

On efforts to combat malaria, the Secretary-General appointed a special envoy to mobilize political commitment and raise awareness of the need to reduce road traffic crashes and their consequences on public health and development. For the third UN Global Road Safety Week in May, events took place in at least 105 countries, and the associated #SaveKidsLives campaign generated action rpn7TJa-0.005 Tc -0.0o called for by target 3.6 of the newly adopted Sustainable Development Goals (sdgs).

Concurrent Level 2 and Level 3 emergencies during the year required institution-wide responses from the World Food Programme (wfp) as it continued to reach the world's most vulnerable people with lifesaving food assistance. Working with over 1,000 non-governmental organizations, wfp directly assisted 76.7 million people—most of them women and children—in 81 countries through 201 projects. Wfp responded to severe, complex emergencies in Iraq, South Sudan, Yemen, the Syria region and Response (unmeer) continued to coordinate all actors responding to the Ebola virus disease outbreak in accordance with a commonly agreed operational framework under the leadership of the host Governments. UN-system efforts focused on finding people with the disease and following-up with their contacts; treating people with the disease; safe and dignified burials; and community engagement. Early case detection, reinforcement of alerts and

establishing the focused coordination of responders, unmeer closed on 31 July. On 1 August, oversight of the UN-system Ebola emergency response was transferred to the World Health Organization (who). Additional response activities included the second who high-level meeting on Ebola vaccine access and financing, which focused on efforts to develop and make Ebola vaccines available to affected communities; and the International Ebola Recovery Conference, which focused on targeted investments in the three Ebola-affected countries in a way that contributed to building back better and ensuring greater resilience.

On the occasion of the UN summit for the adoption of the post-2015 development agenda in September, who issued the

infections had occurred. Specific groups were also being disproportionately affected by hiv in many countries. In sub-Saharan Africa, women constituted 57 per cent of adults (15 years of age or over) living with hiv and on average, they acquired hiv between five to seven years earlier than did men.

The Secretary-General recommended that international donors, Governments, civil society, the UN system and other key partners implement a series of joint actions to enhance aids response efforts. He noted that a strong focus on aids needed to continue, to ensure that gains were preserved and built upon, and that linkages with the aids response were promoted across the post-2015 sustainable development agenda, particularly in the areas of poverty reduction, employment creation and empowerment of women and girls. Efforts needed to focus on specific locations and populations that were being left behind, and to ensure that resources and programming were targeted to need and grounded in human rights and gender equality. On the goal of achieving zero discrimination, the Secretary-General recommended that indicators for measuring reductions in stigmatization, discrimination and human rights violations be developed.



The WHO Framework Convention on Tobacco Control (fctc) was adopted by the World Health Assembly in 2003 [YUN 2003, p. 1251] and entered into force in 2005 [YUN 2005, p. 1328]. It facilitated an internationally coordinated response to combating the tobacco epidemic and set out specific steps for Governments to take. At the end of 2015, 179 States and the European Union were parties to the Convention.

By focusing on inequalities and presenting new ideas for progress, the report underlined the challenge of achieving universal access post-2015.

. In a letter [A/C.2/70/5] dated 26 August, the Permanent Representative of Tajikistan to the United Nations transmitted the outcome documents of the High-level International Conference (Dushanbe, Tajikistan, 9–10 June) on the Implementation of the International Decade for Action “Water for Life”, 2005–2015 (see p. 000).

On 27 May, the Secretary-General transmitted to the General Assembly the report [A/69/916] of the who Director General submitted in accordance with Assembly resolution 68/308 [YUN 2014, p. 1351] on consolidating gains and accelerating efforts to control and eliminate malaria in developing countries, particularly in Africa, by 2015. Using the latest available data from malaria-endemic countries and a range of organizations, the Director General reviewed progress made in the implementation of resolution 68/308; the adoption and scaling-up of interventions recommended by who for malaria-endemic countries; and

On 23 December (Resolution 70/554), the General Assembly decided that agenda item “2001–2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa” would remain for consideration during its resumed seventieth (2016) session.

#### *World Health Organization*

The second high-level meeting on Ebola vaccine access and financing (Geneva, 8 January) took stock of efforts to develop and make Ebola vaccines available to communities that had been ravaged by the disease. Progress had come at an unprecedented pace in the context of vaccine development, and participants focused on technical issues pertinent to policymakers, with an emphasis on maintaining the momentum that had been built since the first meeting [YUN 2014, p. 1361]. More than 90 participants were in attendance, including representatives of national and university research institutions, government health agencies, ministries of health and foreign affairs, national security councils and several offices of Prime Ministers and Presidents. Also

sembly, the Secretary-General reviewed the activities from 1 January to 1 February that had been carried out by the Special Envoy on Ebola and the United Nations Mission for Ebola Emergency Response (unmeer) in pursuance of General Assembly resolution 69/1 [YUN 2014, p. 1360] and since his previous update [YUN 2014, p. 1364]. He reported that as at 1 February, a total of 22,495 confirmed, probable and suspected cases of Ebola had been reported in four affected countries (Guinea, Liberia, Sierra Leone, United Kingdom of Great Britain and Northern Ireland) and five previously affected countries (Mali, Nigeria, Senegal, Spain, United States of America). A total of 8,981 people had died of Ebola as of the reporting period. There were 124 new confirmed cases reported in the week to 1 February, including 39 in Guinea, 5 in Liberia and 80 in Sierra Leone. Mali was declared Ebola free on 18 January after a period of 42 days without registering a new case. That success in containing the outbreak was largely due to the Government's early and robust efforts in prevention and preparedness, its timely response once cases were reported, and the proactive technical and financial

In the letter [A/69/871] dated 16 April covering the



The identification of that first confirmed case in three months in Liberia demonstrated the importance of heightened surveillance and the need for continued vigilance, and who was working with partners in Liberia to trace all contacts, identify the source of infection and assess levels of risk. In areas of continuing transmission, community engagement, safe burials, case finding, targeted active surveillance and contact tracing were being strengthened to ensure that remaining chains of transmission were detected, contained and stopped. Community engagement remained of particular importance because resistance to the response continued to be a concern. Communities were and would continue to be the driving force of the response as efforts to identify and uproot the triggers of transmission in the remaining affected localities continued. The leadership, technical expertise and coordination of who in reaching and remaining at zero cases were increasingly critical. With a view to strengthening efforts on the ground and addressing remaining hotspots, Operation Northern Push in Sierra Leone and a campaign of reinforced surveillance in Guinea were being implemented. In Sierra Leone, the unmeer transition process had been completed and its operational functions were handed over to national partners and UN agencies, funds and programmes on 30 June. In Guinea, unmeer would hand over all operations by 31 July.

**J R** . In a letter [A/69/1014] dated 1 September covering developments from 1 to 31 July, the Secretary-General reported that he had announced the closure of unmeer on 31 July, marking an important milestone in the global Ebola response. The Mission had contributed to scaling up the response in the affected countries and established focused coordination of responders, thus fulfilling its core objectives. On 1 August, oversight of the UN system's Ebola emergency response was fully transferred from unmeer to who, under the direct authority of the who Director General. The response continued to require a high level of intensified inter-agency collaboration and support for Governments in order to end the outbreak. To maintain the high-level, dedicated UN leadership needed to reach zero cases, the Secretary-General determined that Ebola crisis managers would remain in the affected countries beyond the Mission's lifespan under who oversight, with the support of the resident coordinators and UN country teams, until the end of December 2015 and possibly beyond, subject to a reassessment of exigencies on the ground. In another development, who announced on 31 July that a vaccine trial in Guinea had yielded promising results. The vaccine had yet to be licensed or recommended outside clinical trial

Annex 1

**R.** A 27 March report [A/69/842] 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. It was estimated that additional resources in the amount of \$88,094,000 (net of staff assessment) would be required for the biennium.

The report proposed a reorganization of staff structure with personnel relocated/redeployed from unmeer headquarters in Accra to unmeer country offices in Guinea, Liberia and Sierra Leone to tackle the Ebola outbreak at the district level. It also proposed positions at Headquarters for backstopping; operational costs under various sections of the programme budget; and some positions at the Regional Service (d)-1n3uahe bn



lar (9–10 February), annual (25–28 May) and second





for Food Security and Nutrition in Protracted Crises, which was intended to guide the development, implementation and monitoring of policies and actions to improve food security and nutrition in protracted crisis situations in a way that responded to the specific challenges of those situations; avoided exacerbating underlying causes; and, where possible, contributed to resolving them. The Committee requested that the General Assembly, through the Economic and Social Council, endorse and ensure the wide dissemination of the Framework for Action to all relevant UN organizations and agencies. The Committee adopted its Multi-Year Programme of Work for the biennium 2016–2017 and endorsed the fourth version of the Global Strategic Framework for Food Security and Nutrition. The Committee also endorsed the adoption of the Multi-Year Programme of Work for the biennium 2016–2017 and endorsed the fourth version of the Global Strategic Framework for Food Security and Nutrition.





Implementation Plan on Maternal, Infant and Young Child Nutrition [YUN 2012, p. 1175], which called for the global monitoring framework to provide accountability for actions implemented, including through the design of in-country nutrition surveillance systems based on indicators that would facilitate reporting on malnutrition and shape policies and programmes towards achieving the global nutrition targets. The report noted that the global monitoring framework would comprise two sets of indicators: a core set, to be reported on by all countries; and an extended set, from which countries would select those indicators that suited their specific epidemiological patterns and the actions to be implemented in response to their priority nutrition challenges. The report included 14 draft indicators: five on intermediate outcomes, six on process and three on policy environment and capacity. In addition to the seven outcome indicators already

approved, the additions meant a total of 21 indicators constituted the core set.

On 26 May 2015, through decision WHA68(14), the sixty-eighth World Health Assembly approved the additional core indicators for the global monitoring framework on maternal, infant and young child nutrition; recommended that Member States report on the entire core set of indicators starting in 2016; requested the Director General to provide additional operational guidance on how to generate the necessary data for indicators in different country contexts; requested the Director General to review the indicators for the extended set and provide details of the definitions of those indicators, the availability of data and the criteria for their applicability to different country contexts; and recommended a review of the global nutrition monitoring framework in 2020.