toration of essential services, UNMEER established a liaison office in Dakar. An estimated 86 per cent of Ebola treatment units and community care centres in the affected countries had functional water, sanitation and hygiene facilities. To help reduce further spread of the disease, UNICEF provided more than 160,000 households with safe water, sanitation and hygiene kits and support.

According to a study by the United Nations Development Programme and the Economic Commission for Africa, prices increased on vegetable oil, rice and potatoes by 20 to 30 per cent in some rural areas of Liberia and the price of rice had increased by at least 30 per cent in Sierra Leone. Foreign investors suspended activities and cross-border trade collapsed due to border closures. Household incomes suffered across all three countries, along with an increase in job loss. In response, social safety net cash transfer programmes were being provided for people who had lost their livelihoods, including in Liberia to bush meat traders affected by the preventive ban on bush meat. In Sierra Leone, 5,000 vulnerable households and 1,250 youth were being targeted through cash-for-work and skill-building for alternative livelihood programmes. In addition, a high-level meeting convened by WHO (Geneva, 11–12 December) on strengthening health systems and resilience in Guinea, Liberia and Sierra Leone aimed to lay the foundation for stronger health systems and identified main constraints and challenges in rebuilding and developing more resilient health systems, among other goals.

The Ebola outbreak was still a public health emergency of international concern and the UN system would continue scaling up its efforts. More than $1.16 billion had been received, committed or pledged by donors to fund the revised overview of needs and requirements for the outbreak. The Ebola Response Multi-Partner Trust Fund had received $141 million in commitments, pledges and deposits. Nonetheless, the amounts committed still fell short of the required $1.5 billion. Skilled international personnel were needed to establish and sustain district-level Ebola treatment units, as well as epidemiologists and infection prevention and control experts. Although tremendous progress had been achieved the risk of retransmission and the possibility of another outbreak was present as long as there were active cases.

Financing of UNMEER

Report of Secretary-General. A 17 November report [A/69/590 & Corr.1] of the Secretary-General on the Office of the Special Envoy on Ebola and UNMEER contained proposals for revised estimates of the programme budget for the biennium 2014–2015. Three mechanisms were identified as funding sources: direct funding from the regular assessed budget for the Office of the Special Envoy and UNMEER for leadership, coordination and facilitation of the overall response to the outbreak; direct voluntary funding provided to agencies, funds and programmes implementing the global strategic response plan in the affected countries; and the Ebola Response Multi-Partner Trust Fund for the allocation of funds to meet priority needs, encourage early donor contributions and allow a rapid response to unforeseen requirements. Additional resources needed were estimated to be in the amount of $189,593,900 (net of staff assessment) for 376 positions in the Office of the Special Envoy and UNMEER, and 20 positions in 2014 and 9 positions in 2015 at Headquarters for backstopping and operational costs.

Emergency operational response activities were estimated at $1.5 billion, to be funded through voluntary contributions received by the agencies, funds and programmes, including the Trust Fund. The total estimated resource requirements for the immediate response by the UN system were some $1.7 billion. From the emergency response phase to the development and recovery phase, the wider UN system intervention in the affected countries was estimated at $4.2 billion.

ACABQ report. In its 16 December report [A/69/660], ACABQ noted that it had not received the requested update on the status of expenditures as at 30 November 2014 and asked that such information be provided to the General Assembly. The Committee was concerned that the Secretary-General’s report lacked clarity and/or detail in many elements and recommended that the Assembly request the Secretary-General to submit a more detailed budget proposal at the second part of the resumed sixty-ninth (2015) session. ACABQ recommended that the Assembly establish a separate and distinct special account for income and expenditures related to the Office of the Special Envoy and UNMEER, and authorize the Secretary-General to enter into commitments in the amount of $104,582,400, inclusive of the amount of $49,943,600 authorized in resolution 69/3 (see p. 1361) for the Office of the Special Envoy and UNMEER for the period from 19 September 2014 to 30 June 2015, pending the submission of the more detailed budget. The Committee emphasized that the recommendations were made without prejudice to any recommendation it might make to the Assembly when considering the detailed budget submission or any decision by the Assembly regarding the Mission’s organizational structure, staffing and operational requirements.

Global public health

The sixty-seventh session of the World Health Assembly (Geneva, 19–24 May) [WHA67/2013/REC/1] discussed public health issues such as tuberculosis, viral hepatitis, psoriasis, exposure to mercury and mercury compounds, traditional medicine, access