Excellencies, honourable ministers, ladies and gentlemen,

I have come here to thank the governments of Guinea, Liberia, and Sierra Leone, your health care workers, scientists and your people for triumphing over the Ebola outbreak that so severely devastated your countries for so long. I also thank your international partners for their support and collaboration.

Last December, WHO published the results from the Guinea ring vaccination trial, showing that the world's first Ebola vaccine provides substantial protection. Among the thousands of people who consented to be vaccinated, no cases of Ebola virus disease occurred.

The vaccine trial was exceptional for several reasons. It used a novel design, focused on a ring of epidemiologically linked people, one of the strategies that WHO used for the successful eradication of smallpox. The study design ensured that the trial took place in pockets of the population with a high incidence of Ebola infection and a high risk of further transmission.

A deliberate decision was made to tailor the logistical implementation of the trail to local conditions. The close collaboration with, and the support from, the Guinea National Authorities was a catalysing factor in the successful implementation of the trial.

The conditions were challenging. The health-care system in Guinea was strained by the outbreak, potential trial participants were worried about a candidate vaccine made by foreign people, and the response teams were facing security issues.

The study showed the ability of the international team, in collaboration with colleagues in Guinea, to gather efficacy data for an Ebola vaccine during an outbreak in a developing country, with the associated limitations in health care infrastructure.

This is a truly remarkable achievement. Several media outlets described publication of the vaccine trial results as the best news given to the world in 2016.

Scientists do not yet know exactly where in nature the Ebola virus hides between outbreaks, but nearly all experts agree that another outbreak is inevitable. When this occurs, the world will be far better prepared.

As a novel approach for Ebola control, ring vaccination can be added to established control measures.

The strategy can have a significant impact, even if supplies of vaccine are initially limited. I wish to thank Gavi, the Vaccine Alliance, for supporting the development of a stockpile of Ebola vaccines for future emergency use.

Health and medical professionals will have something to offer those who have been exposed to the virus, either in households or health care facilities, which goes beyond isolation and quarantine.

The phase 3 ring vaccination trial was given the name, “Ebola Ça Suffit!” or “Ebola that’s enough!” I am certain everyone in your three countries felt they had had enough of Ebola. By collaborating in the vaccine trials, your people fought back. I pay tribute to all of them.

I agree with the media. A safe and efficacious Ebola vaccine was the world’s best gift during 2016. I thank scientists from Guinea, the Guinea national medicine and regulatory agency, and the national ethics committee. Your support was critically important for the international team.

Apart from funding provided by WHO, the trial benefitted from generous financial support by the UK Wellcome Trust, the UK Government, Médecins Sans Frontières, the Norwegian Ministry of Foreign Affairs, and the Canadian government. I wish to also add my thanks to the US National Institutes of Health and the US CDC, as well as the Russian Federation for continuing to work on vaccines to advance scientific developments for Ebola.

Excellencies, honourable ministers, ladies and gentlemen,

The contribution of your collaborative efforts goes even broader than giving the world a badly needed vaccine for one of the deadliest pathogens on this earth. We have seen a significant spillover effect.

During the Ebola outbreak, WHO acquired extensive experience in facilitating R&D for new medical products, supported by numerous governments, public and private entities, and scientists. Thanks to that support, the Ebola vaccine was developed and tested in 12 months as compared with the 5 to 10 years usually needed for such a process.

However, because no formal framework was in place to guide efforts and interactions among partners, precious time was lost. The vaccine’s safety and efficacy were demonstrated only near the very end of the three outbreaks, too late to maximize its full life-saving potential.

The consequences of this lost time propelled the establishment of the WHO R&D blueprint in 2016, with the prime purpose of providing the missing framework. By setting up collaborative models, standardized protocols for clinical trials, and pathways for accelerated regulatory approval in advance, the blueprint cut the time needed to develop and manufacture candidate products from years to months.

As another consequence of the Ebola response, WHO established emergency procedures under its prequalification programme for the rapid assessment of innovative health products during public health emergencies, making it easier for UN and other procurement agencies to choose quality-assured products.

To develop the R&D blueprint and support these other innovations, WHO convened a series of expert consultations. One of these consultations led to the establishment of the Coalition for

Epidemic Preparedness Innovations, announced in January 2017 with initial funding of nearly $500 million.

The Coalition was further guided by a new WHO list of priority pathogens that have the potential to cause severe epidemics yet have no vaccines to slow their spread.

The Coalition is building a new system to advance the development of safe, effective, and affordable vaccines, ensuring that price is not a barrier to access for populations most in need. Doing so provides a vital insurance policy against the growing threat from emerging and re-emerging diseases.

Three diseases from the WHO list of priority pathogens have been initially targeted: Lassa fever, Nipah virus disease, and the Middle-East Respiratory Syndrome, or MERS. Working together to develop a safe vaccine, we need to ensure that price does not become a barrier to access.

The Coalition is pursuing a proactive ("just in case") and accelerated ("just-in-time)" vaccine development strategy for epidemic threats that moves vaccine candidates through late preclinical studies to proof of concept and safety in humans before epidemics begin.

This proactive and accelerated approach makes it possible to begin larger effectiveness trials swiftly during an outbreak and have small stockpiles ready for potential emergency use. The strategy is also building technical platforms and institutional capacities that can be rapidly deployed against new or re-emerging pathogens.

These significant spillover effects strengthen the world's collective defences against the never-ending threat from emerging and re-emerging infectious diseases.

Thank you.