I think we can start. Good afternoon, everyone, and thank you very much for coming for this very special press conference with Dr Tedros, our director-general, and Dr Ian Clarke, our senior emergency officer. I would also like to welcome everyone who is watching us online at our Twitter account @who.

We also would like to remind you that we will have a transcript from this press briefing as well as an audio file available very shortly after we finish. As Dr Tedros and Dr Clarke have some commitments back at the WHO building we'd really like to keep this press conference on the Ebola topic only and for all the other topics that you want to ask about please get in touch with us and we will help you with that.

I will give the floor immediately to Dr Tedros for his opening remarks on the situation regarding the Ebola outbreak in DR Congo. Dr Tedros.

TAG Yes, thank you, Tarik, and thank you for joining us. Maybe I will start by adding to what he said; today I would really appreciate it if we can focus on Ebola because we will start a new tradition that will help you to address all questions you have in about a month or so, even less. We will bring a good number of our new leadership team to do the press conference as a group, maybe five to seven of our senior management, and address all the
questions you have. So we will have a separate one within one month - could be in two weeks or one month - and that will address any of the issues that you have including the transformation that we have started.

That's why we want to have this on Ebola but at the same time I have some other engagements so I need to rush out as soon as we finish Ebola and I hope you will agree with me especially on the new mechanism that we will start that will give you a regular press conference representing the senior leadership, at least five to seven of them coming together, covering different areas.

I will proceed now with some of the issues I would like to raise today with regard to Ebola. As you know, I wanted to meet you today to share with you my observations on Ebola response in the Democratic Republic of the Congo, which I visited last week. I visited DRC with Dr Robert Redfield, the director of CDC and this was my seventh visit to DRC since becoming DG and the fourth during the second outbreak which is in the eastern part of DRC.

I would like to start with a story. In Butembo, as you might have heard, there was an attack on the treatment centre at 6:00am on the day I was planning to visit with Dr Redfield. Armed men shot at the centre at 6:00am. They killed a policeman. They wounded three workers in the centre. They left bullet holes in the windows of the centre, but they did not dampen the spirits of the health workers who work there.

When I arrived at the centre five hours later it was already reopened. It was such a very humbling experience for me. I was so humiliated. How can people, after they were attacked and after helping their wounded colleagues, actually continue their work and their service to their people? I would like to thank our staff for their dedication and also all the responders, partners and the government health workers for their dedication and commitment.

I really learned a lot from that incidence and it gave me confidence that our responders, our staff and the staff of partners and the government, actually will finish this job because I have witnessed myself that their dedication is really unparalleled and you can imagine yourself how difficult it is to work in a situation where somebody's firing at you, armed groups, and where there is risk of Ebola infection. Actually, call the attack by the armed group as Ebola itself and then there is Ebola itself so two Ebolas at the same time.

I do not want to minimise the incident. It was deadly and the third attack on treatment centres in two weeks; three attacks in two weeks. But I want to highlight that the brave women and men of the DRC and the partners who're helping them are determined to end this outbreak and that's why I said I was so humbled by their dedication.

I would just like to say a few words on the situation. The latest data from the Ministry of Health; we have 927 confirmed and probable cases, 584 deaths and we have vaccinated more than 87,000 people, including 27,000 health workers in DRC and 5,000 in surrounding countries; more than 400 patients treated with novel therapeutics and we're happy that people are surviving.

More than 58,000 contact registered and more than 4,200 currently being monitored for signs of illness and there are half as many new cases per week now as there were in January. In January there were 50 cases per week; now we have an average of 25 cases per week so there is a decline in the number of cases per week.
Despite the incredibly difficult situation the outbreak has been contained in 11 out of the 20 communities that have had cases. We have been able to stop transmission in Beni, Mangina, Komanda, Oicha. Now the Ebola virus is concentrated in Butembo and Katwa so the cases are now shrinking in a certain geographic area.

Not only that, we have prevented Ebola from spreading further in DRC and across the international borders but that doesn't mean that there is no risk of it spilling over to other provinces and to neighbouring countries. But so far we have contained it in a geographic area, in North Kivu and it's not spreading across DRC and the international borders.

The towns of Katwa and Butembo are the current hot spots; more than half of the new cases in the past 20 days - that's 38 out of 74 - have been in Katwa alone. Each time there are cases in other towns we have been able to see the link back to Katwa and Butembo. This is good because it means we're following the outbreak closely but bad because of course we want to get to zero cases and no more spread because our action is not just to contain but to fully control it. Also, we can say the containment in a certain geographic area is a success.

I would like to share with you how it's working. One, we're encouraged to see the community accepting the response more and more; also, at the initial stage there was resistance. Outreach teams made up mostly of local volunteers met with 6,000 households over the last week in outbreak-affected areas. The people of Katwa and Butembo have been more open to burial teams managing the final rites for their loved ones than any other area. 87% of families with a death have accepted that burial teams perform the burial, and this shows the increasing acceptance by the community, although there is still resistance to some extent.

As in other communities, over 90% of people eligible for vaccination have accepted to be vaccinated and over 90% of these accept follow-up visits. Case funding and investigation are growing stronger. Of 78 cases reported in the last 21 days 60% were listed as contacts. Most others were linked retrospectively to other cases or health centres where they were likely exposed.

I would like to outline also the challenges we face. Security remains our number one concern, both for the communities themselves and the responders. Just this morning we have received reports of an ongoing incident in Biena health zone following a community death. Escalating violence led to the local transit centre being severely damaged and we have not had reports of health workers or patients injured but we're awaiting more information.

I want to acknowledge the responders from all partners who are doing an incredible job day after day in a very difficult situation. The attacks on Ebola treatment centres are not attacks by the community but on the community by armed groups including Mai-Mai and ADF, the Allied Democratic Forces. These attacks could reverse the gains we have made. We're working to find a balance between protecting patients and staff from attacks by armed groups and building community trust and ownership. It's not a simple either/or situation. We must do both to end the outbreak.

We want to ensure the security of patients and responders, but we do not support the use of coercive measures in the community. The security situation means the public is worried about issues beyond health. They want to know when peace will return. They want to know when they will feel safe again. It's understandable that Ebola is an added burden on an already
overburdened population. This creates a challenging climate for the response and during many of my visits there that's what I witnessed; the despair you see in the community itself; peace and no peace.

Because of this we approach each community individually and adapt the response to their needs. For example, vaccination teams first made contact with the community accompanied by local communications specialists who work with leaders until they're granted access.

Based on the challenges I'd like to give you some outline of the next steps, especially based on the new strategic response plan we just launched with the Ministry of Health a couple of weeks ago. We will continue working with communities and their traditional and religious leaders to understand their concerns and build community trust and ownership because without community ownership we will not be able to end the outbreak.

We will build local capacity by training local people to take on more of the response including community-based surveillance. When we were there with CDC director, Dr Redfield, one of the areas we agreed to do together is to focus on training and building local capacity.

We will strike a balance between protecting patients and responders and building community trust and ownership. We're strengthening infection prevention and control in health centres. We will stay the course. We have seen the traditional interventions like case finding, contact tracing and working with communities as long with new interventions like vaccination and investigational treatments are having an impact. We have averted a much larger outbreak.

We will not leave when the outbreak ends. We will stay and work with communities and with the government to build stronger systems it prevents outbreaks and provide health services for all health needs. This is what the community is asking for. The community is saying, not just for Ebola, we want you to help develop our health system. They're stressing the fact that we should not be there for Ebola but to build the health system because they need quality health services. We will continue working with neighbouring countries to strengthen their preparedness.

Finally, I have three issues. One, I have an ask; the global community must stay the course with us and end this outbreak. For the next six months the combined cost for all partners will be at least US$148 million. Combined, all partners have so far received only $31 million and had pledges of a further $55 million, leaving a gap of US$60 million. The funds needed to end this outbreak are small when compared to the potential cost of a larger outbreak, so we ask our partners to fill the gap of US$60 million.

We're following the outbreak 24 hours and seven days of the week and we will always be guided by epidemiology and science. Some of you will ask me, I know, why not call an emergency committee to get funds? That's not the purpose of the emergency committee. It's meant to assess if the outbreak constitutes a global threat. We do this assessment almost daily and I would not hesitate to convene the committee again, as I did in October, if needed.

Thank you so much again. We'll be happy to listen to your - to answer your questions on Ebola. As I said, let's limit it to Ebola and we will arrange another meeting or another press conference to face our leadership to answer all the questions you might have. Thank you again.
Thank you very much, Dr Tedros. Also, to remind all journalists who are following us on the live webcast our Twitter account to send their questions through a WhatsApp number that has been provided. We already received some, but we will obviously start here in the room. Let's start with Aniesse first and then Laurel and then Catrine and we take questions one-by-one.

Yes, hello, I'm here. Agnes Pedro from Agence France Presse. I would like you to comment on some ideas that the UN chief, Antonio Guteras, has recently proposed. He wants to cut the MONUSCO forces and he's suggesting that there could be a reduction of 2,000 people so I would like you to say what you think would be the impact on the response to Ebola in DRC, especially on the security for the people and for the humanitarian workers who all need this security? Thank you.

Thank you very much. We're in regular contact with Secretary-General Antonio Guteras and I assure you that there will not be any impact on the support they're giving us based on the action they will be taking on the peace-keeping operation. He's actually ready to do all his best to maximise protection in the Ebola-affected areas. Thank you.

Laurent Sierrot, Swiss News Agency. Last week the president of Doctors Without Borders, Joanne Liu, made a few remarks and among them she said that in the communities there are a lot of people who don't understand why they can't access the vaccine and why the vaccine is now just for the people who have been affected or the contacts or the contacts of contacts.

Do you think there is still a lack of education in that regard? What steps could you do more of or better in that regard?

Can you repeat the question? I'm sorry.

She says that there is a lack of education in the communities towards the need to focus only on a few, a bunch of people affected, contacts and contacts of contacts for the vaccination and that a lot of people don't understand that. How could things be made better in that regard?

Yes, thank you. That's the strategy we follow now, what we call the ring vaccination and we vaccinate contacts and contacts of contacts. I can understand that there will be a need to increase awareness of the communities of why we're doing that. In other areas, by the way, the community has started to understand after our explanation to communities, especially through engagement. I hope we can address this problem too in the Butembo and Katwa area.

But I have a colleague who is expert on Ebola here, Ian Clarke. If you would like to say a few words we would be happy.

Maybe just to add, yes, it's really important that we find... each of these communities are different so the communities in Beni, the communities in Oicha and Katwa and Butembo and of course we need to constantly tailor the messaging so this is something we're working closely with the partners on and of course it's important to take scientific information and then translate that into messaging that the local communities really do understand so we're working with our partners, with UNICEF and with social anthropologists to really look at
how we get that messaging across to the local communities - and also closely with MSF as well.

TJ  Thank you very much, Dr Clarke. Cathrine, Jeremie, then Christiane.

CA  Cathrine for France 24. I would like to know if the attacks on the different treatment centres have affected your ring vaccination; are you running out of vaccines? That's my first question. My second one is, how do you collaborate with Uganda, which is the closest country to the two places that you've mentioned to Butembo and Katwa?

TAG  Thank you. With regard to the amount of vaccines we have, with the current epidemiologic situation and the strategy we follow, the ring vaccination, we have enough stock of vaccines. Not only that, we're in regular contact with the manufacturer of the vaccine, Merck; I'm personally in contact and they're doing everything to boost when needed.

Then on Uganda, I have been to Uganda a couple of times now because, as I said in my statement, we're doing two things; one is controlling Ebola in DRC but at the same time preventing the spread of it to neighbouring countries. For that to happen we have to strengthen the preparedness of the neighbouring countries.

During my two visits to Uganda I was impressed by the level of preparation. Because of the fear of spread from DRC to Uganda their preparedness level has increased significantly in the last few months and that's why now with the new transformation in WHO we will give more emphasis to preparedness and to invest in countries well in advance and prepare them in advance in order to prevent not only Ebola but other outbreaks or epidemics.

So we're in touch not only with Uganda but with all neighbouring countries and we're trying to help them in any way possible to boost their preparedness and not only Uganda; the other neighbours also have shown significant improvement in their preparedness level. Anything you'd like to add, maybe, Ian; we'd be happy.

IC  Sure. You mentioned in relation to the attacks on the Ebola transit centre. For the vaccine this requires an ultra-cold-chain supply system, and this was not impacted at all during the recent attacks on the ETCs so there's no disruption in terms of the ultra-cold chain. Maybe to add on Uganda, also the vaccination campaign has been very successful in terms of vaccinating healthcare workers and front-line staff there and I think it's more than 4,000 in Uganda; also in South Sudan, in Burundi and we're just starting now in Rwanda as well.

UF  Excuse me; vaccination of health workers in Uganda?

IC  Yes.

UF  Okay, thank you.

TJ  We go now to Jeremie, then Tom, then Christiane and then we will go for maybe one or two questions from journalists who are watching us. Jeremie, please.

JR  Hi, thank you. Jeremie Lanche for Radio France and RFE. Two questions for you; the first one would be, we hear very different speech from the NGOs - I'm thinking of MSF who, if I understand it correctly, are saying that basically we are failing to respond correctly to the
crisis. They closed their centre in Butembo, I think. You mentioned that there was an ongoing incident today so considering the level of mistrust do you really think it's possible to contain the disease today?

You said that you have a downfall in the number of cases reported but if I understand it correctly a lot of cases are taking place in the communities and we don't hear about those cases. Thinking about the numbers, do you think that you get the numbers right? That would be the first question.

The second question would be, the NGOs are still asking for change in the strategy, maybe to rely more on the local health centre and on the communities, to involve them more. I would like to have your opinion on that; do you think that we need to change the strategy right now? Thank you.

TAG  Thank you. I will start from the first one - failing to control, you said? That's not true because, as I have said earlier, one piece of good news is that for the last seven months this has been contained in a geographic area called North Kivu. It hasn't spread to other parts of the country and it hasn't spread to neighbouring countries. I think anybody can agree that this is fact and something that we can say is good news.

The second is not only that it's not spreading, it's actually contracting, and I said it earlier; I have been to Beni myself; I have been to Mangina, I have been to Oicha, I have been to Komanda; all these four places are clear now of the outbreak. There are some sporadic in Mangina but it's just a few cases and then that's it but these four areas, we can say, are clear.

Now the focus is on Butembo and Katwa, so you cannot say it's failing when the outbreak is contracting. It's contracting and I'm repeating again; Beni, Mangina, Oicha, Komanda; these places I have visited myself are okay now. Now the challenge is Katwa and Butembo.

Then on Katwa and Butembo, we have been to Butembo just last week and I have been there myself with the CDC director and others. It's a challenge which we have seen before, a challenge we have seen in Beni. You would expect community resistance in Butembo. It's not surprising, I'm not surprised and nobody's surprised. The reason is that part of DRC is an area where there has been armed conflict for many decades and you know that.

There is a lot of displacement and because of the conflict the communities living there are always cautious and if there is mistrust I wouldn't be surprised. Not only that, there are armed groups that are operating in that region. They don't have any language except firing, shooting at you, like the ADF; they don't even talk. They don't understand the language of political settlement or negotiation. The only language they know, as far as I know - I was foreign minister; I know them and now as DG of WHO, the only language they know is just shooting.

That really complicates the situation and these armed groups not only attack our responders, but they also attack the community itself. Then imagine the progress that you can make in the middle of that and containing it in a certain geographic area and not only that; there is a downward trend and contraction of the outbreak. I think it cannot be, by any account, called failed; at least it cannot be called failed.
So, the situation itself can show you - I have been there so I'm just giving you a personal account of how the disease is contracting but when I say that I also don't want to undermine the risk because it may again revamp if the security situation continues to deteriorate. It may, and the chances are there. It may spread to other parts of DRC; it may spread even to neighbouring countries.

So, there is a need to strike a balance between what we do in terms of security protection but at the same time staying with the community to fight it. To be honest, leaving the area is not an option. Evacuation is not an option because we will be losers; we will lose what we have gained so far and not only that, the virus could get a free ride to spread aggressively and that's why I said I was really humbled by my colleagues. They want to stay. They're only asking for protection. Protection from who? Protection from aggressive armed groups like ADF, not from the community but engaging the community and empowering the community. That balance is important. We shouldn't leave.

We shouldn't really abandon the community. We can't. That's not an option. So that's why we need to have a very delicate balance of having protection from these negative forces like ADF and Mai-Mai and at the same time engaging the community, creating ownership, listening to their concerns, addressing them, ensuring community ownership and finishing the outbreak.

I was there hours after the attack. There was a risk of being killed because the area was not fully cleared of those who were firing at the centre. But on the other side, there are people who are exposed to these armed groups and to Ebola and I shouldn't abandon them. I was so happy; people from CDC and USAID also joined and were in that same difficult situation to help the people who need our service.

So by any account there is progress but of course a delicate one and we have to continue to push and push until we finish the job. But one thing I would like to stress on that; you know what the community said; why are you so aggressive in terms of Ebola - they're right - we have malaria, we have cholera, we have other health problems and you shouldn't just say Ebola, Ebola, help us with the other things.

That's why I said in my opening statement, not just to fight Ebola; we will stay there to address the concerns and demands of the community, the other demands because there are other serious problems, not just Ebola and I would like to call upon the international community to link the outbreak control now, Ebola, with developing the health system. That's a big challenge. Otherwise we will appear as if we're preventing Ebola from getting into other countries and we don't care about the demands of the community, the additional demands.

The most important thing here is we care not just about Ebola, we care to address the other challenges the communities face and that's the challenge not only for WHO but for all the international community, while fighting Ebola to start development, to start rehabilitating the health systems of DRC, to start showing to the communities of those affected by Ebola, we're with you to address the other problems too, we're not here only to prevent Ebola because it goes to other neighbouring countries.

We shouldn't really stay there if that's our goal. Our goal should be to help them with not only Ebola but with the development of the health system. Sorry I'm taking a lot of your time here but it's because that's what I believe. That's what they're asking; that's what we should do, and
the international community should also be prepared to help for the long haul of really developing the health system as per the requests from the community and we should be on their side. That's what we're focused on now.

Then on the strategic response plan, it addresses the second issue you raised. The focus should be community engagement. The focus should be local capacity-building and that's the shift we have already made, and I fully agree if that's what our partners like MSF say; I really fully agree and that's what we have already included in our new strategic response plan. Thank you.

TJ Thank you very much, Dr Tedros. We will go now to Tom, Christiane and then if we have time I'd really like to ask one or two questions from journalists who are watching us. Tom, please.

TO Thanks. I have a couple of questions, Dr Tedros, about the outlook. The easy first question is, when will you be able to tell us something about the success of the therapeutics that you're trying? And also, about the future, is it possible that this outbreak, this disease could linger in the area for years, are you preparing for that?

And a related question about vaccines; obviously at the moment you're using the Merck vaccine and there's this ring vaccination programme going on but there's the possibility, I guess, in future that there could be a change in the available options like it could be licensed for a general vaccination campaign or another vaccine could come online. Is there a point at which you can foresee the response changing because you have a new vaccine option available? Thanks.

TAG Yes, I would actually look for that day, when we have a vaccine that can be used at large scale and is easier to manage in terms of the cold-chain requirements that we have now. We're encouraging institutions to really give us more options and we will be happy to work with those who have additional options to offer so in the future it will be just one of the vaccines in a routine that can be used in health facilities rather than using it on a small scale as in the ring vaccination only.

Then on the therapeutic success, I think there is already a success; people are surviving, and I was very heartened and humbled to meet in the first area where the first outbreak started in Western DRC, in Bikoro, Bandaka and Itipo - I met associations of survivors and I was so, so humbled. Just one thing I remember from what they said; as you know, Ebola is a killer; the survival rate is very low and they told me, we have got a second chance in life and we have to be prepared really to contribute to our communities, to teach them on Ebola but also support our neighbourhood and communities on other issues.

One of them was saying to me, I don't want to meddle with my second chance in life - because having Ebola is like a death sentence. So, the success is already there, Tom, it's already there but we will compile and bring it to you so that it can be presented also scientifically. But otherwise from what we witness it's already there.

Then on the Ebola outbreak, our target is now to finish it in the next six months but at the same time it's always good to plan beyond the horizon, to prepare for any eventualities so that's what we are doing. During our trip with Dr Redfield that's what we agreed; let's do our best to finish it in the six months while at the same time preparing for any eventualities. So
that's what we will do, and we want to have all partners' hands on deck and we will do as much as we can based on the new strategic plan we just launched a few weeks ago under the leadership of the government to finish it in the next six months.

TJ    Thank you, Christiane.

CH    Christiane with the German press agency. Are you not walking a very fine line here if you get demands from the community for support to build up their health service? There are also demands for roles and other development issues. What about the next community that is fortunate enough not to have an Ebola outbreak but has the same needs? How are you directing the funds? Can you use the Ebola funds to help these people in their basic needs, building up their community service? Are you getting a new drive for money, for healthcare for all in a much bigger region?

A second very short one; did you ever have anyone who was vaccinated and contracted the virus?

TAG    Ian will tell you more, but we have vaccinated people who have contracted the virus. On Ebola funds and building the health system, it's not just to the Ebola area. I have met the new president twice so far now. The first meeting was in February on the margins of the African Union and the second was when I visited DRC last week. On both occasions he assured me that he will do everything to strengthen the health system and it's his priority.

In his inaugural speech he had expressed his strong commitment to invest in strengthening the health system, so I think that's very important and more than the partners' I would actually take the government's commitment seriously because at the end of the day support from the partners will be a complement or a supplement to the commitment that the country already has.

So I think that's the basis for my confidence, if you like and then when we visited DRC recently we discussed with many partners and donors the link between fighting Ebola and strengthening the health system, between emergency and development and there was consensus to move into that, not just for Ebola areas only but for DRC at large and that's, I think what we should do.

So of course, we're getting the request from the Ebola-affected areas but when I say we have to go into developing the health system it's for the country at large and that's why I call upon partners to focus on systems development for DRC at large, not just the Ebola-affected areas but we have to commit specifically to the Ebola-affected areas also.

But then one more thing I'd like to raise with the Ebola-affected areas is in many of the areas the government has already started free services and we're using Ebola funding also to help with that and that's also a good support to the request or the ask from the communities. Please.

IC    Just to pick up on the question on the vaccination, of course because the strategy of the ring vaccination is really targeted at contacts and contacts of contacts a lot of people who get vaccinated have been in contact with Ebola cases and go on to develop Ebola systems and in fact that's what we would like to see. We would like to see that all cases come from no in-
contact lists that we have been able to vaccinate. Of course, they were exposed and then subsequently have been vaccinated so you will see that.

What we would like to see - and again it's still too early and it's part of a clinical trial - is whether that has any impact in terms of how the virus manifests itself after you've been vaccinated so in that case it's people who have been a contact, have then been vaccinated and then have gone on to have symptoms of the disease.

CH    But you are still convinced that it's effective, the vaccine?

IC    It's part of a clinical trial; that's being looked at. That information will be released but we certainly... When you look at the history of Ebola epidemics, when you have so many cases in terms of community deaths and yet not an exponential rise - so clearly there is an impact of the ring vaccination; it is clearly having a positive impact in terms of preventing further spread within those communities.

TJ    Thank you very much, Dr Clarke; thank you very much, Dr Tedros. I apologise to everyone in the room; I know there are more questions here in the room. There are also a number of questions from your colleagues who are watching online; Anne Gulland from Telegraph, Helen Branswell from STAT, Jenny Ravelo from Devex, Miriam Schuhammer from Lancet. I will try to answer all of your questions in writing if they have not been answered today. Thank you again to everyone and have a nice day.

TAG   Shall we do the new one in one month from now, facing the....are you ready for that? Okay, so in one month you will meet the new leadership and please prepare for any questions you will have. You will get the answers from my colleagues. Thank you so much.