

STATEMENT BY
H.E. AUGUSTINE KPEHE NGAFUAN,
MINISTER OF FOREIGN AFFAIRS OF THE REPUBLIC OF LIBERIA
AT THE EXTRAORDINARY MEETING OF THE EXECUTIVE COUNCIL OF THE AFRICAN
UNION (AU)
ON THE EBOLA OUTBREAK
ADDIS ABABA, ETHIOPIA
SEPTEMBER 8, 2014

Madam Proxy of the Foreign Minister of Mauritania, Chairperson of the AU Executive Council;

H.E. Dr. Nkosazana Dlamini Zuma, Chairperson of the AU Commission;

Mr. Carlos Lopes, UN Under-Secretary General and Executive Secretary of the Economic Commission of Africa (ECA;)

Representatives of the WHO, AfDB and other Partners;

Ministers of Foreign Affairs and Ministers of Health present;

Distinguished Ladies and Gentlemen:

Let me begin by commending the African Union Commission for convening this extraordinary meeting of the Executive Council to discuss the “expanding crisis of Ebola with a view to developing a common understanding of the epidemic and a collective approach in effectively addressing this unprecedented spread of the killer disease.” We note that this meeting is also intended to, among other things, “develop a common understanding of the related challenges and thoroughly discuss all Ebola related issues, including the evolution of the killer

disease, the policies put in place in different Member States to combat the crisis, the effects of closing borders and free movements of populations across borders, suspension of flights to affected countries, and stigmatization of nationals from affected countries."

Esteemed Colleagues,

Since the formation of our continental body in 1963, countless meetings have been convened at the continental level to discuss political, security, economic and other forms of crises. Rarely has a health crisis been elevated to such a high level of significance as to warrant the convening of an extraordinary meeting of the Executive Council. This only testifies to the fact that the AU takes this Ebola crisis and its deleterious effects on the affected countries and the wider African continent very seriously. So let me commend the Chairperson of the AU Commission, H. E. Mrs. Nkosazana Dlamini Zuma and the entire AU family for such farsighted and timely action.

I come from Liberia, a small country in West Africa with a population of nearly 4 million persons; a country, which for the most part of fourteen years spanning 1989 and 2003, was mired in one of the worst civil conflicts our continent has ever witnessed. I come from Liberia, a country which, in August of 2013, celebrated ten consecutive years of un-interrupted peace and stability. During this period, two successive democratic elections acclaimed as free, fair and transparent were held; and the country had begun taking some giant steps, amidst huge challenges, on the highroad of recovery and development.

But on March 22, 2014, the Ebola Virus Disease (EVD), having begun in the remote parts of Guinea in late 2013 entered the Liberian border city of Foya, which sits at the intersection of both Guinea and Sierra Leone. Since then, in spite of measures instituted by the Liberian Government and people buttressed by the international community, the Ebola virus continues to spread its deadly

tentacles and has, as at September 6, 2014, claimed a total of **1,114** lives within a total of **1915** confirmed, probable, and suspected cases.

Besides the toll it has taken on our society in terms of loss of human lives, the Ebola Virus Disease could not have hit us at a more inauspicious time. The wider health care delivery system is being undermined and there are concerns from our health authorities about the potential for cholera or measles epidemics in the coming months. We expect GDP growth to plummet by more than 2% from the previous projection of 5.9% as the agriculture and other critical sectors of our economy suffer paralysis. In a sense, the presence of Ebola is equivalent to pressing the pause button on the progress of our country as practically every sector of our society is being negatively affected.

The Government of Liberia and its partners, including the World Health Organization (WHO), Medecins Sans Frontiers (MSF), the US Centers of Disease Control (CDC), UNICEF, USAID, UNFPA and many others have been working tooth and nail to bring the disease under control. Recognizing the gravity of the situation, the Government declared a State of Emergency under which the Government has taken a slew of other measures including the suspension of school, the sending of non-essential government workers on compulsory leave, and the implementation of rigorous exit screening and control measures at all airports and seaports in Liberia. In July of this year, the Government of Liberia, with support from the WHO, developed a six-month, **US\$21 million Operational Plan for the Accelerated Response against the Ebola Epidemic**.

However, no sooner had the Operational Plan been launched than it became evident that the scale of the crisis was so huge that it would require much more in terms of financial and other resources to contain the virus. In its latest **Ebola Response Roadmap** issued on August 28, 2014, the WHO estimates that it would cost **US\$257 million** to roll out the full Ebola intervention package with the aim to

contain the virus within six months in the three most affected countries – Liberia, Guinea, and Sierra Leone. Liberia alone is estimated to require a total of **US\$145 million** to effectively contain the virus in the next six months.

Liberia applauds the recent contribution by the AU of the amount of **US\$150,000** to our Special Ebola Trust Fund Account and the AU's commitment to deploy upwards of 30 critically needed medical personnel to Liberia for a period of six-months to assist us combat Ebola. We were also honored to have hosted in Liberia last week a three-member AU Assessment Team which came to smoothen the ground for the full roll-out of the AU Commission's Support to Ebola Outbreak in West Africa (ASEOWA) under which nearly 100 medical personnel would be deployed to Liberia, Guinea, and Sierra Leone over the next six months. We also laud all African countries that will be contributing personnel to the AU medical contingents that will shortly be deployed in West Africa.

Madam Chair, Esteemed Colleagues,

Liberia can never stop being grateful to all members of the international community, which include some African countries that have contributed cash and kind to assist our fight against Ebola. Among African countries deserving special mention are the Federal Republic of Nigeria for committing US\$500,000 to assist our fight; the Democratic Republic of Congo for recently deploying a six-member medical assessment team to Liberia in advance of the deployment of a larger group of medical experts to Liberia; the Republic of Ghana for committing to assist in airlifting critically needed humanitarian supplies to the worst affected countries; and the Kingdom of Morocco for maintaining flights of its national carrier, the Royal Air Maroc, to and from Monrovia. The Royal Air Maroc is the only African airline still flying to Liberia. The only other airline still flying to Liberia is SN Brussels of Belgium.

But as we grapple tooth and nail with the killer disease, we have unfortunately been buffeted with a spate of actions ranging from the suspension of flights by commercial airlines to the refusal or reluctance of some of our fellow African countries to allow even humanitarian flights destined to our countries to refuel or make technical stops in their countries. Some of our fellow African countries have even gone as far as imposing “total travel bans” on all persons (except their own citizens) from Liberia and other worst-hit countries. We have also had situations where Liberian students previously admitted into undergraduate and graduate programs in some African countries have been denied the opportunity to travel to pursue their education despite their willingness to subject themselves to whatever level of screening.

Liberia is troubled to note that some African countries are still frantically implementing these extremely disproportionate measures even in light of advice from the WHO and other international bodies warning against these restrictions. What is even more heart-rending and ironical is that no country in Europe, Asia, the Americas, or elsewhere has done to us what some of our fellow African countries have done to us. Some of these countries taking these exaggerated measures do not share contiguous borders with any of the affected countries and receive far less travellers from our region as compared to some countries in Europe or the United States that have not imposed total travel bans on us but have instead instituted screening procedures and other safeguards at their airports and other ports of entry. Such extremely harsh measures as total travel bans border on blanket stigmatization of countries affected by Ebola. We therefore call on those African countries proceeding on this track to reconsider their actions.

In order to fully appreciate the moral dimensions of these overly harsh measures, we urge our brothers and sisters from those countries imposing them against Ebola affected countries to pause for a moment and imagine what would

happen if all other countries in the world were to treat Ebola affected countries in the same way as you are doing. While we do not contest your right to protect, first and foremost, the interest of your citizens and residents, we however feel that if we all should remain true to our often-touted commitment to African solidarity and the ideals of the founding fathers of the OAU/AU, you should institute measures that not only protect your own citizens and residents but also promote the greater good of African solidarity, which imposes an obligation on all African states not to make it doubly difficult for Ebola afflicted countries to quickly unshackle themselves from the grips of the deadly virus. Yes, we deeply mourn and regret the loss of a little upwards of 2,000 persons in our region as a result of the Ebola virus. But if we juxtapose this figure with the combined population of Guinea, Liberia, and Sierra Leone (the worst affected countries) which stands above 20 million, we will quickly realize the extent of the unfairness and harshness of some of the measures and restrictions that have been imposed by some African countries.

Madam Chair, Esteemed Colleagues,

Lest we forget, up until 1976 our continent or mankind in general did not know or experience anything called Ebola. Also up until the 1980's mankind did not know or experience anything called HIV/AIDS. Again until December 2013 when a different strand of the Ebola virus emerge from the jungle and began to infect people in the remote parts of Guinea, the widely held belief was that Ebola was a Central or East African problem. So although we pray against the outbreak of new virus diseases or the re-occurrence of old virus diseases in the future, we cannot rule out this possibility 100%, as we do not know when or where next our continent could face another major public health challenge.

Therefore, if we allow hysteria and paranoia to underpin our reactions to this Ebola outbreak, we would create a legacy of blanket stigmatization and

unnecessary restrictions, which would be tantamount to unwittingly writing a dangerous prescription for how countries on our continent should be treated whenever they get afflicted with any public health challenge in the future. It is this grim possibility that we all, as African nations, must avoid by revisiting all measures that are not consistent with expert advice but only fly in the face of African solidarity and integration.

Thank You.