



World Health Organization

Press conference on support to Ebola affected countries

12 September 2014

Speaker Key

TJ	Tarik Jasarevic
MC	Margaret Chan
RM	Roberto Morales Ojeda
JC	Jamil Chade
CE	Carmen Esquivel
IS	Isabel Saco
AG	Anne Gulland
MA	Maria Cheng
MF	Miriam Falco
JK	Jean-Pierre Kapp
GS	Gabriela Sotomayor
KK	Kate Kelland
ME	Marc Engelhardt

TJ Good morning to everyone here at the World Health Organization headquarters in Geneva and to journalists who are dialling in from different locations. My name is Tarik Jasarevic and I welcome you to this virtual press briefing on Ebola outbreak that is taking place again here in Geneva, this Friday, September 12th, 2014. Today with us we have His Excellency, Minister of Public Health of Cuba, Dr Roberto Morales Ojeda, and WHO Director-General, Dr Margaret Chan. Before we go to opening statements just to remind you that we will have an audio file available on our website fairly soon after the press briefing. Also, we will have a transcript of the press briefing and the video file a little bit later in a day. So, without further delay I will invite Dr Roberto Morales Ojeda, Minister of Public Health of Cuba to make his statement.

RM Good morning. Thank you very much to all of you for being here today. The purpose of our visit to Geneva has been to meet the Director-General of the World Health Organization, Dr Margaret Chan, to respond on behalf of the Cuban Government to the help request made by her and by the Secretary-General of the United Nations, Mr Ban Ki-moon,

to the President of the Councils of State and Ministers, Army General Raúl Castro Ruz, as part of the global effort that must be carried out to fight the Ebola epidemic in West Africa.

The Cuban Government, as it has always done in this 55 years of revolution, has decided to participate in this global effort under the coordination of WHO to face this dramatic situation in West Africa. At the same time, it calls the governments and ministers of health of all countries to join the fight against this scourge.

Since the first moment Cuba decided to keep the medical brigades working in Africa, in Sierra Leone where we have 23 collaborators and in Guinea-Conakry where we have 16. In the case of Guinea-Conakry they were on their vacation in Cuba and this allowed to give them extra preparation and to hand out the PPE to avoid that they get sick and to prepare them, always prior, with the volunteering of going back to the country and stay working there.

The aid to be offered will be through WHO consisting of selected human resources based on all of those who have voluntarily stated their willingness to work together side-by-side with doctors from any countries beside it, including the USA.

We will cooperate with Africa, 165 collaborators consisting of 62 doctors and 103 nurses. All of them have more than 15 years of professional experience and have worked in other countries facing natural and epidemiological disasters and also have worked in medical cooperation missions, 23 per cent of them, more than once.

In coordination with WHO we have decided to establish this collaboration in Sierra Leone, taking into account the background of the work of the medical brigade that is already there that, as I explained before, has 23 health workers there.

So, that after the call made by the Director-General and Secretary-General from the UN and by the call that we are making today, the rest of the countries can also collaborate with the affected countries. In addition, we have taken measures in our country, as part of the international control, on the arrival and departure of travellers and we have strengthened the National Hygienic Epidemiological Surveillance System.

This Cuban response has had as its premise the fact that the revolution did not wait for the development of its health services to provide help to other countries. Only one year after its triumph in 1960 the first international medical aid was offered to Chile to take care of victims of an earthquake and on May 23rd, 1963, the first Cuban medical brigade left for Chile consisting of 55 collaborators to provide their services for a year.

In the 1970s this solidarity collaboration was brought into Latin America, Africa and Asia and in 1998, with the hurricanes George and Mitch in the Caribbean and Central America, the Health Comprehensive Programme started, a programme where more than 25,000 health professionals have been involved in 32 countries.

Cuba has also contributed to the training of professional of the medical sciences from 121 countries of Asia, Africa and America. It has graduated more than 38,000 physicians to date, out of which 24,486 belong to the graduations of the Latin American School of Medicine

inaugurated by our Commander-in-Chief, Fidel Castro Ruz, in November 1999, as a complement to the sustainability of the health comprehensive programme.

Currently, we collaborate with teachers in the training of medical science human resources in ten countries with an enrolment of 29,580 students. One of the most sensitive and humane programmes, Operation Miracle, for which we have the collaboration of the World Bank and Republic of Venezuela, began in July 2004. We have cooperated in 35 countries and 2,890,469 patients, 36,336 from Africa, have improved or recovered their vision.

After the strike of the Hurricane Katrina to the city of New Orleans, the Henry Reeve Medical Brigade of doctors specialised in handling disasters and large epidemics was created on September 19, 2005. At the time, 10,000 medical doctors offered themselves to help the US people but this help was not accepted by the US government. Nonetheless, from that moment on, 39 brigades have been present in emergency situations in 23 countries.

Disability, as one of the most pressing problems in our countries led, since 2008, to a psychosocial and clinical genetic study of this population. This allowed us to reach the home of 1.5 million people with disabilities in Venezuela, Ecuador, Nicaragua, Bolivia and Saint Vincent and the Grenadines.

In Africa, 76,744 health collaborators have been to 39 countries since the beginning of the cooperation, to date. Currently, there are 4,048 cooperators in 32 countries, out of which 2,269 are medical doctors. Cuba is present today in 66 countries with 50,731 health workers; 64.6% out of them are women and 25,412 are physicians.

During these years of cooperation our medical workers have made more than 207 billion medical consultations, more than two million deliveries, eight million surgical interventions and more than 12 million children and pregnant women have been immunised.

As it can be seen, our participation in facing Ebola in West Africa is not an isolated event. It is part of support and solidarity that Cuba has provided in these 55 years of revolution in areas such as education, sports, culture, science and particularly in the field of health under the principle of not giving what is left over but of sharing what we have.

On behalf of the Cuban Government, we reiterate the call to other governments and ministers of health of all countries to join this global effort at a time when Africa is in urgent need of international solidarity. Thank you very much.

TJ Thank you very much Dr Morales Ojeda for this intervention. I give the floor now to Dr Margaret Chan.

MC Good morning to members of the media. Thank you for coming. The Ebola outbreak that is ravaging parts of West Africa is the largest, most severe and most complex in the nearly four-decade history of this disease. This is Ebola Zaire and the most deadly in the Ebola family of viruses. This is a dreaded virus that is highly contagious but only under two very specific settings: first, during care of patients at home by family members or in hospital

setting without proper protection against infection; second, during certain traditional burial practices that involve close contact with a highly infectious corpse.

In the three hardest hit countries – Guinea, Liberia and Sierra Leone – the number of new cases is moving far faster than the capacity to manage them in Ebola-specific treatment centres. For example, in Liberia, an Ebola treatment facility set up jointly by the World Health Organisation and the Ministry of Health was recently set up to manage 30 patients but had more than 70 patients as soon as it opened.

Today, there is not one single bed available for the treatment of an Ebola patient in the entire country in Liberia. Our response is running short on nearly everything from PPE, body bags, to mobile laboratories to isolation wards but the thing we need most of all his people, healthcare workers. The right people, the right specialists and specialists who are appropriately trained and know how to keep themselves safe is most important to stop the transmission of Ebola. Money, materials are important but those alone could not stop the Ebola transmission. As I said, human resource is most important and especially the needs for compassionate doctors and nurses who will know how to comfort patients despite the barriers of wearing a PPE suit and working in very demanding conditions.

Cuba is world famous for its ability to train outstanding doctors and nurses and it is world famous for its generosity in solidarity with countries on the route to progress. Mr Ban Ki-moon, the Secretary-General of the United Nations, and I separately talked to the leaders in the country, of course including His Excellency, President Raúl Castro and Minister Morales, Minister of Health in Cuba. We urged them to provide support to the fight of Ebola in West Africa and I'm extremely pleased that the minister himself, Minister Morales, travelled to Geneva yesterday and we held very intensive discussions and meetings and agree on concrete action to go forward as Cuban contribution to the fight of Ebola in West Africa.

I thank the many countries that have already been providing support to WHO and also to other UN agencies like UNICEF World Food Programme and, particularly, most importantly to the three countries but we need more actions. We need to surge at least two to four times in order catch up with the outbreaks that are happening fast in these countries. I hope the announcement today by the Cuban Government will stimulate more countries to surge their support. Thank you very much.

TJ Thank you very much, Dr Chan, and now we will open the floor to questions. For those who are dialling in, I just want to remind them that they should type 01 on their telephone keypad and that will place them in the queue to ask questions. We will start from the floor here and we will take three questions in one go to try to make this flowing better. So, I have Jamil, I have Carmen and I have Isabel. Please state your name, your agency and to whom your question goes to, thank you.

JC Minister, I am Jamil Chade, Estado de São Paulo, Brazil. Dr Morales, we would like to know from where this 165 medical workers are coming from. And to Madame Chan, you said about you are calling other countries to help. We hear that China has a lot of doctors and presence in Africa. Are you debating with China to also send doctors? Thank you.

TJ Thank you very much. Maybe you can translate both questions before we take another one. Okay, thank you. Let's take the question from Carmen. Just a second please, wait for the microphone and if you can say your name and which agency.

CE Carmen Esquivel, correspondent with Prensa Latina. My questions go to the Director-General. There have been several calls for international solidarity here but what would happen in the scenario that no one will come forward for this global help? And the second question why do you think such a small country as Cuba has been the one that is the first one to provide this help.

TJ Thank for those questions. We will take a third question from Isabel and then we will try to answer those.

IS Isabel Saco with the Spanish New Agency, EFE. My question joins a little bit the other two because it's in the sense of what is the rationale to concentrate these medical human resources in Sierra Leone. And, as Minister Morales said, Cuba has already also a team in Guinea-Conakry, so why not send in, also, part of this big team, 165 team, to Guinea-Conakry? And if the idea is better to concentrate and really to tackle the situation in one place instead of go little-by-little in several places and to arrive nowhere. And the second question is, Madame Chan, if you have also other contacts with countries really ready to provide medical human resources?

TJ Thank you very much so maybe we can try to start answering questions. Maybe we can start with Dr Ojeda.

RM As we stated before this 165 people, which has a large number of doctors and nurses, are the human resources that are working currently in our facilities in Cuba that I stated before have already worked in missions abroad, 23% of them more than once. But the main effort of the country was to concert all the efforts in one particular place in order not to scatter our force, in order for them to join together to try to avoid any mistake in case they get tired because it's hard work they have been carrying out. We also would like to say that we are going to do this, of course, under the WHO with the WHO resources. We are going to be placing only the human capital and this capital, as we speak, has been receiving training in Cuba under the leadership of Pedro Kourí Tropical Medicine Institute to provide them with all the necessary means and knowledge to be able to achieve this task. Also, to say that, as said before, this medical brigade of 23 people that we have in Sierra Leone will be collaborating with this as well as the brigade that we have in Guinea-Conakry that were in vacation in Cuba and this allows the possibility of giving them extra training so that when they get to the country, they get back more prepared and with the resources to face the disease although they are not directly linked to deal with the disease.

TJ Thank you very much, Dr Ojeda. Dr Chan, please.

MC Thank you very much and I shall not repeat the answers that have been provided by Minister Morales. There were some specific questions to me. The first one is did I call on other countries? The answer is yes. And what about China? Well, for your information, China

already had medical teams in the three countries and they have added more doctors and in our discussion with the Chinese authority they are prepared to do more. And the question about what if nobody comes forward. I would like to think positive because I was talking to Mr Secretary-General just last night and he has been talking to world leaders, himself, and we have been, the WHO, my colleagues have been talking to world leaders, particularly UK, US, France, EU, South Africa, China and they are all very positive. It's just a matter of getting the details; how many people, what material and where. So, I'm quite positive that more support will be forthcoming. Now, just to be clear that, as I said at the beginning, countries are already providing support. That is not to say they are not. As we are speaking, US CDC, USAID, UK, the Public Health England, Canada, EU, Kuwait, Qatar, South Africa, DRC, Uganda; they are all coming forward to support. But the scale of the epidemic is so huge that we are talking about a big surge, a big scaling up, so I do not see the time... I'm quite positive so I hope that we don't see the scenario where no one... you said no one comes forward. I don't think so. People are already coming forward. Wait I have missed another question. No, I think I have answered the questions.

TJ Thank you, Dr Chan, for these answers. Now, we will go to take three questions from journalists who are online and I'm calling first on Anne Gulland from British Medical Journal to put forward her question.

AG Thank you very much for giving me the time. I just wondered these doctors from Cuba, doctors and nurses, would you be setting up a separate treatment centre or will they be working in already existing treatment centres? And also, Dr Chan, you mentioned that USAID and UK, etc, were providing aid. I think the UK has already said it is setting up a... the Department for International Development has said that it is going to set up a sort of field hospital. But are there no staff going with the field hospital? Is that purely materials? I just wanted a bit of clarification. Thank you.

TJ Thank you. Now, I'm calling on Maria Cheng from Associated Press to ask the question?

MA Hi. Thanks for taking my question. I'm just wondering if you could confirm that if this is the largest offer of help officially going to West Africa and maybe I missed it but is there particular reason they're going to Sierra Leone and not, say, Liberia. I think Dr Chan just mentioned that there's not a single bed available there for Ebola patients, so why Sierra Leone? Thank you.

TJ Thank you very much and we will take a third question and then we will go to answers. I am calling on Miriam Falco from CNN. Miriam.

MF You mentioned, as Maria just reiterated, there's not a single bed in Liberia. Another thing you also need is contact tracing. You have reiterated in previous press conferences how important that is to bring this outbreak under control. How many resources for that do you need? Can you give us exact numbers of how many doctors you need, nurses you need, resources for contact tracing? A week ago we were told that this would cost at least \$490

million, probably more. The US has pledged up to almost \$100 million. What specifically are you needing and who are you asking this for?

TJ Thank you very much. The majority of questions are for Dr Chan, so I will start with Dr Chan.

MC Thank you. Let me answer the question from Anne, BMJ. Yes, indeed, the UK Government has committed and I want to thank them for putting a field hospital in Sierra Leone and I was given to understand they have done reconnaissance to look at the site. It is important to get the appropriate site and site preparation before they move equipment, people and material to run the field hospital. Yes, they will provide some staff at the beginning and maybe then training up local staff so that they can have the capacity to do the work.

Now, the second question coming from Maria, I will answer part of it. Yes, so far this is the largest offer of doctors, nurses and other specialists like infectious disease control specialists and epidemiologists. And I will invite, of course, the minister to provide the answer why in Sierra Leone because this is a decision of discussion between Cuba and also Sierra Leone.

Now, on the last question I got, you are absolutely correct. We need more doctors and nurses, both coming from outside; we call it foreign medical teams. So, Cuba is an example, UK, and I know that the US and other countries will be making commitments but, to me, the most important piece is to make sure that we provide mechanisms to bring healthcare workers from the government to come back to work. As I said the World Bank and the African Development Bank and other countries are providing financial support so that healthcare workers get their pay, get their hazard incentive as well as insurance package and PPE to protect them and to get paid to come back to work.

Now, the exact number of doctors and nurses; let me give you a ballpark figure because it depends on the evolution of the epidemic. On an average for a 70 to 80 bed Ebola treatment centre we need about 200 doctors and nurses and other healthcare workers to look at cleaning as well as waste management. And within that 200 formulation we need roughly a ratio of 20:80; 20% from foreign countries who provide training, supervision and also management of centres and the local workers would be 80% of the formulation; they would be trained to be part of the team to provide care. Now, if we need ten treatment centres then we will times this unit measurement by ten. If we need eight, then we times this unit measurement by eight. So, this type of figure is not cut and dried today and it may change over the course. So, I hope I have given you a sense on where we are heading at this point in time and it is important for us to understand that we still need at least 500-600 doctors coming from both the countries and foreign medical teams and at least over 1,000 or more healthcare workers to man the existing centres and some of the centres that are under construction now. Thank you. Over to you, Minister Morales.

RM We would like to state that we have made a joint work at the WHO and the team that have come to Geneva to these talks along with the Cuban Government. We have established our work in one of the countries that has been most affected because already we have a medical brigade there that we have already established. We are going to be focusing our work

in the medical centres of health and also doing some work in the community clinics with the public health of the country and the government of the country to elaborate, also, a programme for prevention to try to finally stop this outbreak.

Just let me reiterate something that I have already stated on my previous statement which is that they are doctors that have voluntarily chosen to go here and have showed their willingness and are ready to work side-by-side in West Africa with doctors from all parts of the world, including the US.

TJ Thank you very much, Minister. We will take now three questions from the floor. Can we go first? And please be short because we will not have time, probably, to take all the questions.

JK Thank you very much. Jean-Pierre Kapp from Neue Zürcher Zeitung. My question is with the scenes we have seen now in the last in Liberia are the figures that WHO was dealing so far with, the 20,000 supposed or maybe cases, completely out of date. I mean, there seems to be thousands more, at least?

TJ Thank you. John, please.

JZ Good morning. John Zaracostas with McClatchy newspapers and medical and pharmaceutical journals. I was wondering, Minister, if your organisation is also doing basis research on a vaccine, given you have world class institutes like Finlay in Havana. And, secondly, to Dr Chan, who is coordinating this response or is there a risk of having a repeat of the fiasco with the cholera response in Haiti and the tsunami response in 2004 because of lack of coordination? Thank you.

TJ And we will take the last question in this round. Gabriella, please.

GS Gabriela Sotomayor, Mexican News Agency. My first question goes to Dr Morales. You have stated that you are ready to collaborate with workers even from the US. Do you think that they will refuse? Could you elaborate on that a little bit more? Dr Chan, at this moment, how many doctors and health workers are on the ground in the three countries; if you can update us on that, thank you.

TJ Dr Ojeda to reply.

RM To answer the first question our researchers and scientists, once this was decreed, this emergency situation by WHO, have gathered a team of experts that are already gathering the information but we are only at the initial stage. We cannot show any results yet but we are certain that the medical, pharmaceutical and biotechnological institutions in Cuba will work on this for a result, not only for cure but also for prevention.

In the case of the second question, yes, we have stated that we are willing to work with the US medical doctors, we are willing to work side-by-side with doctors from all parts of the world but it's hard to answer for them if they are willing to do the same. We only want to ratify that our willingness stands.

TJ Thank you very much. Dr Chan.

MC Thank you very much and, indeed, let me go straight to the three questions. You asked a question whether or not the estimate of 20,000 is out of date. Well, let me reinforce what I have been saying. That was an estimate by modelling but if the situation changes the number, of course, will change. We are also very cognisant of the fact that whatever number of cases and deaths we are reporting is an underestimate. To get the actual number we do need very good bottom up reporting from the districts and from the government, itself. So, we are now working with the US CDC, in particular, who is managing the data information to provide that capacity to the government so that we get better data as we move along.

John, you ask an extremely important question and coordination for such a big challenge was a huge complexity and also magnitude. Yes, what started off as a public health emergency has now a different dimension, the psychosocial dimension, the need for food and water supply and, of course, the need for security, so that healthcare workers and treatment centres, providers can work in a peaceful environment. So, as you can see, not just the complexity of the operation, itself, but also the number, very high number of actors from the UN entire system. We are grateful that the Secretary-General and other heads of agency are providing the other support to support the health response. But don't forget the affected countries, themselves, are in the leadership position at the country level and all in all, partners like MSF, Red Cross and other countries that I have already mentioned that are contributing either cash material or human resources require a platform for coordination.

And this is something we are discussing with the countries themselves and yesterday I was talking to the President of Sierra Leone and, of course, he's willing to take the leadership and he's also receptive to the idea that the coordination must involve all other actors and be inclusive so that the strategy going forward and the operational plan are discussed and agreed by all parties concerned. But let's not forget WHO has launched a roadmap to stop Ebola in the next six to nine months, so that provided the overarching direction and the strategy but the context-specific situations need to be fleshed-out at the country level with country leadership but supported by the UN and other partners. Yes, I just want to reinforce that there's a lot of commitment for transparency and for speedy decision-making and it requires all parties to be flexible in order to make the coordination easier.

The third point: how many doctors do we have on the ground? Now, let me share with you, WHO has successfully deployed doctors and experts from countries supporting us and including our own staff, close to about 500 but these are people that do not stay there all the time. They go there maybe for a month and two months and they need to rotate out because the conditions are really tough and you cannot put people there all the time so we do need to have the rotation arrangement. As we speak, at any time we have about 170, not just doctors, logisticians; these are important people and experts for providing infection control. I'm talking about foreign medical experts. Now, the local staff I don't have the number for you.

TJ Thank you very much. We are really running out of time but we will take two more questions from journalists who are online and I apologise in advance to all those who are not

able to ask questions. It takes some time get the answers and questions translated. I call on Kate Kelland from Reuters to come in.

KK Hi. Thanks for taking my question. First of all, I've got two questions. One of them is could you give us an updated death toll and case number toll for the region, please. And, secondly, I wonder whether you could help us with something. I understand that some of the blood from survivors of the Ebola virus in West Africa is now being used or is being thought of as something that could be used and there seems to be some kind of black market emerging in blood from survivors. I wondered whether you, Ms Chan, could comment on whether that is appropriate. Thank you.

TJ Thank you. We will take one more question. That's from Marc Engelhardt from DPA.

ME Thanks very much, Dr Chan. Basically, are you content with the international response you're getting on your roadmap you presented last week to us or do you feel that you don't get the necessary attention. Thanks.

MC Thank you, Marc, for that question. Based on our contacts with all the governments, I was in Washington talking to the World Bank to the US Government and to the UN in New York last week and Dr David Nabarro, together with Dr Keiji Fukuda and also Bruce Aylward has been talking to countries at capitals, in London, in Paris and in Brussels and we're going to have many other discussions. The sense that both Mr Secretary-General and I get are countries are truly, truly committed and they want to understand exactly what is needed from the countries so that they can provide the support. So, we will work with our colleagues, especially with the affected countries in the next day or two to provide more specificity on what number of PPE is needed, what about human resources, what about body bags, etc. Providing that kind of specificity and demand forecast are things that will be needed in the next two days. I'm positive and optimistic that countries would provide the support.

Now, on the question coming from Kate. Yes, I'll give you an update, mindful of the fact that these are figures that we can track but, you know, it could be an underestimate. As of 12th September, which is today, we have received reports on 4,784 cases and more than 2,400 deaths. Now, on your second question, you recall WHO organised a meeting last week on Thursday and Friday discussing with 150 scientists from different parts of the world and including more than 20 scientists from Africa. One of the recommendations coming out from that meeting is we need to fast-track work on the convalescent serum as one promising treatment intervention, so we are doing this. And, of course, you know, this is part of our discussion with Minister Morales about Cuba's contribution in this area. You mentioned about black market and this is something we need to work very closely with the affected countries to stem out black market trading of convalescent serum for two reasons; because it is in the interest of individuals not to just get convalescent serum without properly done going through the proper standard and the proper testing because it is important that there may be other infectious vectors that we need to look at. So, we will certainly bring this matter to the attention of governments and work with them to stamp out any black market activity.

The use of convalescent serum has to be done properly and in evidence-based mechanisms and also a setting that is appropriate for the use of the convalescent serum. Thank.

TJ Thank you very much, Dr Chan. Thank you also very much Dr Morale Ojeda. This concludes our press briefing. Just to remind you that we will have an audio file on our website very soon and transcript and video material, as well, a little bit later. Thank you again. My apologies, the last answers from Dr Chan have to be translated. I'm sorry for this. Okay, well thank you very much again. Apologies for this and I would really like to thank you, the translator, because you did an excellent job, it wasn't very easy. Again, thank you everyone and have a nice day.