with the emergency right in front of us and today building hope, combatting that fear so there is a long-term infrastructure.

We have been here before. We have watched the world mobilize and moved hundreds of millions of dollars to places in need without that long-term infrastructure being left behind, and I think we need to really focus on it.

To do that, I would like to at least suggest we think about whether, perhaps under ECOWAS' leadership or other leadership from Africa, thinking about a new regional public health authority that can work across borders that can build and continue to train and strengthen the community health workers, provide the training, run the laboratories so that as we're investing in new laboratories, investing in new facilities for training, they are under a governance structure that is crossing borders and is building that hope not just for the residents, the citizens of these countries, but for the investors, for the whole world that has a stake in the continued success here.

I think getting a regional mechanism, whether it's under the leadership of ECOWAS, whether, Secretary-General, your excellent appointments, Mr. Banbury and Mr. Nabarro.

And also, I don't want to forget Mohammed Shambas. I think he is taking his post today as your special representative for West Africa. This is leadership in Africa that really needs to be supported. Thank you.

**DR. KIM:** Thank you very much, Mr. Yensen. And we only have the heads of states for a while. I have to leave at a certain time. So, if we can speed up a little bit, that would be great. Thank you very much.
DENMARK: Thank you very much. And firstly, on behalf of Denmark, I would like to express our sincere solidarities with the people of Liberia, Sierra Leone, and Guinea. And for sure, Denmark will be doing our part in this crisis when it comes to transport, when it comes to equipment, when it comes to personnel, and we are already doing our part and we will also try to do even more.

I have three short points. Firstly, I would say that this crisis tells us also when we think of AIDS that we have to be better to foresee and prevent these crises on an national level.

Secondly, of course, we have to fight it now, but as others have said, then this is very much about, on the long-term, to develop well-functioning health care systems in the country. And thirdly, which I think is very important, is that we need to establish a much stronger global response and also financial support when it comes to research, in medicines, in vaccines related to critical diseases as Ebola, but also others, if we have to fight this in the future. Thank you.

DR. KIM: Thank you. Raj Shah.

UNITED STATES: Thank you. Just three quick recommendations and requests of those around this table with respect to accelerating the response.

First, the United States can also commit to medical evacuation for responders for who that is indicated. We have the capacity and the funding in place to make that real for all responders.

And I think, given the comments from the UK, the EU, and the United States today, it would be a very helpful recruiting message if we come out of this roundtable and say that a definitive outcome is we can provide medical evacuation where that is indicated for responders, including health care workers.

Second, more needs to be done on in-country logistics, without getting what the United States and the UK militaries are doing. I really want to request of everyone around this table to fund fully the WFP and UNICEF that will be responsible for providing logistics and transportation support to the community care centers. This is critically important and it's not yet in place in terms of their having that capability. So, the U.S. will do everything we can, but I implore others to do more.
Third, I am visiting the Region next week with Minister Brende. I appreciate the joint [unclear] the trip.

A big purpose of our visit to all three countries is to improve coordination. So, any countries represented here that have questions or concerns about coordination, please share them with either of us and we will do our best to carry that forward next week and report back. Thank you, Jim.

**DR. KIM:** And I have to call a little--I'm going to ask Arthur to speak, so deeply involved in the response. Yes--World Food Programme.

**WFP:** Very quickly, thank you very much. And let me thank Raj, first of all, for raising the issue on supporting the special operation.

Everyone here is aware that WFP of course addresses the food security needs of those who--during a period of crisis, and we are doing that in this case, as well, scaling up to feed a million people, working with FAO on the medium- and longer-term issues of agriculture which are we cannot neglect during a period of time when people are not able to farm their fields and the impact that this will have on the food security situation as we move forward.

But what you may not be aware of is one of WFP's core competencies is also logistics. And so, at the request of UNMIR, we have stood up the UNilogs [phonetic], which is the logistics cluster. It is more than a logistics cluster. We are actually providing the supply chain support for all three countries that, as you heard from each of the Presidents that is so desperately needed. The movement of many of the vehicles and other tools that are required to get out into the rural areas as well as working to do the gap-filling with UNICEF and others on the construction of the community care centers.

And we are also, as Madam Ngozi spoke, about the need for telecommunications, standing up the telecommunications need, increasing the cellular support in the rural areas in each of these three countries which lags behind many other parts of Africa to ensure that we have the access that is necessary.

So, these are the two significant operations that we are also partnering with private sector on both sides of these activities to ensure that we are bringing all the tools that are necessary. So, it's not about us just performing, it's about us coordinating the support. So,
we appreciate the assistance that we are receiving from everyone, and we also want to thank those who have provided the commitments today on the medevacs.

That is what we are hearing so much from our people here on the ground, is they will perform, but their fear. So, thank you.

DR. KIM: Thank you very much.

We have Hervé Villeroché, France, European Investment Bank, Canada, Japan, and then Germany, China, Switzerland, and Finland, and we're running out of time so we will try to get everybody in. Hervé.

FRANCE: Thank you, President Kim. And thank you for the very bold response of the World Bank and the IMF. These are unique measures but they are absolutely essential, because we are running against the clock. France is totally willing to participate. We are mobilizing €35 million in the forms of financial aid and technical, medical, and operational aid.

I would like to stress the issue of core nation and we have decided to do so to concentrate our efforts in Guinea.

President Conde, we will stand by you in these very difficult times. We have decided to step up our capacities, also, to help the neighboring countries of the three affected countries. We feel that this is essential to make sure we can contain the epidemic.

DR. KIM: Werner Hoyer from the European Investment Bank.

EIB: Thank you very much, Jim, and thank you for your leadership and the leadership of the Secretary-General of the United Nations. This is very, very helpful and very, very urgent. We have no hour to lose.

This week, the international financial institutions are sitting together here in Washington and obviously we have a role to play in this. And even if we are not immediately operational aid agencies.

This is why, from the point of view of EU bank, it is necessary to arrive at a system of coordinated action, really coordinated action, not only to address the immediate medical actions necessary to constrain and reduce the spread of Ebola, but also to rebuild a
sustainable, medical and economic system, and to avoid further-reaching economic damages that can be already foreseen.

Therefore, the EU bank, with the operations in all African countries, is prepared in collaboration with the European Commission and the member states to work in partnership with the World Bank, the African Development Bank, and national bodies to support the implementation of necessary solutions.

So, given the complexity of the challenges ahead, we have to concentrate on what we really can, where we have experience. We can support programs that focus on the development of social economic infrastructure, support the further development of research and the research on pharmaceuticals and including the very important issue of realistic and professional field testing that will have to be done as soon as we have made progress on the research.

And of course, we have to use our expertise and financial engineering and organization and capacity building to explore with the World Bank Group the African Development Bank and the other colleagues, the development of innovative financial instruments.

Development of vaccines I already touched on. Well, now, last of all, we have to kick-start the economies, if we do not want to put an additional huge economic and social burden on top of the humanitarian disaster, and this is why we must make sure that development and economic cooperation goes on and is not stopped.

DR. KIM: Thank you very much. Canada.

CANADA: Thank you very much, Dr. Kim. I will try and be really brief. This is an unprecedented international emergency and it requires a commensurate coordinated response by the international community.

Secondly, I think we want to emphasize that we completely support the UN mission on Ebola emergency response and the role it can play in ensuring--really emphasize ensuring a coordinated and effective response and clarifying the roles which we can all play if we're not careful, we will undermine our collective effort by not being very clear on the question of coordination.
And then, finally, I just want to say that Canada has, as other countries have, stepped up its response in recent days and we continue to explore ways in which we can advance our assistance further. Thank you very much.

DR. KIM: Thank you very much. Japan, Mr. Kiyoshi Kodera.

JAPAN: [Speaking Japanese.] Thank you. I will be very short.

First of all, the coordination is very important. The Prime Minister Abe has already committed US$40 million assistance. But on top of that, we have prepared to deliver 500,000 protective gear to the venue.

But the challenge as of now, our first batch of 20,000 protective gear left Narita September 18, but it is still stuck in airport in Abidjan. So, more coordination is needed and we are ready to do that, and we are ready to work with WHO and [unclear 1:25:09] and in that case, particularly in Accra, we have also Noguchi Institute and the JICA [phonetic] is decided to build up more support for this Noguchi Institute, and we are ready to work closely with you. Thank you.

DR. KIM: Thank you. So, we need to get those 20,000 out of Abidjan. This will be one of the things we get done. Germany, thank you very much.

GERMANY: Thank you. And thank you, also, for putting this issue on top of our agenda, here. We need a very comprehensive but also coordinated approach, it has been said. And the common purpose is central, so it’s not only about numbers and money, it is about the common purpose, and therefore we feel what is also needed is a kind of action plan for every of these countries where we also get clear who is doing what and how it fits together in terms of priorities.

We very much welcome what the IMF and the World Bank has already done and committed. Bilaterally, I will not tell you what we are doing, it is about $85 million bilateral support but also via the EU. I will not go into detail.

We are very, very open with regard to additional proposals what the multilaterals can do. There is one specific proposal we would like to make. It refers to the crisis response window. The World Bank has used money from the crisis response window. There is $600 million in the crisis response window. It is for these kinds of purposes and we would
encourage the World Bank to come up with a proposal to use this money, if money is needed, for this priority purpose.

And another second point is we have to look at the system. The reaction has been slow, came too late, and we could have saved a lot of money if we were quicker, and we have to look at the system, how it works, but also every single institution and to reinforce crisis prevention and reaction of the different institutions, including the World Bank.

And in this context, we would very much welcome the proposals you made, Jim Kim, on the rapid response mechanism. We would like to encourage you to elaborate on that idea. Thank you.

**DR. KIM:** Juergen, thank you very much. And we will not be shy in asking the Board for more resources as needed. Jiayi Zou from China.

**CHINA:** Thank you, Jim, for your strong leadership in convening the very important meeting today.

China is firmly committed and in prompt actions to combat Ebola.

Chinese Government has sent 200 medical workers together with the medical supplies to the affected Africa countries. Chinese Government is also providing an additional 200 million renminbi of emergency cash and in-kind support the affected countries.

And we also offered WHO and UN each with US$2 million in cash assistance, and China is ready to do more, as needed. Without repeating what was said by colleagues around the table, I would like to make one more specific comment, that is to emphasize the importance of R&D activities. We should enhance our support to accelerate the research and development of vaccines and drugs, which will provide the fundamental medical tool to control the disease. Thank you.

**DR. KIM:** Thank you very much. And I'd like to ask Switzerland, next.

**SWITZERLAND:** Thank you, Mr. President. First, a recommendation: Manage communication worldwide, underlining both difficulties and failures, but also successes. Globalizing panic is not a good idea. This is just a general recommendation. And what about our contribution? We already met our pledges, but I just confirmed that they are already going out, so we doubled our emergency response to almost 10 million.
What we would like to underline is also our commitment at the medium term on look for vaccine-related solution. We are engaging with this our research centers of the university hospitals of Geneva and Lucerne. I think this is an important element.

We are also looking whether we can have an all-of-government approach on relation—in relation to also logistics, the first time we are even looking whether we can send helicopters and so on and we are trying to speed this up. And the last will be on the longer run we are going to reflect about how we can reorganize certain of our effort in order to, on the longer term, to support strengthening health systems in the country. Thank you.

DR. KIM: Thank you very much. Finland.

FINLAND: Thank you very much. And two aspects, immediate action and longer-term action: On the immediate one, I would also like to confirm that Finland is doing her part to underline the need for coordination. It is not only the grave situation on the ground, why we need very strong coordination, but it is also a test to the international community as a whole. On the longer-term action, I would like to underline very strongly that there are no excuses for not acting even more strongly on longer-term action, and I would like to take up two initiatives and fields of action.

The first is to address not only the regular health systems but the global health security agenda which is the initiative by the U.S. and Finland will be Chairing the steering group of the global health security agenda next year, and I think it is a very concrete way of enhancing the prevention detection and respond to capacities in the field.

The other is how to create trust. It is not only how to address fear but how to create trust, and there I would emphasize the need for capacity building and creating trust to governments.

Finland has been co-chairing the international dialogue for peacebuilding and state-building with His Excellency, Minister Mara of Sierra Leone, and I think now the Ebola crisis really points out the need to address even more strongly the capacity issues in general. Thank you.

DR. KIM: Thank you very much. And I'd like to now ask the three heads of state to make some brief comments in response. We'll start with President Conde.

MR. CONDÉ: [Through interpretation] Thank you very much, Mr. President.
I think it's very important to hear what Germany said, who does what. I'm afraid that coordination is going to delay the fight against the epidemic. I think it's important to trust the countries themselves. We are setting up structures to respond directly, because very often money given to other countries gets to us very late. So, we need to get the aid directly to the affected countries. You have 200 people sick, you don't know where they are, so you have to concentrate the efforts directly on the countries concerned.

The UN and the international community can certainly coordinate. We don't need to multiply structures. You have to trust us. We are able to set up the necessary structures. We need to be assisted on the ground to strengthen our health systems and our budget. We think that the President of the Bank is in a very good position to help us with this and head up coordination, because we know that there are funds but we have to know where they are going and what they are doing. We have to be transparent and see to it that there's no corruption. Thank you.

DR. KIM: President Koroma.

PRESIDENT KOROMA: Thank you, Mr. President. Mine is to thank all of you participants for the roundtable this morning and from the contributions and commitments that have been made, we are very encouraged. Encouraged because we know that out there you know the issues around Ebola, you know the urgency that is required, you know that because of the time delayed, it is now going to cost us a lot more. And that is why the issue now is to get to work almost immediately.

For us, it is action, action, action now. We have in place the structures locally. We will work with the international partners. I believe that we have clearly stated what is required, and what is required is required yesterday. We are having this meeting today. We hope by tomorrow we will get into action. Thank you very much.

DR. KIM: Thank you. President Johnson Sirleaf.

PRESIDENT JOHNSON SIRLEAF: Three quick points.

Speed: We would like to thank all of those who have mentioned a need for speed for timely action. It's been three months since we've been fighting this disease, and the sooner that we can all come together and bring it to an end, the sooner we can all go about the business of development.
Second, the role of the private sector: We are pleased that that has been mentioned by Minister Ngozi. Our own primary private sector operators have been meeting to see how they might help us to respond to this epidemic.

I believe what Administrator Shah has committed to, medical evacuation, will remove a major constraint from their willingness to return to the operations that are so much needed for us to continue to ensure that the economy does not go into major decline.

Finally, I cannot say enough for coordination, as has been mentioned by many people. Effective coordination around a common, unified strategy, and operational plan. We are going to need that if we are going to make sure that we do not have parallel operations and we do not have confusing players in this. And so, we thank you for all of you, we have stressed that, and thank you for all of the support you have given to all of us as we try and fight this disease.

DR. KIM: Thank you so much, Your Excellency.

And I'd like to now ask Donald Kaberuka to make some comments?

MR. KABERUKA: Thank you, Jim. Yes, three quick points.

Number one, I just want to emphasize the point made by [unclear 1:37:15] here that speed and coordination is fine, but the best way to do it is to empower the governments so they can do things which governments all over the world are supposed to do.

Number two, I want to make an appeal to my colleagues in the donor community here, is that we should try as much as possible to ensure the announcements we are making here are additional to our existing commitments.

The Mono River area was recovered from a decade-and-a-half of mayhem. We had, all of us, plans to reconstruct the Region, which is not there, so let’s not take money from those particular parts to reconstruct the health systems, education, infrastructure, to deal with Ebola.

I hope that all of us find ways of ensuring that these resources are additional to what we are doing already. I know it is tough, it is difficult, but it is a moment to show that we can actually do it.
And finally, I want to say to everyone here how very much I'm pleased to hear Christine Lagarde this morning say it is not the time to worry about the fiscal deficit, it is not the time to worry about the fiscal space, and I do think we should support that by ensuring that, in fact, when that fiscal space is provided, we actually fill it as quickly as we can. But thank you very much. I salute what I've heard her.

DR. KIM: Thank you very much. David, do you want to take one minute?

UNITED NATIONS: Colleagues, thank you. I would just like to use this moment to learn the lesson that Nigeria and Senegal have shown us that good systems, whole-of-society response, strong leadership, partnership with the private sector, and political consensus can deal with Ebola.

Let's walk away from this room remembering that. Thank you.

DR. KIM: So, thank you so much for your inputs and we've been taking notes and here are some of the things that I think have come out of this meeting.

First of all, we take very seriously what President Conde and Donald [Kaberuka] just said. The countries are in the lead. On the other hand, this is one of the most complex epidemics that we've ever faced, and therefore there has to be a seamless melding of expertise around the response with very strong country leadership, and I think we're moving very much in that direction.

We welcome especially the strengthening of the crisis management capacity and the countries with the announcement of the Secretary-General yesterday of the three people who have been charged to do that, some of whom I've worked with very closely in the past.

One of the--another point is that we have to be at common purpose. Bruce made a very specific proposal. I think we're going to work on the language on the second part. Rather than talk about identifying cases, let's talk about providing treatment and care, and also preventing further spread of the disease.

There was a very clear call for scaling up community-based interventions. Many of us are working on that directly, as we improve essential health services for malaria and other diseases and in terms of logistics.
Also, with great respect for everything that has been done by UNICEF and WFP, we also need to try to engage the private sector more.

There have been some really, really important announcements today about support for the responders. We have moved very quickly to ensure that the money is available for pay and protection. I'll repeat again: Let's get those 20,000 PPEs [personal protective equipments] out of Abidjan. Again, it's a show of confidence to be able to do that. But what's really important is that the European Commission and the United States have committed to medical evacuation. This is really, really critical and has been the stumbling block for getting skilled health personnel onsite.

One of the things that I think we have to continue to stress, and Secretary Greening made the point, is that spending more now is the smartest thing we can do. Don't hold back. We have not. We are very glad to hear from Juergen [Germany] that we can go back to the Board and ask for more money if we need it at the World Bank Group. This is a great, great investment. Literally, every dollar spent now saves three, four, five, multiples later.

Finally, one of the things that we now need is to start thinking about the Marshall Plan for reigniting these economies.

Now, let me address specifically an issue that was raised by Donald [Kaberuka] and Minister Ngozi. It is really important that we try not to do harm. On the other thing, the only thing that will truly stop the aversion behavior that we see -- remember, our report showed that 80 to 90 percent of the economic impact is not from the virus itself, it's from the aversion behavior around the response.

The only way to stop the aversion behavior is to get a fully adequate, effective response on the ground. So, we have to be very careful with what we say. We have to celebrate the success of Senegal and Nigeria and make sure that Africa is open for business in all these countries. But what we have seen over time is the only way to stop the aversion behavior is to treat, to care for, to stop new infections on the ground.

I come out of this meeting today much more optimistic than even when I walked in. I thank you for all of your commitment and we have written everything down and we will hold you to it.