Dr Margaret Chan, WHO Director-General

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Distinguished members of the Security Council, ladies and gentlemen,

Much has changed since I briefed the Security Council on the Ebola outbreak in September of last year.

The dire situation at that time rallied an unprecedented response by the international community and by individual governments, who brought in military expertise, medical teams, critical equipment and supplies, and considerable financial resources.

That generous surge of support had an impact. Surveillance and response capacities have vastly improved.

We have a very good picture of current chains of transmission, and know how to break them. Full genome sequencing of viruses can be done within 48 hours of case detection, giving clues for the detective work of tracing the origins of each and every single case.

New cases in Liberia have again stopped. Guinea and Sierra Leone have together reported only three cases during each of the past two weeks, representing the lowest numbers seen in well over a year.

This is a night-and-day difference from the situation less than a year ago. I can assure you: the progress is real, and it has been hard-earned.

Most credit for this progress goes to unwavering leadership at the highest level of government.

At the same time, I must caution against a false sense of security. All it takes is a single undetected case in a health facility, one infected contact fleeing the monitoring system, or one unsafe burial to ignite a flare-up of cases.

Further setbacks, such as the one experienced by Liberia at the end of June, can be expected.

We are very grateful to Liberiafor reporting that setback immediately and mounting such an impressive resopnse.

International organizations continue to support national efforts, with several thousand specialists working alongside national staff in villages and towns as well as in the capital cities.

If the current intensity of case detection and contact tracing is sustained, the virus can be soundly defeated by the end of this year. That means going to zero and staying at zero.

Fears that the virus could become permanently established in humans in this part of Africa have receded.
This is also very good news.

The outbreak, by far the largest, longest, and most severe ever known, shook the world and challenged the international community, crying out for the most powerful possible response.

They asked for something we had never done before.

And What explains the scale and duration of the outbreak? What allowed the virus to rage out of control?

What are the vulnerabilities that might let similar, or even worse, events threaten the world? What specific preparedness measures can prevent their occurrence?

Most agree that the lack of public health capacities and infrastructures created the greatest vulnerability.

The concept note, prepared by Nigeria, thank you for that to guide this session, documents the importance of regional arrangements.

Strengthening these arrangements is a good place to start, especially when it improves vigilance and increases the surge capacity needed for a very rapid response.

Innovative regional and sub-regional initiatives have a critical role to play. WHO offers its full support, backed by the provisions in the International Health Regulations.

Decentralized international organizations like WHO and others, with its regional and country offices, and its networks of collaborating laboratories and centers, provide strong platforms for coordinated technical support and capacity building.

The African Union and the CDC are jointly establishing a Communicable Disease Control system that will help African nations be better prepared for outbreaks.

The first step later this year will be the establishment of an African Surveillance and Response unit, which will include an emergency operations centre and workforce.

This will help African nations to participate fully in the International Health Regulations. The IHR have been agreed by all nations and provide the bedrock for safeguarding security in the face of disease threats.

West African nations have dealt bravely and boldly with the outbreak, receiving magnificent support from across Africa. They have shown how the right kind of health care greatly

increases the prospect that people with Ebola will survive. They have analyzed the health and social needs of around 13,000 survivors, who experience long-term complications ranging from tiredness and severe joint pains, to visual impairments that can lead to blindness.

They have mounted a vaccine clinical trial in Guinea, and early results have been extremely encouraging. Public acceptance of the trial has been very good.

We have learned the importance of listening to the concerns of communities and winning their trust and cooperation. We will continue with the studies and mobilize funding for rapid deployment once the vaccine is approved by regulators

As a contribution to Ebola's legacy of preparedness, WHO is putting together a blueprint. A blueprint for the rapid development of new medical products for any future outbreak.

Next month, WHO, the US CDC, and the national counterparts will evaluate the performance of three rapid point-of-care diagnostic tests. If the results are good, this innovation will be another important contribution outbreak containment and preparedness for the future. Right now, rapid screening of patients for high-risk procedures, such as those in maternity and surgical wards, helps restore confidence in the safety of health facilities for patients and health professionals alike.

This is part of recovery.

The Ebola outbreak in West Africa shocked the world out of its complacency about the infectious disease threat.
We witnessed the decisive role of vigilance and readiness in countries that experienced an imported case.

All responded to that imported case as an urgent national emergency and stopped onward transmission or held it to just a handful of cases.

The world has learned from the Ebola experience.

Ladies and gentlemen I am personally overseeing reforms in WHO that include the establishment of a global health emergency workforce, an operational platform that can shift into high gear very quickly, performance benchmarks that show exactly what we mean by "high gear", and the funding needed to make this happen.

Let me once again thank all Member States and the United Nations System for their consistent personnel, financial, logistical, and political support for this vital transformation.

Thank you.