Thank you very much, Stéphane.

Good afternoon everybody. I just saw on the monitor that you had 40 minutes of intense exchange on some really tricky issues. I hope this will be easier for you all. I am actually taking advantage of the fact that I have come into New York, after yesterday in Paris and earlier on this week in Geneva, and in Africa over the last two weeks. I wanted to update you on the latest developments in the Ebola outbreak in West Africa. And then I wanted to talk a bit about some of the work that I have been doing with the WHO.

[Getting to zero, staying at zero]

So the number of people with Ebola in West Africa has really declined in recent months. The outbreak’s not completely over. However, you know that transmission of the virus has stopped in Liberia and in Sierra Leone. And both countries are now in a 90-day period of enhanced surveillance which means high level of vigilance because they are absolutely determined not to have any recurrence.

In Guinea, the trend is also positive, but there are still some risks. Efforts have been focused on getting to zero. And the positive news that we have is that yesterday, the country did start its own countdown after having an interval of 42 days after their last case.

Indeed, the last confirmed infected person in Guinea – is a 3 week old girl called Nubia – unfortunately, her mother died but she is in a treatment unit in Conakry and she tested negative for the second time on Monday. And, we are hopeful that she will be the last case in Guinea. We are being cautious. She has received experimental therapies and also the immune system of very young children is quite underdeveloped. So, interpreting test results is never 100 percent straightforward. And that is why it’s with great deal of care that we are entering this 42-day period in Guinea.

But for me sitting in front of you is an opportunity to say how personally proud I am with the leadership shown in all three of the affected countries. Also how delighted I am that communities in
Liberia, Sierra Leone and Guinea have themselves taken such an important lead. I am also delighted by the way in which the international community continues to be engaged.

Let me tell you a bit about some of my priorities right now as I continue to travel in the region and to work with the international community.

[Supporting survivors]

Firstly, more than 15,000 people who had Ebola that survived still face a lot of challenges. There are risks that they face; there are risks that their families face. And there are risks that they might unwittingly pose to other people.

First of all, they have a tough time. They’re distressed. They’re not trusted. They’re subject of a lot of stigma. And, they really need to be treated as the heroes of the outbreak. And so what I want to do is to be sure that every person who survived Ebola can access a comprehensive package of care that help them, and that help their communities. That means that all those who survived, need to be helped maintain hygiene and also if they are meant to practice safe sex, they need proper counselling and follow up testing. They need eye care because we know that vision can suffer after Ebola. They need medical support. Often they have terrible joint pains. They need sexual health systems. They need psychosocial support. Sometimes they need economic support.

So trying to make sure that survivors and their families can access the support they need is my priority number one.

My priority number two, is I want to be sure, that in all the affected countries there is capacity to protect, to detect and to respond in place, so, that if there is any resurgence, and any report of suspected new cases, the response is there and that we don’t get caught unaware. So, together with my colleagues I’ll be checking up to see and to ensure that rapid response capacity is in place.

[Preparing for the future]

My third and last priority for today is to honour those who have been affected by this outbreak and to make sure that the world can deal with this kind of problem better in the future. We have to
remember that more than 11,300 people have died. And so, it’s really good that there are many lessons learned exercises underway, including the Secretary-General’s High-level Panel on the Global Response to Health Crises and also the Review Committee on the Role of the International Health Regulations in Ebola Outbreak and Response. There are many other studies underway, as well.

And I am pleased to see that lessons are being applied. I’ve spent many of the last fourteen months working very closely with the staff of the World Health Organization (WHO); more than 1,000 of them at any time working in West Africa, often living in tents, in the rain, under quite difficult circumstances, working with communities. I really have been impressed by their commitment, and by their energy and by their single-minded determination. And they have not had an easy time, also because their organization has been identified as having made mistakes. But these are people who accepted what’s being said about them with humility, accepting that yes, in the past they made mistakes. But they’re determined to put that behind them and to serve the people of the affected countries with the fullest possible commitment and energy. And it is extraordinary working with these people. Extraordinary.

And that’s why I have been delighted to have had the opportunity to work with WHO, chairing an Advisory Group on the Reform of its work. I’ve been doing this since July and I am part of a group of 19 experts and we’ve come out with some recommendations that we have put in our first report which is now on the WHO website and it’s in the public domain. I presented it to the Director-General of WHO on Monday evening in Geneva.

There are three big elements to our advice. The first is that WHO must ensure that it’s always neutral, independent, [and] free of any kind of political control when it is making judgements about health risks and sharing those with the rest of the world.

Secondly, WHO needs a powerful program of outbreaks and emergencies that is integrated across the whole organization with the staff and finance that it needs to respond to threats the kind we have seen with Ebola; that it has standby partnerships agreements with organizations involved in humanitarian and infectious disease work throughout the world that can be activated when needed; that it has funds that it requires that can be promptly disbursed and accessed as soon as there is an alert; and that it participates as
leader of the humanitarian community in case of health threats. That’s our second main requirement for the WHO itself.

And, the third is that we are calling for an independent oversight group to be set-up to help the Director-General of WHO and its members to be sure that it is performing in a way that the world needs.

I am pleased to say that these recommendations together with others in a 19-page report have been accepted by the Director-General of WHO and she is working hard to implement as much as she can and be clear about what she is doing before the next meeting of the WHO Executive Board which is on 25 January.

Our Advisory Group has more work to do, particularly on financing and on some of the details of organization in relation to our recommendations and we will continue working in response to the requests of the organization until the end of our mandate, which is at the very beginning of January next year.

So, that’s my briefing to you. And I hope that it makes sense. And if you would like me to go into any details now, I would be delighted to answer any questions you might have.

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