



World Health Organization

COVID-19 virtual press conference - 10 April, 2020

Speaker key:

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CA Catrine
MR Dr Michael Ryan
MK Dr Maria Van Kerkhove
HE Helen
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AN Anna
SH Shoko
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TJ Platforms so one more time, hello, everyone, from Geneva and welcome to this regular press conference on COVID-19. Today with us, as most days, we have Dr Tedros, WHO Director-General, Dr Mike Ryan and Dr Maria Van Kerkhove. We will have an audio file available immediately after the briefing and we will also send you, as we have been doing for the past couple of days, news from different regional and country offices of the World Health Organization regarding our activities on COVID-19. I will give the floor to Dr Tedros for his opening remarks.

00:00:46

Thank you, Tarik. Good morning, good afternoon and good evening. Globally nearly 1.5 million confirmed cases of COVID-19 have now been reported to WHO and more than 92,000 deaths. In the past week we have seen a welcome slowing in some of the hardest-hit countries in Europe like Spain, Italy, Germany and France. On a personal note I was pleased to see my friend, Boris Johnson, is no longer in intensive care. I wish him all the best, as I wish for everyone who is facing what he faced.

At the same time we have seen an alarming acceleration in other countries. I want to take a moment to highlight Africa, where we're seeing the spread of the virus to rural areas. We're now seeing clusters of cases and community spread in more than 16 countries. We anticipate

severe hardship for already overstretched health systems, particularly in rural areas which normally lack the resources of those in cities.

As Dr Moeti, the WHO Regional Director for Africa, said yesterday, this means countries need to localise their response by urgently strengthening the existing public health and primary healthcare infrastructure in countries. The recent meeting of the G20 countries expressed strong support for Africa, which must be expedited even though the numbers in Africa are still relatively small but accelerating.

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I know that some countries are already planning the transition out of stay-at-home restrictions. WHO wants to see restrictions lifted as much as anyone. At the same time lifting restrictions too quickly could lead to a deadly resurgence. The way down can be as dangerous as the way up if not managed properly.

WHO is working with affected countries on strategies for gradually and safely easing restrictions. Important factors to consider are, first, the transmission is controlled; second, that sufficient public health and medical services are available; third, that outbreak risks in special settings like long-term care facilities are minimised; fourth, that preventive measures are in place in workplaces, schools and other places where it's essential for people to go.

Fifth, that importation risks can be managed; and sixth - and I cannot overemphasise this point - that communities are fully aware and engaged in the transition. Every single person has a role to play in ending this pandemic. We're particularly concerned by the large number of infections reported among health workers. In some countries there are reports of up to 10% of health workers being infected. This is an alarming trend.

When health workers are at risk we're all at risk. Evidence from China, Italy, Singapore, Spain and the United States is helping us to understand why this is happening and what we can do about it. It shows that some health workers are actually being infected outside health facilities in their homes or communities.

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Within health facilities common problems are the late recognition of COVID-19 or lack of training or inexperience in dealing with respiratory pathogens. Many health workers are also being exposed to large numbers of patients in long shifts with inadequate rest periods. However the evidence also shows that when health workers wear personal protective equipment the right way infections can be prevented.

That makes it even more important that health workers are able to access the masks, gloves, gowns and other PPE they need to do their jobs safely and effectively. To support countries WHO has launched three tools to help managers and planners calculate the health workers' supplies and equipment that will be needed for the increase in COVID-19 patients.

On Wednesday I mentioned the new United Nations Supply Chain Task Force to co-ordinate and scale up the procurement and distribution of personal protective equipment, lab diagnostics and oxygen to the countries that need it most. This initiative will be co-ordinated by WHO and the World Food Programme, building on existing collaboration between

multiple partners from within and outside the UN. This system will consist of hubs in Belgium, China, Ethiopia, Ghana, Malaysia, Panama, South Africa and the United Arab Emirates.

We estimate this supply chain may need to cover more than 30% of the world's needs in the acute phase of the pandemic. Every month we will need to ship at least 100 million medical masks and gloves, up to 25 million N-95 respirators, gowns and face shields, up to 2.5 million diagnostic tests and large quantities of oxygen concentrators and other equipment for clinical care.

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To move the supplies around the world the World Food Programme will deploy eight 747 aircraft, eight medium-sized cargo aircraft and several smaller passenger planes to move humanitarian workers, technical staff, trainers and other personnel. Clearly the associated costs will be substantial. The WFP estimates it will need approximately US\$280 million simply to cover the costs of storing and moving supplies. The costs of procuring supplies will be much greater. We urge donors to support this vitally important system. We call on all donors to support the World Food Program.

Today I convened a meeting of the Emergency Committee on Ebola in DRC. After 52 days without a case surveillance response teams on the ground have confirmed a new case of Ebola in DRC. We have been preparing for and expecting more cases. Unfortunately this means the Government of DRC will not be able to declare an end to the outbreak on Monday as hoped but WHO and all partners remain on the ground and committed as ever to working with the Government, under the leadership of the Government and with African communities and our partners to end the outbreak. I thank you.

TJ Thank you very much, Dr Tedros. We will now open the floor for questions. I will just remind the journalists to try to be short and only ask one question so we can get as many as possible from different parts of the world. We will start with Catrine [Unclear]. Catrine, can you hear us?

00:09:28

CA Yes, can you hear me?

TJ Yes, please go ahead, Catrine.

CA Thank you, Tarik. Good afternoon, Dr Tedros, Maria and Dr Ryan. I would like first of all to say that after 100 days, as you mentioned last time, of COVID-19, as you know, the Association of Accredited Correspondents at UN Geneva are discovering with you this outbreak and we are expressing our empathy for the hard work you are doing to keep us worldwide media and us informed and we look forward to have the closest co-operation with you and that we, ACANU, will have the opportunity to have briefings exclusively for our members. Thank you, Dr Tedros.

This said, I would like to ask you a technical question about the testing. I would like to have your opinion about the different test; what is the difference and the efficiency between an

antibody test like a serologic test, the chest CT scan, the RTPCR? What do you think; which of these tests are the most trustable at this level of knowledge?

And also your opinion about antibody treatments that some countries are testing. Thank you so much.

MR I can start and Maria will give you more detail. I think we've issued guidance, a technical document very recently on the different tests and different availability and different uses of tests out there. In fact this afternoon we had a very interesting and deep discussion with our strategic and technical advisory group on infectious hazards just to look at this because it's a confusing world out there now with rapid tests and antibody tests and antigen tests and PCR tests and countries are grappling with what is the best choice for them.

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It would be best to look at that document but to be very straightforward in this forum, the PCR-based tests, the tests which you see every day of the swab being pushed up somebody's nose; the testing for that is usually based on identifying the coronavirus directly by finding its RNA, by finding the actual evidence that the bug is in your nose. Those tests have been distributed widely around the world and are probably the most accurate way to determine whether someone is currently infected; in other words, the virus is in their body.

X-rays can confirm that someone has pneumonia. An x-ray does not confirm that you have coronavirus but if you have a positive coronavirus test and your chest x-ray or CT scan shows you have pneumonia then obviously the physician can attribute your pneumonia to the coronavirus. A chest x-ray alone; it's very difficult. Atypical pneumonia or viral pneumonia can be very non-specific although colleagues around the world, clinicians are becoming very skilled at interpreting those results and Maria may speak to that.

With regard to antibody tests, antibody tests do not detect the virus. What they do is they detect your immune response to the virus and it takes days and weeks to develop that full immune response so it can be detected by those blood tests and in this case antibody tests require the taking of a blood sample or a pinprick on the finger, a small blood sample and you try to detect the antibodies.

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In general the PCR-based tests are better for telling whether you're infected or not and the serology test or the blood test is better to detect whether you've been infected recently or in the past. There are different types of antibody you test for IGM and IGG that can tell you more so it's a complex issue.

Right now for governments they need to focus specifically on PCR-based testing or any form of testing that detects active infection but serology and serologic tests are extremely important for determining how many people have been infected in the population and those data are very important to tell us where we're going in this epidemic. Maria?

MK Yes, only to add that it is confusing because there're hundreds of tests available so on the one hand because the virus was identified so quickly and sequences were shared so quickly a number of labs across the globe were able to develop PCR kits and so there are a

number of PCR or molecular tests and these are the tests that will, as Mike said, detect if you are currently infected with coronavirus.

There're hundreds of those that are on the market and we are working with our collaborating centre labs and we're trying to do an evaluation of the tests that are on the market so that we can see how well they perform when actually being tested on clinical samples. That is a process that's ongoing and that is typical when you have an emerging pathogen.

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This is a process that needs to take place when you have new tests on the market. We're going to be doing the same thing with the serologic assays that are also on the market. We did issue a scientific brief a few days ago which outlined why it's difficult right now to be able to use rapid antibody tests which do not detect acute or current infection but do detect if you were infected in the past.

We recommend those right now for research so those are absolutely critical to be able to evaluate what proportion of the population has been infected with this novel coronavirus but there is a lot on the market and this is a positive thing. What we need to do is to make sure that they are validated and validated across multiple labs so that we can see how well they do perform in actual use by countries.

TJ Thank you very much for these detailed answers and thank you, Catrine, for your kind words on behalf of ACANU association, the Geneva-based correspondents, and for your proposal, which we'll consider. We'll go to the next question.

TAG Can I...?

TJ Yes, please.

TAG On the request from Catrine I'd like to say how grateful we are to our Geneva-based journalists and we would be happy to organise an exclusive session with our Geneva-based journalists so thank you so much, Catrine, for bringing that up. Thank you.

00:16:29

TJ I think this has been decided. For the next question we will go to Helen Branswell. Helen, can you hear us?

HE Hi, yes. Thank you for taking my question. Can I just say, I'm so sorry about the news from North Kivu - that's heartbreaking - that there's another Ebola case there. I guess my question is for Maria, if I could, please. Can you give us a better sense at this point about the breakdown of mild and moderate cases? What really is the percentage of cases that you would call mild and how would you define mild, and then what is moderate at this point?

MK Hi, Helen. Thank you for that question. As you know, we have been looking at the proportion of cases that have developed disease, that have developed mild disease or moderate, have developed severe disease, critical disease and have died. Most of the data that we have with a very clear breakdown of this came from China initially, which suggested 80% were between mild and moderate, 40% being mild, 40% being moderate.

That moderate category includes pneumonia that doesn't need hospitalisation so it is still a significant infection, a significant disease and I'm sure many of you have seen people who have experienced COVID-19 say, this isn't an easy thing to get through, it's pretty tough even though I didn't need hospitalisation. So moderate disease does include pneumonia.

What we're trying to get a better handle on - and we're getting this through our expert networks, we're talking directly with clinicians from all affected countries who are dealing directly with patients - is what does that breakdown look like in different countries.

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The challenge with that is when you look at it at the national level it doesn't give you the details that you need at that sub-national level and looking at certain populations. For example when we know that there are individuals who have underlying conditions we know that that group or older people who are over 60 years old; that group has a very different breakdown in terms of how many of them will develop severe disease.

In all of our models and our forecasting tools we used the breakdown of 40% mild, 40% moderate, 15% critical and 5% severe and we feel that that's a good basis for some of these projections and some of these tools to be able to prepare for supplies but as new data become available we will modify those percentages when they come out.

MR If I could just add to Helen - and thank you for your concern regarding eastern Congo - I think obviously our sympathies are with the families of the person who has been lost but the positive news is that the Government of Congo, the teams, the partners on the ground and WHO were alert. Every day we investigate 2,600 alerts across the two affected provinces still. We take thousands of samples every single week and we will continue that active surveillance right the way through. We'll just have to go again for another 42 days. It's testament to the strength of the workers in North Kivu, to the local workers who continue to trace and track, continue to investigate, continue to report and continue to leave in place the infrastructure needed.

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The Government of Congo and ourselves with our partners are ready to respond and react if things were in any way to deteriorate and in that sense maybe that's our lesson for COVID-19. There is no exit strategy until you're in control of the situation and you must always be ready to go back again and start again. In that sense I think there are some lessons there to learn by ensuring that the infrastructure you have on the ground is capable of dealing with the unexpected; never be surprised.

TJ Thank you very much, Helen, for that question. The next question comes from Mr Esmir Milovic from N1 Television from Sarajevo, Bosnia. Mr Milovic.

ES Yes, can you hear me?

TJ Yes, please go ahead.

ES My question is for Dr Tedros. You spoke about it a bit but I want to ask you for a further comment. In Bosnia-Herzegovina we lost one of the leading experts in this field, who passed away and he worked with WHO. That's a very hard situation. Dr Pasragic (?) has passed away and we have conflicting information here on why he has passed. He was infected at home and that's a very hard situation and we hear from other medical doctors and nurses and workers around the world.

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So what can they do to prevent situations like this in the future and also what can we do to increase money for research which is necessary at the moment? We know that many countries are talking about that. Thank you so much.

MR I think it's always been true and it's more true than ever in this response that front-line health workers have always been unfortunately the mine-canaries in epidemic response, particularly in systems that don't have strong surveillance systems. The number of times in my career where the death of a health worker was actually the event that triggered the epidemic response; too many times in my career that has been the tragic stimulus to action.

We owe a huge debt to our front-line health workers and they ask for nothing more than the training and the protective gear to do their jobs. We need to ensure that they get that. We also need to ensure for the future that surveillance systems are in place, that we're able to prevent infection spreading in hospitals. Again, as we're dealing with the ongoing situation in Congo, at one point during the outbreak of Ebola in Benin in one of the most intense periods in the outbreak nearly 70% of the cases were actually being transmitted within the healthcare system.

So it shouldn't be a surprise to us with MERS, with SARS, with Ebola that the healthcare environment is an environment in which people can be saved and treated but it is also an environment in which viruses and other things are present and we need to protect patients and we need to protect those health workers.

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It takes a long time to build a health workforce and it should not be sacrificed to any virus and it should be protected and especially in countries that have invested precious development funds in building a health workforce which is central and vital to the health system. A health system is not bricks and mortar, a health system is not technology and infrastructure; that's part of it.

The heart of a health system is the health workers and everybody knows that. We do have a short-term objective now and that is to get the best possible protection for those workers and all of us have a responsibility in that but also for the long term we have to learn the lesson. We can no longer leave healthcare systems exposed to infectious disease and without the protection of the capacity to manage those and that's going to be a big discussion that needs to happen and, I believe, should happen before this epidemic ends.

But the Director-General may have a comment to make on this because he's involved in much discussion on this with our G20 partners and others on how we strengthen the system and never let this happen again.

MK Just to add, in addition to the personal protective gear that we must provide to our front-line workers and masks, medical masks and respirators, gloves, gowns, we must train our healthcare workers. What we've seen from the recent studies that have been published on healthcare worker infections - we're very grateful to see evidence around this.

I first should say sorry for the loss that you mentioned. What we must do is we must train our healthcare workers for respiratory diseases, for infectious diseases because what we've seen in some initial cases of healthcare worker infections they've been infected in different wards where they're not used to infectious diseases.

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They may be long-term care wards for older individuals and so they just don't have the training and right now with COVID-19 circling the globe all healthcare workers must know about this virus. They must know how this is transmitted and they must know how to protect themselves. We have trainings that we put up on our Open WHO platform which are interactive which can teach healthcare workers about what this virus is, how it's transmitted and how they can protect themselves and not only what needs to be worn but how to put the materials on, how to put the PPE on, how to take the PPE off safely.

We must also find ways in which we can provide psychosocial support to our healthcare workers and our front-line workers because this is a very difficult position that all of them are put in now or will be put in in countries that have not yet seen large numbers of cases. We need to find ways in which we can provide some rest periods for them so that they don't have very long or too-long extended shifts and they have ample time to rest because when fatigue sets in it's possible that maybe the personal protective equipment isn't taken off properly and that's not to blame the healthcare worker.

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So there are things that we can put in place and right now we have tools available to train every healthcare worker on the planet and that is something that we look forward to working with all of our member states through our regional offices... to do this training so that they can be better prepared to protect themselves against infection and provide the best care that they can for all patients with COVID-19.

TAG Just one thing I would like to say; countries who relatively have the strongest health systems have been actually surprised by this pandemic. It shows that any system could have gaps and we should have the humility to see to what extent our system is prepared and where are the gaps and how can we improve it for the future.

I think from this pandemic we have to try to learn, focus on learning what the gaps are. This is not a message only for the developing world. This is a message even for the developed countries. Across the board you see lack of preparedness of the public health system and of course the whole health system and that's why WHO has been advocating for universal health coverage, health for all, strong health systems and with a strong foundation of primary healthcare and within that strong preparedness, especially in public health to prevent outbreaks.

That's the best option and if it happens, to diagnose early and respond quickly and arrest it as quickly as possible. But we can see now through this pandemic there is a serious challenge or vulnerability even in countries who claim to have the strongest health systems. I think this should bring humility to all our countries to see and assess the situation carefully, understand the gaps carefully and understand the importance of health for all.

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We should not go into the cycle of panic and neglect. As you all know, we're now in a phase of panic because there is this dangerous, invisible virus which is wreaking havoc and there is panic and there is concern but that should actually lead into asking questions on what to do to strengthen our system and to improve or reduce the vulnerabilities that we have.

So the risk which is coming to our health professionals is because of weak health systems. The reason why we're not detecting or preventing the outbreak easily or quickly is because of weak health systems, because of serious vulnerabilities and from what we have seen now, no country is immune, no country can claim that it has a strong public health system or a strong health system.

So we have to really be honest and assess and address this problem to provide better services to our people but at the same time to protect our health professionals too.

TJ Thank you very much. Next question comes from Brazil, Anna Pinto. Ms Pinto, can you hear us?

AN Hello, yes.

TJ Yes, please go ahead.

AN I can hear. Can you hear? Okay. Fine, yes. There seems to be a lack of co-ordination in some countries in terms of data collection and also a lack of transparency when informing figures. In Brazil for instance studies have been indicating that numbers may be under-reported. I would like to know if WHO is tracking those problems and if so what can be said about the quality of data in Brazil.

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And as this quality data is crucial to formulating the right policies what could be done to tackle under-reporting in such countries in the world? Thank you very much.

MR Thank you for the question. I think all countries around the world have experienced some difficulties in co-ordination and particularly at subnational level, particularly in large countries and federated states and there have been issues obviously between countries, especially neighbouring countries in trying to work together to co-ordinate and align their activities.

In fact that's been a feature of this response, that trying to get that international alignment, regional alignment, national alignment, subnational alignment of all of the activities with all of the actors and the players in that sense as well has been a huge challenge to governance at every level. I've often been asked, what are the most important things in epidemic response?

People expect me to say diagnostics or epidemiologists and I usually say three things; governance, governance and governance.

At the heart of epidemic or emergency response is a need for coherence, for co-ordination, for alignment, for compromise and sometimes compromise with people with whom you might never compromise in any other circumstance and a partnership with people you might never work with in any other circumstance because the goal goes higher and the goal is to go beyond the differences and put aside differences and work together.

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That is difficult to do but in a true emergency that is what we all do and I think that's something that all countries have experienced at one level or another. Some are overcoming that more successfully than others but it is something that must be done if we're to get to the end of this pandemic.

In terms of numbers - and I think sometimes we say, well, there's a lack of numbers or a lack of transparency - I think the first thing in all countries we need to recognise is that front-line health systems are under huge pressure and therefore reporting data isn't necessarily their first priority. If I'm a doctor or a nurse on the front line I really don't think I've done a bad job if I save a life and I haven't filled in the form and therefore I think we have to give local systems a break.

We have to empower them to be able to report into the system but we shouldn't be criticising them when they don't and it's the same at all levels of the system. We need to make sure there's enough data to make a proper assessment of the situation. If there are large gaps, geographic gaps in the data that's a problem. If there are large gaps around certain communities, if there are gaps around certain vulnerable communities and that's a vacuum then that's a bad thing.

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But I think just harping on the daily numbers is very difficult. We need to look at each of the data; are we gathering enough data on the clinical disease, are we gathering enough data on fatality, are we missing large pockets of deaths, are we missing large pockets of cases, is there something else we need in order to plan a better response? If the answer to that is yes then you have a data problem but if it's coming down to, you got it wrong yesterday by one case or you got it wrong yesterday by two deaths then it becomes very pedantic, it becomes very unhelpful and these become political bullets that are fired between different groups.

I think we have to be very, very careful to not do that so we need to regularly review the data we're using to drive the response at each level and if that data is either not being collected or not being sent we have to fix that problem but we don't need every single piece of data at every level to manage outbreaks. In fact you need less data at higher levels. You need the most data at the local level, you need less data at the national level and even less data at the international level.

In fact data can be your worst enemy in some cases because you can become overloaded with data and become information-poor. You're data-rich, information-poor if you don't know what to do with that data so it's a complex issue. Countries need to focus on collecting the

data they need and, more importantly, using that data, putting it to good use and using that data to drive the response.

With regard to cohesion at country level it is a huge test. Epidemics are a stress-test to our system and they stress every component of our society and governance is tested in the same way, as social systems are tested, as the healthcare system is tested and in some ways all our systems are being found wanting and all of them need a level of repair and renewal and we need to go about doing that as we go through this pandemic as well.

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MK If I could just add to that, there're different types of data that's collected and Mike talked a lot about the case-based data that's coming from other countries but there're other types of data collection that comes through studies, that comes through epidemiologic studies, through clinical studies, through laboratory investigations, through treatment studies, through looking at how many lab tests are actually done and what is the percent positive, to seroepidemiologic data to anthropological data, through social science data.

As Mike said, we don't need this in every single country at all times. If there are some locations that aren't as overwhelmed as other countries, if they can do a well-characterised study of looking at healthcare infections for example, who could look at disease severity, who could look at infection in children, these pieces of information from these well-characterised and conducted studies could really help inform the response.

It feeds into this feedback loop of helping us look at, are we doing the right things, how do we need to tailor this approach based on what we learn about underlying conditions, treatment options; how do we prevent people from progressing to severe disease? So there are countries that could carry out these studies and they are; these studies are ongoing. This is why we are constantly looking at the pre-publication papers that are coming to us through the journals, that are coming to us directly from scientists, and constantly looking at the papers that are being published because all of that in addition to us talking to clinicians and social scientists and laboratorians; all of that feeds into our guidance materials, into the advice that we're providing to all member states.

00:39:41

TJ Thank you very much. The next question is from NHK. Shoko, can you hear us?

SH Hi, Tarik. Can you hear me?

TJ Yes, please go ahead.

SH I think my question is for Dr Ryan. Since the first confirmed case was reported in [inaudible] in Japan, the number of new [inaudible] quite stable in about two months but since the beginning of April we've seen a rapid increase in confirmed cases. How do you analyse those two issues [?] in Japan and perhaps other countries in Asia while the centre of the pandemic is still in Europe? Thank you.

MR I think Japan... In fact we had some very excellent data from Japan on their approach over the last number of months and Japan has done a very, very good job over months and it's

taken an approach of very systematic investigation of clusters. In fact I think they call many of their teams cluster-busters; they have these very specialised teams that have been going out and investigating clusters and not only have they been able to contain those clusters but they've gained a lot of tremendously useful information on how the disease spreads.

For example in those cluster investigations they have determined that only one in five people actually spread the infection further; 80% of people don't spread the infection further in these cluster investigations, which means there's a particular sub-group of individuals who, potentially for different reasons - infection can spread more easily.

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They've really gone down to the environments in which this transmission has occurred and very often these environments were group environments where they've seen these clusters occur and they've been very much on top of that for a number of months but they've seen in three areas, three hot-spots which are a number of prefectures and I won't even begin to try to pronounce them but Tokyo is one and they've seen a number of cases in the last couple of weeks that cannot be linked to the chains of transmission and that's not good.

But what is good is that they're looking and they're trying to find and what they're seeing I they have a number of cases who they can't link to those chains and that's why they have been taking more community-based actions to try to push infection down and they've continued to try and do that.

But we're not seeing that phenomenon all over the country. They very much have identified where they're seeing that unlinked transmission and they're working extremely hard to try and suppress that. So they're taking a very measured approach, it's not easy and community and society in Japan will have to trust that the Government is on top of things but certainly what we've seen and the data I've seen as late as this morning reassures me that they are very aggressively following this and they may have to scale up measures in some prefectures in order to push down infection but they will continue with a very, very systematic approach to case finding, isolation, quarantine - and we're very pleased with that - and, I believe, also will up the rate of testing that they're doing for suspect cases and we support that as well. Thank you.

00:43:10

TJ Thank you very much. Next question; The New Humanitarian, Ben Parker. Ben, can you hear us?

BE Yes, thank you. My question is about the infodemic. We're seeing a lot of rumours and conspiracy theories around the Bill and Melinda Gates Foundation, vaccines and a digital identity project called ID 2020. My question is, are you tracking the new ingredients in the misinformation out there?

MR I didn't fully understand your question but certainly WHO is tracking a lot of information across all of the different platforms and actively looking out for anything that represents misinformation. We're very careful not to go after the suppliers of information but our focus is on getting the best information out there and countering bad information with good information.

Our team, I'm sure, can update you in much more detail on the exact detail on what we're doing there but I'm not aware of the initiative that you refer to but we're very much working closely with the Bill and Melinda Gates Foundation on a number of different projects but in particular related to COVID-19 and to procurement and supporting countries in delivering vital supplies including diagnostics to countries and in supporting the research and development of lots of different products.

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We're very, very pleased with the support the BMJF has given not only to us but in the United States and around the world to other institutions and entities and we look forward to working with them even more closely in future but we will certainly look into the platform that you mentioned. I'm not aware of it.

MK Only to add here, we're constantly dealing with misinformation that's out and what we're seeing are innovative tools to be able to counter this information and we're working with a number of partners in the digital field to be able to help us do that. But we're also seeing a larger number of people who are actually coming out and saying, that's not true; and they're not forwarding those messages that are incorrect and therefore spreading that misinformation.

That's an increasing trend, a very positive one, to say, no, where did you get that information, that's not quite right, let me figure this out, let me go to a reliable source so we can answer that question. On our websites we have myth-busters where we actually address some of those head-on, especially ones that could potentially put people at a higher risk or in danger for that matter.

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But it is something that we are constantly looking at through our epi-win platform. We're talking with different industries and different groups who we may not normally have spoken to regularly to be able to address their questions. Sometimes it's not misinformation, it's just a misunderstanding and so it's also important for us to clarify things, that things are not clear, to make sure that the technical information that we put out as an organisation reaches the people who need it most.

But this is something we're constantly looking at and constantly looking for ways to improve on so that the right information gets in the hands of the people that need it most.

TAG Thank you. I just wanted to comment on the Gates Foundation. I have known Bill and Melinda for many, many years now and have been working with them very closely, not as a DG but when I was in Ethiopia working in the Ministry of Health and later on. Their commitment - these two human beings - is amazing. Having people like Bill and Melinda with big hearts to support humanity is something we should cherish.

I have seen them in action and I have seen the outcome of all they have been trying to do and you know what I always say; if we can have more people like them, people who really, genuinely support, people who have that big heart and bring humanity before anything... So

that's what I would like to assure you and now during this COVID situation their support is really big and we're getting all the support we need.

Together we believe we can turn the tide and I would like to use this opportunity... not only to Bill and Melinda but to the whole family for such an extraordinary commitment and not only the family, to the foundation at large also for the commitment and all that they're doing. I know the world recognises this but they deserve our respect and appreciation. Thank you.

00:49:03

TJ Thank you very much. We have maybe time for one or two more questions before wrapping up so let's try to get online Jeremy from [Unclear].

JE [Unclear], Tarik.

TJ Hi, Jeremy. Please go ahead.

JE Yes, thank you for taking my questions. Hi to everyone. Just a quick question; some limited studies in the US and in China seem to show that COVID-19 could affect the brain. I would like you to comment on that. Do you have more on that and if it is true would that be another [inaudible] even more? Thank you.

MR I will start and Maria will give more detail. When we talk about COVID-19 affecting the brain, there are two ways in which brain function can be affected in infectious diseases in this case. One is a direct infection of the brain, in other words, where the virus can cross the barrier in the brain and cause either a meningitis, which is an inflammation of the surrounding of the brain, or an encephalitis, which is a direct infection of the brain tissue.

00:50:20

The other way in which an infectious disease can affect the brain is through a lack of oxygen to the brain and we've seen in many infectious diseases when somebody is very sick or febrile they can become delirious, they can become very disoriented and their consciousness can be affected.

So we see in this case many, many people whose oxygen levels are affected can become confused but once their oxygen level returns to normal they recover from that. That's quite different from the direct pathogenic effects of a virus on the brain. I know coronaviruses can cause encephalopathies, they can cause effects on the brain and I will leave Maria maybe to give you more detail on that but certainly a lot of what people may think is the brain impact of the virus is just very often the effect of low oxygen levels in the blood in which a person may become confused and recovers quickly after but there are situations in which they can be direct effects. Maria?

MK That was a very comprehensive answer but to say that - you've heard me say before - we are working with clinicians who are in the field, who are dealing with patients and so any impact on the body from infection with this virus is being evaluated, whether this is something that is systematic, that we're seeing in a large number of patients or a subset of the population; all of it is on the table.

Until we have a perfectly clear understanding of what this virus does to people who are infected everything is on the table and so this is something that is being looked at by the clinicians and it's not currently covered in our clinical management guidance but if this is something that does come out from the literature and does come out from the experience of clinicians it will certainly be something that we will provide some guidance on.

00:52:25

TJ Thank you very much. We will try now to go to Simon Ateba from News channel Africa. Simon, can you hear us?

SI Yes, I can hear you. Can you hear me?

TJ Yes, please go ahead.

SI My name is Simon Ateba from Today News Africa in Washington DC and my question is on human rights. Amnesty International is warning that as information is being collected from more than 1.6 million people around the world governments can use it against them. So my question is, are you concerned that personal health information being collected by patients around the world can be used by governments or even shared with tech companies? Is information being shared with WHO and is WHO sharing that information with third parties? Thank you.

MK I would suggest that governments and many other entities are collecting much more information about every citizen than we might necessarily realise at times. Certainly there are very strict rules regarding the gathering and sharing of clinical data. Any individual patient's clinical record is their own and most governments have very strict data sharing policies both for international and national sharing of data and have rules around anonymity and anonymisation of data sets that are shared and in that sense we would expect that governments would uphold the same standards in this event as they would in any other situation.

00:54:16

With regard to governments using that data or others using that data and passing it on to third parties, I think that that's something that needs to be considered very carefully. If there are data sharing agreements in place - and we've asked that data be shared around this outbreak but individual, personalised data, identifier information on patients; this is not data that needs to move around.

What we need is other kinds of data so it's very, very important and there are concerns through this whole outbreak regarding individual rights versus the rights of the community. It's very, very important we own our bodies and we own the data about our bodies and it's really important that governments and others and scientists and researchers uphold the highest standards when it comes to the use of anything from our bodies, be it our blood or be it our data.

But at the same time we as citizens also have to in that sense allow data about us to be shared in order for us to build answers, in order for us to come up with solutions and that is a trade-off that governments must manage and they must manage again through good governance,

through good data protection that protects the citizen while developing the solutions that we need and in this regard it is no different to any other process.

TJ Thank you very much. We will go to the last question, if our speakers agree. That's Turkish news agency and Bairam. Bairam, can you hear us?

00:55:57

BA Yes, I can hear y our. Can you hear me?

TJ Yes, please go ahead.

BA Thank you very much for taking my question. Dr Tedros, first of all, thank you ever so much for [unclear] to host this special press event for [Unclear] members. My question is about Turkey. As you know, Turkey sent medical supplies to the United Kingdom, Spain, Italy, Libya, Balkan countries and many other states in the world in the last couple of weeks in order to help them to fight the novel coronavirus.

On the other hand, the mortality rate in Turkey is lower while the number of cases has reached almost 45,000. What do you think about Turkey's commitment and solidarity to provide essential medical supplies to many European countries and others? Thank you very much.

MR Thank you. Turkey has a huge history in large-scale disaster management and it has learned many lessons in the past, especially from its experience with earthquakes. There's probably no country in the European continent better-prepared to deal with natural disasters and large-scale population-based disasters. Turkey has always offered assistance abroad and I've met Turkish rescue teams in so many different countries so I think Turkey is doing what it does normally and everyone is very grateful for that support.

00:57:25

The situation in Turkey itself has been increasing and very much based around Istanbul and again we've seen this; we've seen this with London, we've seen this with New York; large cities with large, mixed populations have become in that sense big centres of disease and authorities are having to deal with that on a day-to-day basis.

It is very important that Turkey is a large country, it links Asia with Europe, it's got many, many, many people who are vulnerable, particularly refugees and migrants and we as a global community need to now, as Turkey over the years has offered solidarity to others in taking care of disasters, it is incumbent on the international community to also offer that support in return now that Turkey faces its own crisis.

So yes, we will do everything in our power to support Turkey and particularly around these urban environments where disease has been growing in the last weeks. Thank you.

TAG Thank you. This morning I joined the President of Azerbaijan, the Presidents of Turkey, Kazakhstan, Uzbekistan, what you call the Turkic Council and the Prime Ministers of Hungary, Kyrgyzstan and so on. All the leaders agreed that they should co-operate among

themselves as a regional entity but also co-operate with other countries and support countries who need support.

During that meeting I appreciated President Aliyev, the President of Azerbaijan, for his contribution, US\$5 million, to WHO to support countries who need our support. In addition to that I also appreciated the President of Turkey, President Erdogan, for the contributions he has made starting from neighbouring countries and beyond, as has been said, in medical supplies.

00:59:47

This is the solidarity principle we have been advocating and which is happening and that's why I appreciate their contribution and that's what we should continue to do. While doing our best in our borders we should also support others who need our support so what Turkey did, what Azerbaijan did from the Turkic Council member countries is actually exemplary and I hope all countries will adhere to the principle of solidarity and fighting this invisible but dangerous enemy together.

TJ Thank you very much, Dr Tedros. We will conclude today's press briefing. We will send the audio file in the next couple of minutes hopefully and also a number of documents that have been published on WHO's website, whether here at headquarters or by our regional and country offices. I wish everyone a very nice weekend and see you next week.

TAG Yes, thank you. Thank you, Tarik. Have a nice weekend. See you on Monday. Bon week-end.

01:01:26