CH Good morning. Thank you for coming in and thank you for calling in. I suppose it’s evening and wee hours of the morning for some of you, but it’s 11 o’clock here in Geneva, at the WHO Headquarters, and I want to welcome you to this virtual press conference.

00:00:19

We’re going to start with Dr Margaret Chan, who is the Director-General of WHO, and Dr David Nabarro, the Secretary-General Special Representative for Ebola. Now, I know that you’re hearing a little bit today about an important development that will be published in the Lancet this afternoon. After this press conference, we will bring in Marie-Paule Kieny in case you want to ask her any questions about that. It’ll start about noon, I believe.

00:00:51

First, I know you’ve been hearing recently a lot of news about the reforms that WHO is undertaking to work better in emergencies, and so what we want to do is pull you together
and update you on how that is going forward and how the work is coming together. I’m going to start with Dr Chan and then she will take it from there. Dr Chan?

MC  Good morning to all of you, friends in the media. I want to thank the media here in Geneva for coming in on your holiday. Of course, to those of you who are linked up on the line, thank you also for joining us from different parts of the world.

Now, as you know, over the past few months different groups have revealed or commented on WHO’s work in the Ebola response. Member states of this organisation had a special session of the Executive Board in January of this year to give us their views and their guidance, and then further guidance came in May when the World Health Assembly met. Now, most recently we have received a report of the Ebola Interim Assessment Panel led by Dame Barbara Stocking. We have studied these different reports and the different sources of guidance and have identified several areas where recommendations converge, recommendations on changes. These can be put into six areas, and I would like to give you an update on the work that has been done by the organisation in respect of these six areas.

00:02:51

First, the development of a unified programme for emergency; I have set up an advisory group, chaired by Dr David Nabarro, to help guide this work. I will invite him to update you in a moment. Internally, within the organisation we are implementing faster, more streamlined internal procedures for procurement, for staff deployment and the management of our global resources to speed up the response to any emergency. We are already seeing the results of this streamlining in our response to outbreaks and emergencies in Yemen, Nepal and the Republic of Korea.

The second area is work related to support countries to create resilient health systems with well-trained people, accessible health facilities, medicines and vaccines, good laboratories, and the ability to detect disease and outbreaks early and manage cases. The health system should also have the capacity to deliver essential health services for maternal and child health, HIV, TB and malaria, of course. These are important health-related MDG Agenda, as well as non-communicable diseases, which are becoming the biggest killers in many countries.

The third area of work is the establishment of a global health emergency workforce that can help us scale up an emergency response quickly. We have brought together our networks, including the Global Outbreak Alert and Response Network -GOARN, in short - and, of course, the group that recruits and manages foreign medical teams which work so well in West Africa and, more recently, in Nepal. We are adding new expertise to expand this approach. One of the lessons we learnt is that we are looking especially for self-contained teams because on the ground in an emergency they need less time to get up and running smoothly and work cohesively.

00:05:22

Now, the fourth area of work that we are forging ahead with is in-housing the implementation of the International Health Regulations. By this, I mean developing a mechanism to sound the alarm earlier and determining whether this is a way… there is a way to create
mechanisms, so incentives for countries to report outbreaks early. To this end, I have set up a review committee, and the review committee will meet at the end of August to start these considerations and discussions.

The fifth area of work is: WHO will continue our research and development work. WHO has very strong technical excellences and experts. This R&D leadership is important in this and future emergencies. We have made great progress in a very short time in spearheading the development of vaccines, treatments and rapid diagnostics for Ebola. Of course, it goes without saying, WHO is the convening authority to bring together all the partners and stakeholders to come together and work. These are stakeholders who perhaps under normal circumstances would not come together so quickly and move ahead. What normally would take about two to three years has been compressed into just a few months, as we have seen in some of the earlier work, like in diagnostics for Ebola.

Now, based on these experiences, I would like to, of course, also update you. WHO is currently developing a blueprint: a blueprint for the accelerated development of medical products. The blueprint sets up step-by-step procedures, protocols, collaborative agreements, codes of conduct and ideal product profiles that can be put in place in advance. The goal is to reduce the time from recognition of an outbreak to the availability of new medical tools to four months or less. Doing so, I believe, will leave the world better-prepared for the next inevitable health emergency. No one wants to see clinicians, doctors, left empty-handed ever again.

Finally, the sixth area that I would like to update you on is, we will work with member states and partners on a financing mechanism with a twofold purpose; one is to support a rapid scaling-up of the WHO and international response; and two is to build response capacities in vulnerable countries. I mentioned about the importance of resilient health systems, so these streams will go forward and they will go forward, understandably, at different speeds, with different timelines. I will give you periodic updates on the progress being made.

Now, to help guide us through this work, I have mentioned earlier I have set up an advisory group of experts who have been working in outbreaks and emergencies for years. I have asked Dr David Nabarro to chair this group, given his very broad and deep experience in humanitarian emergencies and disease outbreaks and his knowledge of WHO. Let me turn over to David and invite him to give you an update on his work with the advisory group. They met a few days ago for the first time. David…

DN Thank you, Dr Chan. Good morning, everybody. I greet you having just come back from West Africa where I’ve been for the last two days, in Guinea and in Senegal: Senegal for a meeting, and in Guinea to review the progress of the Ebola response.

I’d like to talk to you about the first meeting of the advisory group on reform to WHO’s work in outbreaks and emergencies. It had its first meeting on Tuesday 28 July. There are 19 members of this advisory group; they are all people with expertise in the field. They’re going to focus on two key issues; firstly, supporting WHO as it establishes the new emergency
response platform that Dr Chan just described; but, secondly, to look at the broader
challenges faced by WHO, identified in the Interim Assessment led by Barbara Stocking on
being able to lead and coordinate the international response in public health emergencies.
Partly, it’s focusing on the actual platform for response, and, partly, it’s focusing on WHO’s
capacity to lead and coordinate others.

This advisory group will continue its work right through till the end of the year. We’ve been
told by the Director-General that anything that we’re working on together that she can take
forward and implement quickly within the powers that she has, together with her senior
management, she will put in place. Anything that requires further work by the WHO
governing bodies will be taken to those governing bodies, starting at the next meeting of the
Executive Board in January. I’ll just give you a flavour of who’s on the advisory group; there
are seven people who come from governments; five people who come from non-
governmental organisations; four people who come from donor organisations, particularly the
organisations that provide resources for humanitarian action; and there are three of us who
come from the United Nations’ system.

What was the first meeting like? I want to tell you a little bit about how it was when these 19
people joined me on a teleconference. They’re really committed to seeing WHO come from
where it is now to become the foremost organisation for providing concerted and effective
action in outbreaks and emergencies. The group said, try to focus on the full range of
hazards; all the time make sure that people are at the centre of your concerns; and be ready to
monitor what happens in an emergency to identify quickly any areas that need further action.
The group said, set up an operating platform that can be responsive and, when necessary, can
scale up in a dramatic way.

The group recognised that structural changes will be required in the organisation so that the
managerial, operational and support systems that are needed by the organisation are put in
place, and that has to be done quickly. Fourth, the group recognised that financing and
human resources are key, and that’s why things like the workforce that Dr Chan described
was given a priority and will be given special attention by the advisory group. The group
recognises that WHO needs to build stronger and more effective interfaces, linkages and
partners with others, and will advise on that. The group sees the International Health
Regulations as a key platform and will work with WHO on its implementation. The group
recognises that flexibility and speed are going to be critical indicators of whether WHO is
able to do as expected.

The group also identified some dilemmas; firstly, WHO does work within the strategic
direction of its members, but at the same time it has to respond to and put at the centre the
needs of people, particularly those who are suffering. They felt there should be no artificial
divisions between different aspects of the work, between development and emergency,
between standard-setting and response, or even between working for governments and the
interests of their people. The capacity to deal with this ambiguity will be a key characteristic
of the WHO of the future.
Culture change will be necessary, but the group feels that WHO is ready to become the organisation that has the right culture to deal with these problems in the future. The advisory group will work closely with the Secretariat in taking forward its plans. It will meet each month, sometimes more often. Its deliberations will be public; they will be posted on a website without attribution to any individual. The group will be ready to brief you and others whenever you want. Thank you. I’m now handing back to Christie Fye [?].

CH Thank you, Dr Navarro and Dr Chan. As Dr Chan said, she will be doing this periodically throughout the reform process and bringing different people along that are working on the reform process, so you can dive as deep as you want into certain aspects. Right now, let’s open the floor to questions on what you’ve heard already.

While the people on the phone are getting in the queue, I’ll start in the room. Lisa?

LI Thank you. [Sound slip].

CH Answer that one question on vaccine, and after that we’ll hold all the vaccine questions until 12 o’clock when we can bring Marie-Paule Kieny in. Thank you.

00:17:35

MC Lisa, thank you very much. I know how eager you are to learn more about the latest development with the Ebola vaccine. Of course, you know very well there’s an embargo on it, and we need to keep our promises. In order to satisfy you with all the information in greater detail, we have made arrangements for Dr Marie-Paule Kieny to come in later to give you all the details. Suffice it to say, it is important for me to say that Lancet this afternoon will publish an article on the early – I emphasise the word early – results of the first Phase Three clinical trial of an Ebola vaccine. The initial result is exciting; the initial result is promising. I want to take this opportunity to thank the Government and the people of Guinea for working very closely with WHO and other partners to do the clinical trial. WHO is proud to be the sponsor for this clinical trial. Lisa, I’ll leave it at that. I’m sure many more questions into the details of the study will come forward in the embargo briefing.

LI Thank you very much. But as part of my question, I would appreciate just a reaction and a response as to whether you think, if indeed this proves to be true, it could be a game-changer in the fight against Ebola?

MC Thank you for that follow-up question. If, indeed, proven as the initial results, and as you well know, there is a group of scientists called the Data and Safety Monitoring Board; they will give some recommendations. I shall not go into it. I would like to say that if proven effective, this is going to be a game-changer. It will change the management of the current Ebola outbreak and future outbreaks.

00:20:08

CH Thank you, Dr Chan. Let’s go back to the broader picture of reform there. Gregory, you have two people on the line with questions?
GR   Yes, thank you very much. While we’re switching over, just to remind all those
listening and in the room that there will be an audio file available immediately after the press
conference and later in the day a transcript of the press conference. Going over to those
online, we will go first to Kai Kupferschmidt. Go ahead, Kai, please.

KK   Thanks, Gregory, for taking my question. Just a quick follow-up regarding the
International Health Regulations. Margaret Chan, you said one of these issues you were
looking at was enhancing the implementation of the IHR. A lot has been talked about that in
the last few months. You specifically mentioned creating a mechanism to have incentives for
countries to inform the WHO about outbreaks. Now, you didn’t mention anything about the
other half of the equation, which was the idea to have disincentives or some way of actually
punishing countries that don’t adhere to the IHR, for instance, restricting travel when they
should. Is that part also being looked at, or have you decided that that is something that
you’re not going to go forward with at this moment?

00:21:23

MC   Clive [sic], thank you for that question. Indeed, this is one of the areas, as I said, in
the overall scheme of things, the six areas of work, that I cannot move ahead as quickly as I
would like to, because IHR is an international treaty signed up to by all member states in
WHO. Nonetheless, a review committee will start its work to look at what are some of the
incentives for countries to report early and what are some of the disincentives that they
should get rid of to… for example, you mentioned about trade ban and travel ban; truly, we
learn from multiple outbreak experience, some countries are punished for being transparent.
A clear case is the 2009/2010 pandemic H1N1; Mexico was very transparent and also sharing
the information, and immediately the country suffered from a trade ban and travel ban. So
these are things that the review committee need to look at and propose for the membership
of the organisation to consider what are possible incentive mechanisms or disincentive
mechanisms to make sure that countries can implement the IHR as it is intended. Thank you.

CH   Gregory, another one.

GR   Thank you. We’ll take one more from the line. The second question now is from
Maria Cheng of AP, Associated Press.

MA   Hi, thanks for taking my question. I was wondering, WHO has said a couple of times
that it was too slow to respond to the Ebola outbreak, that mistakes were made – has anyone
who was responsible for those mistakes, this lack of [sound slip].

00:23:36

MC   I think that’s a good Segway. Maria, thank you for that question. WHO has on many
occasions admitted we could have done better. I appreciate the assessment by the Barbara
Stocking report; other member states and others collectively were slow, and that’s why WHO
must learn lessons and look forward and seize this opportunity to strengthen global health
through partnership.

I have to tell you I have been elected by the member states of this organisation to lead the
organisation. As Director-General of WHO, I am absolutely accountable on the basis of
everything we do in WHO. It is a fantastic organisation with excellent staff at all levels of the organisation, with unparalleled strength and technical excellence. As I said, this afternoon at 2 pm Geneva time you will see an article in the Lancet which will show you some of the work that is being done by the excellent staff of this organisation in working with partners, working with the Guinean Government and the community and the scientists there to move forward the research and development to come up with an effective vaccine. Thank you.

CH Any other questions in the room. Yes, go ahead.

XI Hi, thank you very much. I’m Xin [?] from the National Television of China. I would like to know what would be the concrete end-result of all the reform steps. Do you have a clear set of goals in mind, for instance, you want to increase your capacity by how many fold, you want to reduce your response time by how many months or what percentage…? I would like to hear more on that. Thank you so much.

00:25:57

MC Without usurping the important work being led by Dr David Nabarro and the very important advisory group, I just would give you my broad response to your question. With the package of reforms, an area of work that I just outlined, it involves member states, partners, and, of course, WHO. If all of us can put in place and work together, we would have a much better-prepared world for the next pandemic.

In terms of response time, we have already learnt to change. When I was managing the Nepal and the MERS-CoV virus outbreak in Republic of Korea, we moved to a new mode of operation, streamlining the processes to get a proper, accurate risk assessment and move forward, working with the countries, to control the outbreak in South Korea and also to put in place experts and a foreign medical team to support the Government of Nepal in tackling the consequences of the earthquake.

DN Could I just make two remarks? From the perspective of the advisory group, there will be suggestions made to WHO senior management about response speed, a response efficiency and efficacy, about capacity to coordinate in any emergency being in place from the first stages. And more importantly, also, an integrated approach to the emergency response cycle, so that everything to do with preparedness, alert, response, and prevention, is dealt with in a comprehensive way and not, in any way, broken into separate pieces. These will be offered back to the organisation with suggested benchmarks, as part of the work of the advisory group.

00:28:18

CH I think we have one more question, here, in the room, and while the microphone is finding its way there, I just want to remind the reporters on the phone to type zero, one, if you have a question and would like to get in the queue.

TM Tom Miles fro Reuters News Agency. Could you tell us more about this blueprint for, if I understood right, a four-month rapid response to an emergency, and what that involves? Presumably, that doesn't include vaccines, because I guess you can't develop a
vaccine in four months. But what does it involve? What sort of actions would you expect to see and against what kind of future emergency?

Also, can you say something about budget? I'm just wondering whether these reforms and these ideas are going to cost money. And, if so, are you going to get more money from somewhere new, or are you going to take money from somewhere else? Thanks very much.

00:29:06

MC Thank you for two questions. Let me talk about the budget one first. For those of you who have been following the World Health Assembly debate, the memberships of this organisation had approved an 8% increase in the WHO budget for the next two years. So I want to thank them for their political commitment and their investment to build a stronger WHO. Now, of course, that is additional money; it's not taking money from other places.

I think that some of you are also aware that member states agree that I can start work to build up a contingency fund to the amount of about $100 million. The UK has already made a pledge of $10 million. China and India have also made some pledges, so I want to thank them. Some work has started and I will begin to write to all heads of governments and heads of state when the letter is finalised, and appeal to them, and also remind them, that their decision at the World Health Assembly.

Now, on the blueprint. Based on the experience of Ebola, and also our earlier experience on pandemic influenza, you are right, in some diseases, it's very difficult to develop innovations, especially from scratch, in four months' time. But the experience we learnt from pandemic influenza vaccine, as we are speaking, we are still under the threat of H5N1. Some early work had already been done, together with the industry, together with scientists and researchers, and coordinated by WHO.

We already have a prototype vaccine for some influenza strains. But can we learn from the experience, as well as the Ebola experience, to work with all the stakeholders to develop that? Today, I cannot give you the answer because we are taking forward the idea, but I'm sure we will give you regular updates on progress on that.

00:31:35

DN If I could just say that it's already clear, from the first meeting of the advisory group, that the members are determined to encourage a culture that includes learning, innovation, and research and development, even within the context of responding to outbreaks and emergencies with health and humanitarian consequences. They don't want to see the rapid response work somehow divorced from the other necessary innovation and research work that is so necessary, especially when dealing with unprecedented new challenges, which often require totally novel solutions.

CH Let us close with a couple of questions from the phone. And while we're switching over the to phone, I just want to remind everybody that an audio file of this press conference will be posted on the website soon, as soon as we can get it there after this press conference. And then a transcript, a written transcript will be up later tonight. Gregory, to the phone.
GR Thank you very much. The first question is from Bioworld Today. Can you state your name, please, and confirm that that's the right publication? Thank you.

00:33:02

UF Thank you very much. In fact, I was going to ask about the blueprint, too, so I think that my question's been answered, but thank you anyway for taking it.

GR Thank you very much.

MC Thank you for being an interested partner.

GR The second question is a follow-up from Kai Kupferschmidt. Kai, go ahead, please.

KK Just one particular area of the Stocking Report. One very concrete proposal was to create a single WHO centre for help, emergency, preparedness, and response. And the report makes very specific suggestions as to how that should be set up, and also, even says what the head of the centre should be like; a strong leader, a strategic thinker, and so on. I would be interested, because there is a concrete proposal and a lot of the language around the rest of this is very vague, are you going ahead with this centre exactly as they envisage it? Is that going to happen?

MC Thank you for that excellent question. In fact, I had a meeting with Dame Barbara after the release of the panel report, to seek clarification on some of the language and terminology there. And based on our discussion, it is clear that the word centre, used by the panel report, and when I addressed the World Health Assembly, I said a new, unified programme for emergencies and also for outbreaks with health consequences, there is no contradiction. That is point number one.

00:34:47

Of course, point number two is that I have set up an advisory group, and I would not wish to move ahead without getting the advice from our very experienced people. Also, I discussed in terms of the sequencing of work with Dame Barbara. She entirely understands that, as a Director General, there are things that they can move forward, but there are things that we need to go back to the governing body. Because in that report, it recommended setting up a board for implementation, for development, and oversight.

And normally, in WHO, we would not wish to have one entity to be the judge and jury. So implementation, advice and implementation, is fine, but have a separate entity or body to oversee the implementation, to be able to monitor whether or not progress is being made according to the agreement. So on this, it is important that I invite David to make a few comments. Over to you, David.

DN Just to say that, obviously, all the recommendations in the Stocking Report will be looked at and then discussed by the advisory group, and advice will be offered to Dr Chan. We've always assumed that certain aspects of what's in the report would actually be taken ahead anyway. It is interesting, Kai, this one that you're quoting, the use of the term centre.
Why was that term used? What was Barbara Stocking and the rest of her panel intending to reflect? And I think it links a bit to the point that came from Tom of Reuters.

00:36:45

What they were attempting to do was to stress that the emergency platform must have its roots in the broader capacities and work of the whole of the World Health Organisation, and not be a separate walled off entity. And that's why they use the term centre, to try to describe that integrated approach. And we will, I think, find it very interesting, with our next meeting, to actually reflect on that and to discuss with the WHO Director General how that recommendation, the spirit of the recommendation, can best be taken forward. It's quite interesting, complex, and novel. Thank you.

MC Kai, thank you for that question, again, and let me come back to reinforce what David says. The sense of integration is important because WHO's asset, we need to have vertical integration, meaning the three levels of WHO, the country office, the region, and head office must work as one organisation moving forward. And the horizontal assets of WHO must be deployed as well. Now, if we only talk about response, what about the R&D work, which is so important to come up with interventions, either vaccines, or medicines, or diagnostics? So the horizontal integration is extremely important. So I just want to make sure that, going forward, it has to be the way we work. Thank you.

CH Okay, here's the deal. We have almost no time left and we have two people who want to ask questions, so this is the way this is going to work. We're going to take both questions and then we'll answer. Lisa, you ask your question here, in the room, first, then we'll go to the person on line, then we'll go to Dr Chan and Dr Nabarro.

00:38:51

LI Thank you. The United Nations is shutting down its Ebola emergency response unit. Ebola is not over; it's gone down enormously. Is this, perhaps, not premature? What will you do, in order to prevent, and are you sure that you can prevent a resurgence, a flare up, of the disease again?

CH Let's hear from the person on the phone, and then we'll take both questions together.

GR Rassel [?], I believe, from the UK. State your name and organisation. Thank you.

RA Hi, it's Rassel here with the Associated Press, Maria's colleague. I wanted to ask a MERS question. I wonder if you've got the right level of cooperation from Saudi authorities in terms of MERS. And if not, what can be improved?

MC I will take the second question and invite Dr David Nabarro, as the Secretary General's special envoy, to make comments on UNMEER, and then I can also make some comments there. Thank you for that question. Clearly, you know the standard operation procedure in WHO very well. You used the acronym ERF, which is Emergency Response Framework in WHO. We are now revising that framework to reflect the experience we learnt from the Nepal earthquake, and also from other emergencies, like in the case of Yemen and the latest outbreak in South Korea.
The whole notion of the ERF is to have clear performance metrics that we can measure a performance or otherwise, as a very important accountability mechanism. David, would you like to comment on the UMMEER phasing out?

DN     Thank you very much, indeed. Today, the 31st July, the UN Secretary General is announcing the end of the United Nations Mission for Ebola Emergency Response. The Secretary General proposed this first ever United Nations public health mission in September, when he received information from myself and others, together with information from Dr Margaret Chan, our Direct General, that the speed of advancement of the Ebola outbreak was exponential, with the number of new cases doubling every three weeks.

And the response was increasing at a relatively slow pace, and we were in real danger, as a global community, of being overwhelmed by the outbreak, so extraordinary measures were needed. So the Secretary General established UNMEER to provide the most powerful possible boost to the overall UN system contribution to the Ebola response. It was always designed to be a temporary measure, and when it was no longer needed, the UN system would go back to its more normal disposition in responding to the outbreak.

A number of benchmarks were established to determine the right time for UNMEER to end. One of those was the actual rate of spread of the disease. The other was the capacity of different UN system actors, to work with governments and others to respond. Over the period of UNMEER, we have adapted the way in which the mission has responded. We've had phases of the response that have reflected the nature of the outbreak.

And during the last few months, WHO, in particular, accompanied by the World Food Programme, UNICEF, the Office for the Coordination of Humanitarian Affairs, or OCHA, and the UN Population Fund, have vastly increased the numbers of people that they have got working in the affected region. More than 1,000 staff from WHO, more than 1,000 staff from the other UN agencies put together, deployed and working in the region.

And so the Secretary General concluded that it is appropriate now to phase out UNMEER and to pass responsibility for the stewardship of the response to WHO to keep it as an interagency collaboration, so that WHO coordinates all the other actors. And to bring into WHO some of the senior people in UNMEER, who have proved to be very effective at this coordination, particularly Peter Graaff, who's the acting special representative of the Secretary General, Bintu Keiter, Ebola crisis manager in Sierra Leone, and also Abdou Dieng, Ebola crisis manager in Guinea. So we will have the senior leadership of UNMEER now working on completing the response, but within WHO stewardship.

Last word. I was discussing this with New York yesterday, and the feeling there is that this is an example of the new WHO at work. Not just doing its own technical work to a very high
level of effectiveness, but also coordinating other actors in the system in dealing with still a major health outbreak, with potentially serious consequences. Thank you.

CH  Dr Chan and Dr Navarro.

MC  Thank you. WHO is pleased to be given this responsibility. I, personally, will provide the interagency coordination to the oversight. I will work very closely with my brothers and sisters in the World Food Programme, UNICEF, OCHA, and UNDP, just to name a few, to make sure that the troops on the ground… As David has told you, as we are speaking, WHO alone has close to 1,000 people working, day in and day out, every day of the week, every week of the month for many months, trying to support the three countries to get to zero, to stay at zero, and also to do the recovery, which is so important to have resilient health systems to take care of the health of their people.

So we are happy to work with our brothers and sisters in the UN and beyond the UN. MSF and, of course, Save the Children, IOM, these are important partners that we have been working with and we will continue to do that. Thank you.

00:46:20

CH  Thank you both very much, and thank all of you for joining us. That really is all we have time for today, but we will be doing these updates on a regular basis. And I hope you find them useful to understand how the reform is moving forward. Again, a transcript of this press conference will be made available on the website later today; the audio file will be up very soon.

Now, if you're interested in learning more about the article that's coming out in The Lancet later this afternoon, you can stay in the room, stay on the phone, we just need to shift some gears here, which is code for we need to go and find Mary Paul-Keaney [?], and we will be back shortly. I do need to reiterate that the embargo on that Lancet article is 2pm Geneva time. If you can honour that embargo, you're welcome to come to this next session. If you cannot agree to honour the embargo, I will have to ask you to drop off the phone or please leave the room. We'll be back shortly, thank you.