Thank you very much indeed ladies and gentlemen for attending this afternoon. I am delighted to be co-chairing this with Dr. Tedros. Let me just explain the format at the outset.

We will firstly have a session which I will chair on the response to the outbreak and I am delighted that we will have presentations in that session from His. Excellency Dr. Oly Ilunga, the Minister of Health from the Democratic Republic of Congo. And let me say at the outset excellency that we all applaud and express our gratitude to you personally, to the Government of the Democratic Republic of Congo, to the institutions of your country, and to the people of your country because you have borne the brunt of dealing with this, the tenth outbreak of Ebola in your country. And what everybody else here wants to do is to support the DRC in dealing with this problem. And we all work under your leadership and your guidance and thank you very much for being here.

We’ll also have a presentation from the Secretary of State for International Development from the United Kingdom Rory Stewart, who has been in the DRC very recently. The UK is one of the biggest financiers of the Ebola response at the moment and we greatly appreciate your support.

And one of the main things we want to do today is set out for you our plans for the next phase of the response and funding as I am going to say is a key element of that.

We will have an update for you from the UN team inside the DRC.

David Gressly, who the UN Secretary-General appointed as the UN’s Ebola Emergency Response Coordinator, dealing with all the support system that is needed to enable the WHO-led public health response to be successful.

And we will also have an update from Dr. Ibrahima Socé Fall who works very closely with David Gressly in the DRC and who leads the on-the-ground public health response in support of the government.

And then we’ll also have a presentation from Dr. Annette Dixon, the Vice-President for Human Development at the World Bank Group in Washington.
There will be after those presentations be a little bit of time for comments and reactions from the floor before we move on to the second session which Dr. Tedros will chair. That session will be about partnering with communities, meeting humanitarian needs more broadly and strengthening preparedness. And Tedros when we come on to that will introduce the panelists. So that’s the structure for our time this afternoon.

As you know, this outbreak of Ebola is at a critical juncture. It’s now in its twelfth month. It’s claimed more than 1,600 lives. It’s placed a terrible burden on the country, and among those affected by the virus, most are women – more than 57 per cent are women. The government, as I said, is actively leading the response and the international community is in support of the government and national and local responders. I want to repeat our commendations to the government, to the people of the DRC and the institutions of the DRC for their efforts on the response to date.

Since the start, WHO and its partners have been in the frontline of the international community’s support for the government. I really want to pay tribute to all of the health workers – more than 600 of them, they staff WHO – and the WHO team in the region and in headquarters and to Tedros himself, who’s played an exceptional leadership role with many visits and deep engagement and powerful leadership of this response.

But it became clear to all of us earlier in the year that we needed to bring to bear more support from the rest of the United Nations family to help create the conditions where the government and WHO could ensure that the public health response could be successful.

And one of the things we want to update you on today is how the rest of the United Nations family is stepping up in support of WHO and the government.

Lots of people have their main understanding of Ebola from the major outbreak that affected West Africa in 2014-2015.

I want just to outline for you the ways in which this outbreak is similar but also different to the outbreak we dealt with successfully, ultimately, in 2014-2015. I want to make three points in particular:

The first point is that when we dealt with the West Africa outbreak, we didn’t have the vaccine and we didn’t have some of the successful treatments that we now have available to us.
More than 160,000 people have so far been vaccinated and the vaccine has a high degree of effectiveness. So, that’s an asset compared to the situation we faced in 2014-2015.

Secondly though, the outbreak in DRC is taking place in an insecure and complex area, with multiple armed groups present and large-scale pre-existing humanitarian needs.

Special interests distort the context. A history of disaffection with national authorities and foreigners generates distrust and makes the response more complicated. And one manifestation of that is attacks against health facilities and health workers and some of you will have seen reports of two more colleagues, trying to be part of the solution to the problem, losing their lives in doing that just over the last couple of days.

Security for the response is therefore of absolutely paramount importance and we are trying to strengthen the way the UN family supports the government on security. But I do want to make it absolutely clear to everybody that the UN’s Stabilization Mission in the DRC – MONUSCO – plays an absolutely critical role in providing security and enabling the response. And I want to say to all of the Member States here today, that as the future of the MONUSCO mission is now being discussed, you need very seriously to consider the risk that a reduced MONUSCO footprint would create for the Ebola response. Without the MONUSCO security umbrella and the way we are strengthening it, it would be very difficult to fight the Ebola outbreak.

The third point I want to make is about how this is different to what we dealt with in West Africa is that just in the first phase of the West Africa outbreak there was more than $2 billion in international support provided. What we’ve had available to us, so far, in the DRC, is just a small fraction of that.

Donors released funds earlier on for the first strategic plan and the second and we are grateful for continued support from the donors but much more is needed. We need to be honest with ourselves about the real cost of getting to zero cases. There is a lot of work going on at the moment on the fourth strategic response plan and I can tell you now that it will be budgeted at a much higher level than the previous three plans and that’s because it’s our assessment that we need a bigger more comprehensive response if we are to get to zero cases than we’ve had hitherto.

David Gressly and others will give you a bit more information and then as we finalize the details of the response plan, which we are working on very hard with the government, we will publish it shortly. But it’s an important message for today is that unless there is a big scale-up in the response, we are unlikely to be successful in getting to zero cases.
We have made significant improvements and changes in the way the international community, especially the UN system, is supporting the government. I am going to leave it to David and to Ibrahima to talk more about that.

Now that we have strengthened the response, we need your political and financial support to keep moving forward, both for the response and for preparedness.

If we don’t get an increase in the funding available, treatment centres are going to close. There will be fewer teams to conduct training or to give life-saving vaccinations. There will be fewer mobile teams available to immediately investigate, isolate, treat and trace each new case, no matter where the disease pops up.

We have started to get some positive momentum in former hotspots like Butembo and Katwa, but unless we scale up the response we risk losing that.

We also need to scale up the response in order to deal with the high risk of the virus spreading further. You know already that we’ve had cases in Uganda, you’ve seen the reports of a recent case in Goma. Unless we are able to scale up to deal with the risk of spread, again we will not be successful in getting to zero cases.

I want to say to you that from a purely financial perspective, the cheapest strategy is to invest fully at this point, and to stop the current outbreak, rather than to under-invest now and to have the outbreak linger over a longer timeframe and possibly spread further geographically.

So, the time to step up financially is now.

In order to beat the Ebola outbreak, everybody in this room has to play their role.

We all have to be in the same boat, everybody needs to pick up their oar, and everybody needs to row in the same direction. It is possible. We can get back to zero cases in the eastern DRC, but if we want to do that we have to act in a different way starting from now.

Thank you very much indeed. Let me hand over now to Tedros for his opening remarks.