



# World Health Organization

Dr Peter Salama, WHO Deputy Director-General, Emergency Preparedness and Response

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**Speaker Key:**

- TJ Tariq Jasarevic  
PS Dr Peter Salama  
UF Unidentified Female Speaker/s  
UFM Unidentified French Male  
LI Lisa  
TO Tom  
JA Jamey

TJ Good morning everyone thank you very much for coming this morning to hear on latest update regarding the Ebola outbreak in DR Congo. As regularly now, we have our Dr Peter Salama, Deputy Director-General for Emergency Preparedness and Response and I'll give him the floor immediately to give you update on Ebola in DRC, thank you.

PS Thanks Tariq and good morning everyone. It's been almost two months since the onset of the latest Ebola outbreak that was declared in North Kivu province and the response at this stage is at a critical juncture. We have now a total of 150 confirmed and probable cases and we've passed the sad market of 100 deaths. Overall, the trends in recent weeks have been positive: we've gone from 40 cases on average per week around five weeks ago now, to around ten per week in the last three or four weeks consistently.

However, that overall positive trend belies a series of grave obstacles that the response is now facing which will be the subject of most of what I say this morning. The response at the moment is well-led by the Congolese Ministry of Health and has received strong support

from international partners; the UN partners, WHO, UNICEF WFP, IOM and MONUSCO in particular, the Red Cross and civil society partners particularly MSF, ALIMA and other NGOs.

Donors have responded very quickly and very generously, fully funding the response once again in a matter of one to two weeks. So the pillars are now operating at scale, both the traditional pillars of Ebola response, the surveillance pillar, for example, safe burial pillars and community engagement. And on community engagement we do see some progress; we've gone from a situation where there was widespread awareness in the community of Ebola but very little knowledge, to a situation where there is general awareness and general knowledge.

But as well as the traditional pillars of the response, we've seen some real breakthroughs what I've described as paradigm shifts in the tools that we have at our disposal to respond to Ebola. Particularly the vaccination programme using the investigational Merck vaccine has now reached more than 11,700 people. It's the largest scale we've ever seen of the use of Ebola vaccine in the midst of a response.

We've also seen now, in the last weeks, systematic and timely use of therapeutics for Ebola--again all investigational products--and now 39 people have benefited from these treatments. However, the response is facing a series of grave obstacles and I'll just go through the three major ones.

The first is insecurity. We've seen an increased frequency and an increased severity of attacks by armed opposition groups in recent weeks, particularly reported attacks by the Alliance for Democratic Forces, but there are other armed opposition groups in the picture as well. So we've seen attacks now on August 24, September 3, 9, 11, 16, 21 and most recently and most dramatically September 22 in the city itself of Beni.

You will recall Beni is the site of our base for this entire operation and there was an attack only 600 metres from the main roundabout in the city of Beni on Saturday. That latest attack resulted in at least 21 deaths, although the final death count is yet to be confirmed, including 17 civilians. And as WHO, on behalf of the UN family, we would like to extend our deepest sympathies to the communities in and around Beni that have suffered from these recent attacks but of course have suffered for decades now at the hands of this civil war.

One particular facet of this recent attack was that it included an indiscriminate level of targeting of civilians, it wasn't just an attack on FARDC and MONUSCO as per most of the previous attacks in recent weeks; it was an attack on civilians. It has also resulted in major population displacement in and around Beni and the calling for something called a "*ville morte*" a day of mourning by the local population and a day of protest.

We've heard this morning that that *ville morte* which was yesterday has now been extended right through to Friday of this week, which basically means for the UN family, including WHO, a lockdown in Beni. Our operations are in effect suspended.

We've seen on the insecurity that the ADF in particular has enormous capabilities: they've been able to overrun entire FARDC bases in and around Beni. They've been able to ambush MONUSCO forces particularly on the road from Beni to Mavivi and they've been able to reach, as I described on Saturday, right into the centre of the city of Beni itself.

The second major factor that we're concerned about is the level of community resistance and mistrust and all of these factors are interrelated. While the majority of the community have accepted the Ebola response interventions, and accepted very well, one only has to look at the level of coverage of the Ebola vaccination where we see that in the majority of rings in the ring vaccination: we've seen near 100% vaccination coverage amongst the eligible people.

So this is not a problem with the majority of the population, but we do see really difficult pockets of community reluctance, refusal and frankly resistance. Particularly there's been one in and around Beni in a small village called Ndindi which has been responsible for a large proportion of cases in the last couple of weeks.

We also see a very concerning trend that that resistance--driven by quite natural fear of this terrifying disease--is starting to be exploited by local politicians and we're very concerned in the run up to the elections, projected for December, that that exploitation of this very natural fear will gather momentum and make it even more difficult to root out the last cases of Ebola.

And how does this manifest? Well we see it manifesting in small numbers but still significant numbers of people refusing active follow-up, refusing to be cared for in the Ebola treatment unit, and actively fleeing from the responders into the forests, and for hundreds of kilometres in some cases.

The result of all this is the third factor: we now have wide geographical spread of Ebola also into red zones from a security perspective and into border areas with surrounding countries such as Uganda. So at the moment we have one confirmed case in a small city, a small village, I should say called Kalunguta -which is on the road from Beni to Butembo in the south. This case and their family community have refused care they're now in a red zone so it's extremely difficult to access them and we know that we have at least one confirmed case.

And that area is almost entirely surrounded by Mai-Mai rebel groups. On the other side in the north more than 200 kilometres away we have a case now in Tchomia very close to the Kasenyi Port on the riverbanks of Lake Albert which has of course direct connectivity across the lake to Uganda. That area is entirely surrounded by a different rebel group known as FRPI the Force de résistance patriotique d'Ituri. So we're dealing now with three active armed opposition groups, not just the ADF.

I previously described the context for the Ebola outbreak in North Kivu as arguably the most difficult context we have ever faced, as WHO and the UN system, in terms of responding to an Ebola outbreak. We are now extremely concerned that several factors may be coming together over the next weeks to months to create a potential perfect storm. A perfect storm of active conflict limiting our ability to access civilians, distrust by segments of the community

already traumatised by decades of conflict and of murder, driven by a fear of a terrifying disease but also exploited and manipulated by local politicians prior to an election.

And of course, a frightening high threat pathogen that will exploit these community and political faultlines and not respect borders whether they're provincial or international. In terms of our asks, we call again on all parties and any governments or groups that have influence over these parties to help protect responders and help protect civilians and our access to them.

We all on the international community to continuously... to continue to fund the response both in North Kivu but also-- and this is increasingly important-- in the neighbouring provinces of North Kivu and Ituri and in surrounding countries, with a priority on Uganda which is now facing an imminent threat, a priority on Rwanda, a priority on South Sudan and Burundi.

And finally, we call on those governments in surrounding countries to accelerate their preparedness which they've really begun and ensure that if as is increasingly possible this outbreak spreads across international borders, we are all collectively prepared to stop it before it gets out of control. Thank you.

TJ Thank you very much Dr Salama we'll start with questions.

UF Hello [unclear] I would like you to talk again about the suspension of your activities what can you tell us about the suspension, how long it will be and what could be the implications of these; every day, every hours without your activity?

PS So we don't know how long this *ville morte* will last, it's called *ville morte*, "dead village" I guess is the direct translation from French, but you know better than me. And basically it's a day of mourning and it's a day of protest and we have seen social media, remembering that these are opposition areas of the country, opposition strongholds blaming the government claiming that this is a government scheme, for example, blaming the UN, blaming MONUSCO.

And so there are extremely concerning trends, and as I mentioned earlier, we're very worried about this interrelationship between security, and community mistrust, and potentially the danger of blaming the actual responders for what's going on. We have, as WHO, more than 80 staff in Beni. As I mentioned, it is the operational bases for the entire response of WHO and the UN. Those staff have been confined to either the emergency operating centre in Beni or to their accommodation, their hotels.

To give you a very concrete answer to your question of what impact it has; yesterday we were only able to reach 20% of the contacts of confirmed and probable cases in and around Beni. So it means that 80% of people that are at risk of Ebola, a direct and immediate risk of Ebola, were unable to be followed up yesterday in Beni. We note this morning that this *ville morte* has been extended until Friday, so that means this entire week, we may have cases that become more symptomatic and become more infectious that we're unable to respond to.

Again yesterday, there were three suspected alert cases in and around Beni; we were unable to reach the three suspected cases. In the last few weeks we have an extremely strong track record of within 24 hours reaching almost all, more than 95% of all alerts of suspected cases anywhere in DRC; even in surrounding countries but of course this week it's going to be much more difficult to do that.

I should mention that the operation has affected Beni quite specifically and the surrounding areas. We are still operating in the other areas such as Mangina and Butembo, and of course around the new confirmed cases there are now two in Tchomia where we have already begun vaccination on that border area on Lake Albert with direct connectivity to Uganda. But I would also say that civil society groups in other areas such as Butembo are now saying that they would like to establish similar days of mourning in sympathy with the people of Beni. So this has the potential to spiral and we are very concerned for the safety and security of our staff, but also the fact that as the days go on, if we do see unsafe burials that can't be responded to, if we do see symptomatic people that can't be accessed we can see this situation deteriorating very quickly, which is why there is a real potential for a perfect storm in the coming days to weeks.

UF Hi [unclear] can you explain a little bit how this is being exploited I don't quite understand? Does that mean the opposition groups are saying the government is spreading Ebola or the UN is spreading Ebola what exactly is going on? And why is it not possible to operate on a day of mourning?

PS So this is an opposition area of the country of course and it's an area with as you know more than 100 armed opposition groups. There are different levels of relationships between the local politicians, the central government and the armed opposition groups and it's extremely localised and I encourage you to look at the social media response to the killings in Beni to see how the social media is portraying this, and how different opposition politicians are linking the fact that we have violence ongoing, many instances in the last couple of weeks that I mentioned the dates of, but also for many years previously.

And of course, very close to army positions, so the opposition groups are asking questions; how can these massacres occur right next to a base of FADRC? How can the army and the central government allow this violence to continue? That's what the armed opposition groups are saying on the social media, and indeed publicly, and they've been quoted as making those links and then in turn making those links with the fact that there is Ebola.

And remembering that Ebola in normal times, in normal context, is always subject to a level of fear, panic and superstition, so if you combine that level of superstition with a level of grave mistrust built on decades of suspicion of central government by opposition-held areas, you can imagine the two being conflated and basically government being blamed for Ebola continuing in North Kivu. And that's what's happening on social media and I encourage you to have a look and you'll see how those links are being made.

We've also seen in surveys that have been supported by the international responders through the Red Cross and the Centres for Disease Control, KAP studies done by UNICEF, that

increasingly, when communities are asked what's behind the outbreak, what's driving it, there is reference to government schemes, there is reference to people making money out of the response, so a range of conspiracy theories that are now, as I mentioned, being tied up with the regular superstition that we always see in Ebola responses.

UF And the people who are helping, like WHO staff, are then thought to be in the same camp as the government?

PS It's not clear but that's the risk; that because we work so closely with central government, of course we work very closely with MONUSCO which is providing the air assets and the logistics, the risk is it becomes very hard to differentiate between the UN responders responding to Ebola, whether with WHO, UNICEF, WFP, IOM or others, and the government authorities who of course have a much broader role, including in the military activities in and around the Kivus.

UFM [Unclear], Swiss News Agency. So just to be clear, have there been some people gathering next to the compounds where your staff is stationed, threatening them directly in terms of security? And if so, are you ready to evacuate if that situation worsens?

PS So there haven't yet been major violent incidences targeting the UN or Ebola response in Beni associated with this *ville morte*. There have been gatherings of young people and we are on alert and standby for any targeting of our staff.

There have been in other parts of North Kivu during this response violent incidences that have been more directly targeted at, for example, safe burial teams, vaccination teams and other outreach teams. So we're watching very closely to see if that becomes a pattern and of course we're assessing the security and risk and safety of our staff on literally an hourly basis.

We will not yet consider the need to evacuate but we are developing a range of contingency plans to see where our staff are best located or relocated in order to be safe while we continue to respond.

And really it's not a choice, colleagues. If WHO and its partners had to leave Northern Kivu despite the excellent work of the Ministry of Health and their leadership, we would have grave concerns that this outbreak would not be able to be well controlled in the coming weeks to months.

TE Thank you. Lisa?

LI I was wondering, do you have any... More than 100 armed groups, it's a lot of armed groups but do you have any contact with any of them or certainly the ICRC has a lot of experience in negotiating with armed groups and so forth, so is there any sort of a pipeline where you are able to get through to them?

I know you talk about the fear and the superstition and all that regarding Ebola but are the foot soldiers or even the leaders, in particular the leaders, aware of what Ebola can do, ultimately that they also can die, they're not immune to this disease?

PS So we are not in direct contact with any of the armed groups but indirectly very much involved with the community leaders and the organisations on the ground that have been in North Kivu for a very long time.

And of course our messages are very broad. So the community engagement approaches of WHO, UNICEF and particularly the Red Cross, and ICRC and IFRC are directly involved in all of this work, are along a two-pronged strategy. One is mass communication through local radio, through Radio Okapi which is run by MONUSCO and through a range of other mass mobilisation tactics.

So as I mentioned earlier, KAP studies done by UNICEF have shown actually a level of knowledge and awareness is now extremely high across North Kivu. So the groups associated with the armed opposition know now, they must know now the risk of Ebola and the fact that it doesn't differentiate across party lines or party groups.

At the same time we also have another prong to our strategy which is becoming increasingly important. Remember what I mentioned earlier which is the majority of the community is actually extremely accepting and wants these response measures, and vaccination is a great example of that.

But there are pockets, and sometimes it's just families and immediate members of one family, who are continuing to really actively resist, sometimes violently, where we need a different kind of approach to mass mobilisation. And that means direct interpersonal communication.

It means qualified people going and directly discussing through community leaders with the family members themselves, directly engaging them. And we do that with youth, we do that with young people.

And remember for most of these rebel groups there's not a clear demarcating line in all circumstances from the community themselves and the group. These are not groups where you can say, okay, who is your commander; let me meet with them and negotiate some sort of truce or some sort of formal agreement to allow the Ebola responders in.

It's much more opaque than that, particularly with the ADF. And for any of the responders, including those that have been working in North Kivu for many years, none of them have direct formal contacts with ADF for example. So it's much less direct than that. But we will, as we always do in the UN, talk to whoever we need to to gain access to the civilian population and we continue to be open to all those discussions.

TE We have time for two more questions, Tom and then Jamey.

TO Good morning Dr Salama. I wanted to follow up on a couple of things you have already said just to make sure I understood.

You talked about political exploitation in your introductory remarks and then you were talking more about armed groups politicising this. Are you worried that it will become what

we would recognise as a bone of contention in the election with different political actors arguing about whether or not to get vaccinated? I just want to understand a bit better.

Secondly, you said a number of people have benefited from therapeutics and also vaccinations. Are you now saying that it's clear that these things actually work and are armed groups telling people not to get vaccinated, just to be clear?

And sorry, one other thing, are you actually worried you might have to pull out? You said if WHO and its partners had to leave North Kivu we'd have grave concerns, but are you saying that there's a chance that you might have to pull out if this violence goes on?

PS I think I got four questions there. On the therapeutics first, so we will not make any conclusive statements about the efficacy of the therapeutics based on the very small numbers that we have in this outbreak. But what I can say is that we have 39 people that have been treated and so far there have been 12 deaths out of the 39.

Again, I don't think we should draw any firm conclusions from that. On one hand that would indicate a better survival rate amongst that subset than the overall rate across the response. At the same time, even the majority of those 12 deaths that have occurred out of the 39 are amongst people that presented extremely late, sometimes comatose and in shock, to the Ebola treatment unit.

So that's why it's extremely hard, based on the small numbers, to make any definitive conclusion. So I'd advise you not to. We're certainly not. But it's part of a broader discussion of establishing this outbreak as one of multi-country, multi-outbreak research trials where we're going to be looking much more definitively at which are the best treatment regimens and comparing one to the other based on much larger numbers, which we'll likely only get through multi-country, multi-outbreak studies. And that's in process that study.

The question of vaccines, no, I have not any evidence that any armed opposition groups have explicitly indicated populations should not be vaccinated. We have no evidence of that.

In terms of the level of political exploitation, so there are two separate issues. One is the armed opposition groups and their activities and the fact that we do see this pattern of increasing frequency and severity of security incidents, which is extremely disturbing and we think more than coincidental that there is this group of now six major incidences in the last three to four weeks all centred in and around Beni.

I don't know what to conclude from that in terms of the motives of the armed opposition groups, particularly ADF, but it's an extremely concerning pattern. So that's on one hand.

The other pattern, and as yet we don't know the relationship between the two issues, is that we start to now hear and see armed opposition groups trying to blame segments and authorities for the Ebola outbreak.

That's another concerning pattern and what we really hope is as the electioneering increases up through the December period, and remember that the elections are slated currently for



December 23rd, that politicians will not exploit Ebola as a political tool and utilise the fear and suspicion that we talked about earlier as a potential leverage point for political gain.

So they are the two patterns and I'm very worried about both of them independently but the potential interrelationship between the two.

Finally on pulling out, there are no plans for WHO or UN staff to pull out. The UN philosophy is to stay and deliver under all circumstances unless we become direct targets of violence. And even then we would consider all options in order to be relocated to a different place in order to continue the response.

I don't believe, as I said earlier, we can stop Ebola without a very significant presence of UN and partners despite the fact that the Ministry of Health has exerted great leadership and is doing an extremely good job in this response. Thanks Tom.

TE Thank you very much and we will take the last question, with the permission from Michaela, from Jamey please.

JA Hi Dr Salama. You mentioned that Uganda is facing an imminent threat. How recent is that imminent threat? What are you saying to the Uganda border forces, how are you communicating with the Uganda government about that? As ADF I guess, at least in its origins, was in Uganda to begin with so is there any cross-border activity there that's causing this to possibly spread? Thanks.

PS The first thing on the preparedness side, we've spoken before how many of the border crossing points are extremely busy between both DRC and Uganda and DRC and Rwanda. Some of them see up to ten to 20,000 people crossing in either direction on a daily basis.

So there are real risks. We know that there are around 100 people cross per day on average from the port of Kasenyi which is very close to where the confirmed case over the weekend occurred in Tchomia.

So there are really imminent threats now to Uganda. Of course we've been on standby and on alert with the authorities in Uganda since the start of this outbreak because North Kivu does border upon provinces in Uganda. We've strengthened the points of entry, remembering now that more than four million people have been actively screened over the last seven weeks with the support of WHO and partners and governments on both sides in order to pick up alerts very quickly of potential symptomatic people crossing.

The Ugandan government has already designated treatment facilities on the other side. We are already preparing for the use of vaccine, the cold-chain equipment has been sent, vaccine is en route and expected to arrive on September 27th in Uganda. The surveillance system has been strengthened. All of the authorities are on high alert and picking up suspected cases already which is a very good sign.

And the WHO office, with Centers for Disease Control Atlanta, is supporting the Ministry of Health on the other side. So they're in very good shape. They also have a strong tradition of

dealing with viral haemorrhagic fevers, good laboratories in Uganda. So if you had to choose, and I hate to have to choose, a place for this outbreak to spread to, Uganda wouldn't be a bad option because they do have such strong expertise and readiness and awareness. So the system really is on standby to pick up anything new.

You're quite right that ADF has been not only an opposition group in DRC but it's also been an opposition armed group in Uganda. There have been, as well as in DRC, indirect contacts between the UN and Uganda and ADF but there are no direct contacts that I'm aware of at the moment.

But we continue to try and leverage any governments or groups that have an opportunity to be interlocutors with any of the rebel groups and to really help them understand that this is a threat to everyone and will not stop at any provincial or international borders or front lines. Thank you so much.

TE Thank you very much. We will conclude here. Thank you very much to Michaela as well for your patience. And then if there are any further questions on Ebola, please don't hesitate to contact us. Thank you.