



World Health Organization

COVID-19 virtual press conference - 17 April, 2020

Speaker key:

TJ Tarik Jasarevic
TAG Dr Tedros Adhanom Ghebreyesus
HE Hugh Evans
LG Lady Gaga
BI Bianca
MR Dr Michael Ryan
BN Bin
ED Eduardo
MK Dr Maria Van Kerkhove
AN Anuj
ST Steven
NI Nina
GA Gabriela
SS Steve Solomon
SI Simon
JO John

00:00:39

TJ Hello, everyone, from Geneva. Welcome to our regular COVID-19 press briefing. We have today with us, as always, Dr Tedros, Dr Mike Ryan, Dr Maria Van Kerkhove and also Mr Steve Solomon, who you heard talking last time, who is our Principal Legal Officer, who may also answer questions if need be. Before I give the floor to Dr Tedros just a few little things; we have sent you a number of documents today that came out of WHO. We also sent you a media advisory for the press conference that will take place next week, 21st April, from our Western Pacific regional office, which you may be interested in participating in. I'll give the floor now to Dr Tedros for his opening remarks and then we'll go to questions. Dr Tedros.

TAG Thank you, Tarik. Good morning, good afternoon and good evening. Tomorrow WHO is joining forces with many of the world's leading musicians, comedians and humanitarians for the One World Together At Home virtual global special. This is the result of a close collaboration with my good friend, Hugh Evans, from Global Citizens and the

inspirational Lady Gaga to bring entertainment, joy and hope into the homes of people all around the world whose lives have been turned upside down by the COVID-19 pandemic.

I would also like to use this opportunity to thank Lady Gaga's mother, Cynthia Germanotta, who is our goodwill ambassador, who is doing a great job advocating for mental health around the world and thank you so much, Lady Gaga, and thank you so much, Cynthia Germanotta, for your continued support and help. This is a family project and we really appreciate your commitment and dedication. This is an opportunity to express our solidarity with front-line health workers and to mobilise philanthropists, the private sector and governments to support the COVID-19 Solidarity Response Fund, powered by the United Nations Foundation and the Swiss Philanthropy Foundation.

So far the Solidarity Response Fund has generated more than US\$150 million from more than 245,000 individuals, corporations and foundations. These funds are helping us to buy personal protective equipment, lab diagnostics and other essential supplies for the countries that need them most.

00:04:01

So I would like to say thank you; thank you so much, thank you from our heart to those who have contributed. For further details about tomorrow's event I'm delighted to welcome once again my friend and my brother, Hugh Evans, to say a few words, to be followed by the amazing Lady Gaga. Hugh, over to you.

HE Thank you very much, Dr Tedros, and thank you, members of the press, Your Excellencies, ladies and gentlemen. I'd also like to acknowledge Lady Gaga, who has played a leading role in curating One World Together At Home. During tomorrow night's special of One World Together At Home you will see the worlds of music and policy come together to celebrate and support the dedicated and essential work of front-line community health workers.

Whether it's the doctors, the nurses or the lab practitioners these are the real heroes in responding to COVID-19. Their sacrifices day in and day out deserve to be honoured and supported and so that's why we've been calling on citizens everywhere to use their voices to take action, to ensure we all have access to testing, to all have access to vaccines when they're available and all can practise social distancing.

00:05:38

We've also been calling on philanthropists and the private sector to step up in support of the WHO's Solidarity Fund and local charities who are supporting the most vulnerable people around the world because we know that the most vulnerable in our communities must not be forgotten and above all we want to ensure that the front-line community health workers have the equipment and the support that they need to fight this disease.

The COVID-19 pandemic has highlighted why international co-operation is more important now than ever. We must solve global problems with global solutions because we know that a virus anywhere can lead to a virus everywhere and our mission and at the heart of what we're wanting to achieve through One World Together At Home tomorrow night is ensuring that

our global health systems are strengthened in the future to prevent a future pandemic so that the poorest and most vulnerable in our societies are protected.

No generation should have to endure the pain and suffering we've all experience around the world over these last few months ever again. That's why we are proud to work with our partners and relief organisations to support communities affected by the COVID-19 pandemic. The money raised tomorrow night will go to support both local charities and also efforts to provide PPE to community health workers around the world; face masks, protective equipment, gowns, goggles; the things that they deserve.

Our healthcare workers deserve our support and we know that if we all do our part we can weather this storm. At Global Citizen we're so proud of what's been achieved in a few short weeks with One World Together At Home. Since we announced the special we've received phone calls from Mongolia to Iceland, from South Africa to India, Brazil to Korea asking how people can support the effort to ensure we can reach as many people as possible.

00:07:52

This is a moment of true togetherness and we are honoured that on Saturday thanks to the outpouring of support One World Together At Home will be accessible to billions of people around the world from Asia to Africa, Europe to the Americas. The special will be broadcast in over 100 countries and it will be accessible across the entire world on digital and audio platforms.

This will be a true shared experience and we could not have done this without the support of the WHO team. Special thanks to Paul Garwood and Gabi and the communications team for their tremendous partnership. I'd also personally like to thank the Executive Producers of the special, Michelle Anthony and the team at Universal Music, Bobby Campbell, who works with Lady Gaga, Declan Kelly and the team at Sonayu [?] for all their efforts to rally the artist community, philanthropists and the private sector in support of COVID-19 response efforts.

It is now my great pleasure to welcome our friend and partner in ending this crisis, who I want to sincerely thank for all the time, energy and effort she has given to this. Ladies and gentlemen, please welcome Lady Gaga.

LG Thank you, so much, Evan - Hugh Evans. You're wonderful. I'm really speechless. I want to thank [?] everyone who's on this call today. Thank you so much, Dr Tedros. I can speak on behalf of not only myself but my mother as well. We deeply appreciate your partnership and, yes, it is quite true; we all know the importance of the mental health support that the medical community will need during this time and after. It will be extremely crucial and we are already getting ready.

00:09:53

Thank you, Hugh Evans; you are a superstar at Global Citizen. Thank you for your continued leadership and this fight against COVID-19 is one that the whole world will fight together. Over the last week I have witnessed an inspiring and fearless global effort while watching medical workers continue to battle the front-line of this pandemic, leaders, other non-profits, artist of many mediums and people of all nations have combined forces to write a love letter to the world. We call it One World Together At Home.

It is a love letter to our doctors, a love letter to our nurses and other healthcare professionals who are risking their own lives for the sake of ours, to the delivery drivers, grocery store workers, factory workers, public transportation workers, postal workers and restaurant workers doing the same. We celebrate your bravery and your heroism.

During this time we have seen the coming together of a singular, kind global community. This triumph has instilled in myself and my colleagues a true calling; to call upon the private sector and philanthropists to commit millions of dollars to support the World Health Organization's COVID-19 response.

To name a few of dozens and dozens of donors we now additionally have donations from Proctor & Gamble, Johnson & Johnson, Citi, Coca Cola, Target, the Ford Foundation, Rockefeller Foundation and Bloomberg Philanthropies.

00:11:41

Updates are such that we are now at \$50 million and counting in contribution to the fund and to local community-focused charities. When we launched this with you all 12 days ago the world was in a different place and 12 days from now the world will be different again, we hope for the better. We also hope that tomorrow night's event, One World Together At Home, will continue this, telling global stories of triumph and hope and told to a global audience, truly bringing the world together.

We can do something to bring joy and respite to the corners of the Earth. With that I am pleased to share with all of you some news that the Rolling Stones have joined the line-up of artists performing tomorrow. Let's keep the momentum going. Once we see this tomorrow night this will not be the end and I will still be taking your phone calls if you wish to donate.

Let's keep our joy, let's remind each other that this is a kind world. We are excited even more to announce more donations tomorrow night. Thank you, thank you, thank you from the bottom of my heart to all of the healthcare workers around the world. Dr Tedros, you're truly a superstar. Thank you so much to the media for telling the stories of all of these medical professionals and getting the word out about how under-resourced their systems are and to all the Global Citizens out there for supporting this effort.

I am Lady Gaga. I'm an Italian-American patriot but I am also a Global Citizen. Thank you.

00:14:01

TAG Thank you. Thank you so much, Lady Gaga, and thank you, Hugh. I look forward to joining you and millions of people all over the world tomorrow for what I am sure will be a wonderful event. I share what Lady Gaga said; what the world needs is love and solidarity so please accept much gratitude and much love from myself, Lady Gaga and Hugh Evans and all our colleagues here. That's what the world needs; again what the world needs is love and solidarity to defeat this dangerous enemy.

More than two million cases of COVID-19 have now been reported to WHO and more than 135,000 people have lost their lives. While we mourn for those we have lost we also celebrate those who have survived and the thousands of people who're now recovering. WHO is

updating our guidance to include recommendations for caring for patients during their recovery period and after hospital discharge.

We're encouraged that several countries in Europe and North America are now starting to plan how to ease social restrictions. We have said previously that easing these measures must be a gradual process and we have spoken about the criteria that countries should consider. Yesterday we published our guidance on considerations in adjusting public health and social measures, which we encourage countries to read and apply.

But although we see encouraging signs in some countries there are worrying trends in others. In the past week there has been a 51% increase in the number of reported cases in my own continent, Africa, and a 60% increase in the number of reported deaths. With the current challenge of obtaining testing kits it's likely that the real numbers are higher than reported.

00:16:54

With WHO's support most countries in Africa now have the capacity to test for COVID-19 but there are still significant gaps in access to testing kits. We're working with partners to fill those gaps and help countries find the virus. The African Centres for Disease Control and Prevention announced yesterday that more than one million tests for COVID-19 will be rolled out across the continent starting next week.

Strengthening and supporting the African Union and institutions like the African CDC will really help not only for now but also for the future. To further strengthen support for Africa earlier this afternoon I spoke with President Ramaphosa of South Africa, the current Chair of the African Union, and Moussa Faki Mahamat, the Chairperson of the African Union Commission, UN Secretary-General, Antonio Guterres, the Managing Director of the International Monetary Fund, Kristalina Georgieva, and the President of the World Bank, David Malpass.

In addition to tests we're also working hard to accelerate the development, production and equitable distribution of a vaccine. Yesterday I spoke to President Emmanuel Macron of France, Bill Gates and other partners to discuss how to prevent another pandemic by getting vaccines from labs to people as fast as possible and as equitably as possible. The commitment from President Macron, from Bill Gates and also from Prime Minister Boris Johnson is heart-warming.

00:18:48

I also spoke to the Prime Minister of Barbados and the current Chair of the Caribbean countries about the challenges faced by small-island developing states in gaining access to test kits and other supplies. No country should be left behind and I would like to use this opportunity to appreciate the strong leadership by the Prime Minister of Barbados, steering the response in the Caribbean.

Today I also spoke to the President of the European Commission, Ursula Van Der Leyen, and the Prime Minister of Finland, Sanna Marin, about continuing efforts across Europe to fight the pandemic and support lives and livelihoods. The commitment from both leaders - President Van Der Leyen and Prime Minister of Finland Marin - is very, very heart-warming again.

I would like to clarify WHO's position on wet markets. Wet markets, as you know, are an important source of affordable food and livelihood for millions of people all over the world but in many places they have been poorly regulated and poorly maintained. WHO's position is that when these markets are allowed to reopen it should only be on the condition that they confirm to stringent food safety and hygiene standards.

Governments must rigorously enforce bans on the sale and trade of wildlife for food. WHO has worked closely with the World Organization for Animal Health and the Food and Agriculture Organization, FAO, of the United Nations to develop guidance on the safe operation of markets.

00:21:04

Because an estimated 70% of all new viruses come from animals we also work together closely to understand and prevent pathogens crossing from animals to humans.

Finally WHO is committed to keeping the world informed in as many ways as possible in as many languages as possible. Our Viber chatbot is now reaching 2.6 million people with reliable, evidence-based information and is available in 16 languages. This week we launched Tamil, Sinhala, Bulgarian, Greek, Italian and Hungarian and we plan to launch Polish and Bangla next week.

I'm pleased to say that from Monday we will be providing simultaneous interoperation for these press conferences in all official UN languages; Arabic, Chinese, French, Russian and Spanish. We're also planning to expand to include other languages like Swahili and Hindi. We look forward to having more journalists join us from all over the world. I thank you.

TJ Thank you very much, Dr Tedros. Indeed, this is great news that we will have this press conference in other languages and therefore our many friends around the world will be able to join. We will now open the floor for questions. I will remind journalists to be brief if possible and to ask only one question so we can get as many as possible. If we are okay we will start with our friend, Bianca, from Globo, from Brazil. Bianca, can you hear us?

BI Yes, Tarik. Can you hear me?

TJ Yes, please go ahead, Bianca.

00:23:18

BI The question is to Dr Tedros. The Brazilian President, Jair Bolsonaro, fired his Health Minister, Luiz Mandetta. They were clashing over the response to the new coronavirus, about the stay-at-home recommendations. Dr Bolsonaro said that life is priceless but the economy and jobs must return to normal. I would like to know, how concerned are you, Dr Tedros, with the situation in Brazil and what message would you like to send to the country?

MR Yes, we are aware that the President of Brazil changed his Minister of Health today and we'd like to thank that Minister for his service to the people. It's key though that not only the Government of Brazil but that all governments take an evidence-based decision, have a

whole-of-government and a whole-of-society approach to responding to the COVID-19 pandemic.

We all have a duty to protect our most vulnerable populations. PAHO, our regional office for the Americas, has been supporting Brazil in preparedness and response to COVID-19 since January this year and is helping Brazil to purchase millions of PCR tests to expand diagnostic capacity with the first batch scheduled to arrive next week but we want to focus on providing technical, operational and scientific support to Brazil through our regional office for the Americas, PAHO, and to do that consistently and without fail in support of Brazil and all countries in Central and South America and the Americas as a whole.

TJ Thank you very much, Dr Ryan. For the next question we go to Shanghai Media Group; that's Bin Chen if I'm pronouncing it correctly. Can you hear us, please?

00:25:29

BN Yes, thank you. This is Bin, European correspondent for Shanghai Media Group. Greetings from Berlin. Yesterday the Austrian Health Minister said that Great Britain's rate of new coronavirus infections frightens a lot of people in Europe as we compare the new cases of the UK to the other seven [?] European countries. Is the WHO aware of the sharp rise in the UK and what can other European countries learn from that? Thank you.

MR I didn't hear your question very well but I think in general you were talking about the differences in numbers in different countries in Europe and I think all countries have gone through and are in different stages of their epidemics. It is not useful to compare countries at different stages of their epidemics. I think we see countries who've passed a peak or are arriving at a peak and some countries are considering lifting of restrictions and some others not.

I think all of those decisions are being taken carefully. We've advised very clearly that countries need to make those decisions with great prudence, they need to walk back and move back and transition from large societal measures - lock-downs, shut-downs. That needs to be done but it needs to have in place three very important things; one, a completely empowered, educated community, capable, individuals who are aware of the physical distancing, the personal hygiene measures that are needed to avoid infection; communities aware and involved in the process and fully empowered to act and participate.

00:27:12

A strong acceleration and strengthening of the public health capacities for finding cases, for testing, for isolation and for quarantining of contacts. This is exceptionally important and our colleague, Tom Frieden, in the US has likened this to - we need to start boxing the virus in, not boxing people in, and I think it's a good analogy. We need to start finding the virus because right now with the current situation everybody is locked down in order to stop the virus spreading.

The only way we get to shift away from that is finding the virus and then limiting the measures as best we can to those individuals who may have the potential to spread it or may have the potential to develop the disease. The last part of that is having a strong enough

health system, that the health system has recovered enough and has enough capacity built in that it can react.

You're seeing many, many countries are starting to bring online measured transition. Nobody is removing themselves from a lock-down-type situation in a dramatic way. You'll see countries are phasing the response and they're trying to look at the measurements they're going to use and what we do appreciate is that countries are leaving time. They're taking some measures and they're going to wait and see and then see if those measures can then be further extended, further loosened, further adjusted.

We believe this is a prudent approach and I think you'll see all countries in Europe eventually doing that but, as I said, each country is in a different stage of its epidemic and at this point I think it's really important that we don't start to compare countries as to where they are in the lifting of these public health and social measures. We have to look at the situation they're in and how they're dealing with their unique situation.

00:29:03

TJ Thank you very much, Dr Ryan. The next question comes from Chile, from Eduardo Teletresa. Eduardo, can you hear us?

ED Yes, thanks. Hi. I'm Eduardo from Teletresa; thanks for your time. Here in Chile a card will be applied for recovered patients from COVID-19. The Government said these patients stopped infecting the rest of the population. We know that it is a measure that is also analysed in other countries. My question is, what is the WHO opinion on this measure, is it recommended and should a PCR test be required to deliver this discharge card? What is the international experience like? Thanks.

MR I will start and Maria will follow up on the technical side. WHO does not have a position on this approach. I think what we do have is advice from countries to be very prudent at this point. Number one, we need to be sure what tests will be used to establish the status of an individual and there's lots of uncertainty around what such a test would be and how effective and how performant that test would need to be.

Secondly a lot of the preliminary information that's coming to us right now would suggest that quite a low proportion of the population have actually seroconverted so it may not solve the problem. There's been an expectation maybe that herd immunity may have been achieved and that the majority of people in society may already have developed antibodies.

00:30:48

I think the general evidence is pointing against that and pointing towards a much lower seroprevalence so it may not solve the problem that governments are trying to solve.

Then thirdly there are serious ethical issues around the use of such an approach and we need to address it very carefully. We also need to look at the length of protection that antibodies might give. We're not - nobody is sure whether someone with antibodies is fully protected against having the disease or being exposed again.

Plus some of the tests have issues of sensitivity; they may give a false negative result and we may actually have someone who believes they're seropositive or they're protected actually in a situation where they may be exposed and in fact they are susceptible to the disease. It's not that these tests cannot be used but there's a lot of work to do to standardise those tests, to ensure that they're validated, to ensure that they're used as part of a coherent policy and that there's a very clear public health objective to their use and that they're not misused in any way.

So we will look at what Chile is doing or proposing to do; we will look at what all countries are proposing to do and we will offer the best advice we can based on science and ethics to them. Maria?

MK To supplement, yes, this is an ongoing issue and we will be issuing some guidance over the weekend on this because there are a lot of countries that are suggesting to use rapid diagnostic - rapid serologic tests to be able to capture what they think will be a measure of immunity.

00:32:22

As Mike has said, right now we have no evidence that the use of a serologic test can show that an individual is immune or is protected from reinfection. What the use of these tests will do is measure the level of antibodies and it's a response that the body has a week or two later after they've been infected with this virus and these antibody tests will be able to measure that level of seroprevalence, that level of antibodies but that does not mean that somebody with antibodies means that they're immune.

So we will be issuing some guidance around this because it is a confusing area. There're a lot of tests right now that have flooded the market and that's a good thing. It's a good thing that these things are being developed and that they are available but we need to ensure that they are validated and so that we know what they say that they attempt to measure they are actually measuring.

So we hope to put some guidance out over the weekend and that guidance will be updated as more information becomes available.

TJ Thank you very much. From Chile we go to India; Anuj Kumar from Legal Desire Media. Anuj, can you hear us?

00:33:33

AN Yes, can you hear me?

TJ Yes, please go ahead.

AN Thank you for taking my questions. There is a complete lock-down in India and the day before the Prime Minister of India extended our deadline until 3rd of May. For that reason in lock-down the internet is a main source of information and socialising. Our challenge is that a lot of COVID-19 fake news regarding medicines, treatment, origination and stats is spreading across social media. Can you please elaborate on what measures WHO has taken

with social media platforms like Facebook, WhatsApp and Twitter to tackle such fake news and search engines like Google to remove the search listings of such places with fake news?

MK I can start and perhaps Mike or DG would like to supplement. We've been working with a large number of platforms and Google and Facebook and - I'm going to listen them but I'm going to forget to name them all - with Viber and WhatsApp to make sure that information that is put out is accurate information.

We have been fighting this infodemic since the beginning. There's a lot of information that is out there that is inaccurate and we're working very hard to ensure that when someone searches for COVID-19 the first thing that comes up is a reliable source and that would either be a WHO website or national websites so that you can find accurate information, so when you search you find the latest accurate information because this is an evolving field.

00:34:59

It is confusing out there because unfortunately sometimes the misinformation gets circulated more so each of us has a responsibility that when we see something and we see something that is false or we think something is false we don't pass that on. That's our responsibility as well but we're trying to ensure that we address the myths, we address the inaccuracies.

We have something up called myth-busters; where we hear about rumours, potentially rumours that could be damaging and harmful to health we address those head-on to make corrections and we try to get that information out as quickly as possible to ensure that when you do a search all of the platforms will give you the reliable information first.

MR If I can supplement, our EPI-WIN platform, our information network for epidemic also provides direct access to many, many communities around the world, religious and faith-based communities, to working communities, to commercial communities in many, many places and we have channels for each and every one of those areas in which there are webinars and there are interactive sessions in which we engage with civil society at all levels all around the world.

But I also would like - because we never, ever get a chance to do this - to thank our media and social media teams. They are silent heroes of our response and have engaged and understand that we don't go after the messenger; what we try to do is make sure that we replace bad information with good information and that's as important as fighting a virus as any front-line health worker so chapeau to our teams who do the silent work.

00:36:45

TAG I would just like to add to that, India has a strong capacity to help in this, it can play a big role in fighting the infodemic and, as Maria and Mike said, we're partnering with Google, Facebook and others and we would like to use this opportunity to act not only at the global level but at the country level but taking into account India's capacity will be really good.

As I said earlier, we would like to reach out to India directly using Hindi. [Hindi language]. But at least we will be able to send messages and partner with India to fight the infodemic which is actually causing lots of problems and blocking millions from getting the right

information. So we call on India to partner with us, use this opportunity because of its capacity to fight the infodemic because it has big, big capacity. Thank you.

TJ Thank you very much. From India we go to the US; we have Steven from Radio World PRX, if I'm not mistaken. Steven, can you hear us, please?

ST I can hear you. Can you hear me?

TJ Yes. Please go ahead.

ST Perfect. In Yemen you'll know that the first COVID-19 case was identified a week ago and since then there've been reports of contact testing but no other cases have been identified. What do you think Yemen needs now to fight the pandemic and what do you know is being done?

00:38:47

MR WHO continues to support all communities in Yemen. We've put in place or are supporting local health authorities and agencies in implementing case finding and contact tracing and using polio teams and other teams to do that and, yes, we have not detected further cases but that is not to say that that has not occurred. We are constantly fearful of disease exploding in places like Yemen or in Syria or in Iraq or in many of the fragile states in which we work and where many people have been displaced, many people are living in overcrowded conditions.

So we have to remain very much on alert but what's even - I won't say more important because it's difficult to say something is more important than COVID-19 right now but for many of these communities they have direct, real and present dangers in their lives. There are pregnant women who need to give birth safely; there are children who need to have infections treated; there are elderly or older people who need to have chronic diseases treated.

Therefore preserving life-saving interventions, preserving feeding programmes, preserving humanitarian interventions is just as important so while we work to try and contain COVID-19 we have to remember that these people are in desperate need in many, many countries and have been abandoned for years and many agencies including our own work with local communities and with governments to try and ease the burden on these people.

Again Dr Tedros launched the humanitarian appeal for COVID-19 a number of weeks ago now and we thank all countries who've responded to that call and we thank Mark Lowcock and his team on the humanitarian side and all our humanitarian partners for their untiring efforts to continue providing services - UNICEF and others - in these situations.

00:40:49

So we are concerned, we are alert but we're also aware that these populations face many more difficulties than COVID-19 and we must continue to provide essential services to them regardless of the political or conflict situations in those countries.

TJ Thank you very much. Next question is Agence France Press and Nina Larson. Nina.

NI Yes, hi and thank you for taking my question. I wanted to ask you; I see that US President Donald Trump said earlier today that he believes China's coronavirus total is far higher than admitted. This came after Wuhan revised up its death toll by 50%. I'm just wondering how confident WHO is in the numbers that you've currently been provided by China and what ability you have to actually clarify them. Thank you very much.

MK I will start and perhaps Mike or DG would like to supplement. We are aware of new numbers that were reported overnight from China which added an additional 325 cases and 1,290 deaths from Wuhan and this was done in an attempt to leave no case undocumented. What we understand is that they've used an existing law of statistics to find these cases and what they did is they reviewed different databases.

They looked at the database that is kept for all of the confirmed cases, they looked at funeral service systems, they looked at hospital systems, they looked at laboratories to see if there were any duplications or if there were any cases missing.

00:42:42

They looked for cases in fever clinics, in hospitals, detention centres and elderly care centres as well and what they have reported is that the discrepancies in these cases were due to a number of factors. First is that the healthcare system in Wuhan was overwhelmed at one point and some patients died at home.

Secondly medical staff were delayed in reporting of these cases because they were focused on providing care for these patients and they didn't fill out the forms in time. Next is that there were additional locations that were built. If you remember, in Wuhan in particular some of the hospitals themselves were overwhelmed and so they set up these makeshift hospitals, as they called them, which were essentially stadiums and other facilities where they put mild cases to be cared for. In those situations the reporting wasn't done in a timely manner and so those cases were added.

In some situations the reports weren't filled in completely and so what they did was a review of that and they revised their numbers and those were the numbers that were updated overnight. It is very important to know the numbers of people who have died from COVID-19 because this is of public health importance and it is important that we have the accurate reporting of this.

00:44:00

As such WHO has developed some guidance around this which is the international guidelines for certification and classification of COVID-19 as a cause of death. This is based on ICD codes that exist and our primary goal is to support countries in their ability to classify people who have died from COVID-19 and I just want to say that this is something that is a challenge and an ongoing outbreak, to identify all of your cases and to identify all of the deaths as an outbreak happens, especially if systems are overwhelmed.

I would anticipate that many countries are going to be in a similar situation where they will have to go back and review records and look to see, did we capture all of them. I've seen a number of reports from media in a number of different countries where people have died

outside of the hospital system and so it will take some time for those individuals to be classified.

So it is important that cases that do die from COVID-19 are recorded and we've provided some guidance to support countries to do so.

MR Thank you, Maria, for the clarifications there but we would also like countries to be as fast as possible in that process. I know that it's somewhat forensic to go through these processes and everyone wants to be sure but it's really important that we understand the size and scale of the pandemic as it moves forward and the use of a probable case definition or others where you can, in a sense, say, yes, this was probably a COVID-19 case is better...

I would commend the authorities in New York for example, who've announced a number of probable deaths, which gives a much better sense of the impact of the epidemic and it's that kind of speed with doing that.

00:45:56

Those numbers may change over time but I think it's always better when people put forward the data that they have as early as possible because that keeps us on top of what the impact is and allows us to project forward in a much more accurate way. So I think, as Maria said, all countries will face this but I do think it's important that countries provide that data as quickly as they can in the interests of moving our collective efforts forward to control this pandemic.

TJ Thank you very much for this. Next question is Gabriela Sotomayor, our friend from the Geneva-based press corps. Gabriela, please go ahead.

GA Thank you very much, Tarik. Thank you for taking my question. It's very nice to see you all. I have a question; I want to come back to the issue of Taiwan. We hear more criticism of Taiwan being excluded from COVID-19; they have very few cases and they can offer their experience to the world. So I would like to have your comments on this. It's just that, thank you.

MK I will start. I will repeat what I said the other day; we have been working with colleagues from Taiwan on the technical side throughout this pandemic and you're right; it is important that we learn from all countries who are dealing with COVID-19. I personally myself and Steve have briefed members from Taiwan CDC, public health professionals and scientists.

00:47:48

We've had an exchange of information about what is happening at the global level in different regions and also from Taiwan as well and we have a number of people who are serving in our clinical networks and our infection prevention and control networks and again it's an opportunity where we regularly meet through teleconferences where there's the opportunity to exchange information peer-to-peer.

This is invaluable, to be able to have first-hand experience with patients, to say, how are they developing disease, how can we treat them, how do we prevent onward transmission. So there has been a regular and open dialogue throughout the pandemic.

SS Thank you. Thank you for the question and thank you, Maria. Just to add that, as we've said before, there're two parts to this. There's the participation within the WHO governance process, within, for example, the World Health Assembly and that's an issue that member states of the organisation decide. The WHO staff does not have the mandate to decide those issues. WHO staff works technically and operationally to fulfil the mandate of WHO to co-ordinate, to convene, to provide advice, to furnish assistance for the response. That's the work of WHO staff.

The decisions about participation in the governance processes, in the membership in the Health Assembly is a decision that is and belongs to member states but within the technical work that we do, as Maria has made clear, there are a range of areas that we co-operate, work with, engage with Taiwanese experts on both within the context of this current pandemic and generally.

00:49:51

We listed those and they're available on our website. Just again to remind of three of the key ones for the response now, there is a point of contact within Taiwan CDC that has access to the International Health Regulations event information site. This is the key platform for exchanging information among all the parties and stakeholders in the International Health Regulations.

There are two of the key clinical networks that Taiwanese experts participate in; the clinical management network and the infection prevention and control network. These networks meet at least once a week, sometimes twice a week and there is a direct contact between WHO at a technical level - Maria just mentioned this - and Taiwan CDC.

These are very important to ensure an exchange. We are looking at other ways to do so as well as this evolves and as the expertise from wherever can contribute to the response efforts. I hope that answers the question about the technical work that is ongoing and the area that is really in the hands of member states, the formal participation in WHO governance bodies like the World Health Assembly.

MR Maybe I could just add to this because I think it is important; the health authorities in Taiwan and Taiwan CDC deserve praise. They've mounted a very good public health response in Taiwan and you can see that in the numbers and we have praised that and we've seen similar approaches taken in the Hong Kong SAR and across China. We are observing, we are watching and we are bringing Taiwanese colleagues into the technical networks so they can share their experience and they can both contribute their knowledge and also seek new knowledge from outside.

00:52:07

I believe that the health experts from Taiwan CDC were involved in one of the initial missions in China with colleagues from Hong Kong SAR as a joint mission to Wuhan by the National Health Commission in Beijing. As Steve has said, these kinds of scientific collaborations within, without China are extremely important but Taiwan health authorities, Taiwan CDC, the professionals and health workers in Taiwan have stood on the front line, they've served and they have done service to their populations, as many others have around

the world. From our perspective we all stand with our professional scientific and health colleagues everywhere.

TJ Thank you very much. Now we will go to Simon Ateba from Today's News Africa. Simon, can you hear us?

SI Yes, I can hear you. Thank you for taking my question. My name is Simon Ateba from Today News Africa and my question is on Africa, not just sub-Saharan Africa. We know that the cases have escalated in the past few days. We have almost 1,000 deaths now; we have more than 17,000 cases. Is there anything that we can do in sub-Saharan Africa at this moment? The containment seems to have failed.

00:53:39

If I can quickly add something also, here in the US we have in the past 72 hours had 11,000 deaths, we've had almost 100,000 new infections. At the same time we hear authorities say we are almost reaching the peak so my question is, when can countries know that a peak is close or has been reached? Thank you.

MR Dr Tedros may wish to speak - he did speak in his speech to his engagements with the African Union and leaders across Africa, which have been very intense. I know our Regional Director for Africa, Tshidi Moete has been deeply involved, as have our teams. We have mounted, I think, 38 surge team support missions in addition to the presence of WHO in every country in sub-Saharan Africa and every country in the African continent actually.

We have mounted 38 surge missions in sub-Saharan Africa. You will have heard they have sent now, I think, the third shipment of supplies through the Solidarity flights in collaboration with the African Union, with Africa CDC, with the Jack Ma Foundation and with the World Food Programme. So supplies are reaching countries in Africa in growing amounts.

The DG referred to the fact that all African countries now have the capacity to test. Some countries like South Africa, Kenya and others are developing high-throughput diagnostic capacity and we can congratulate Kenya on being able to implement that extremely quickly. There are very good reference facilities and reference labs on the African continent; NICD in South Africa and Institut Pasteur in Senegal; at KEMRI in Kenya; UVRI in Uganda.

00:55:46

So there are real capacities across Africa to do the job that needs to be done. There's a deep history of containing epidemics, a very strong polio programme across Africa. They're the advantages that Africa has but there are constraints and you are absolutely correct; this is a difficult disease to contain.

Not on camera is our Assistant Director-General, Dr Socé Fall, who's spent most of the last year-and-a-half on the front lines fighting Ebola and, as I've said previously, in Ebola at the peak of the epidemic there we were tracing 25,000 contacts a day effectively in the middle of a shooting war and it's a great testament to the bravery, courage and professionalism of Congolese front-line professionals.

So I believe that the African countries can achieve much more than maybe people from outside expect but African countries need support, they need resources, they need solidarity, they need supplies and they need the transfers of technology and knowledge that will allow them to take the fight to the virus.

I believe many countries in Africa are doing that and we don't believe that at this point the disease has passed the capacity to be contained. We believe a lot can be done to mitigate the impact of the virus and we believe that we need to accelerate those efforts as the number of cases grows on a daily basis on the continent.

As with all our member states, we will stand with African countries and stand on the front line and fight the virus together but the DG may have some comments to make at this point. No.

00:57:33

MK If I might add, I wanted to touch on something you said when you talked about containment and that it was no longer possible. I just want to echo something that Mike said; containment is possible. Containment is possible of this COVID-19 virus. We have seen in a number of countries now - not just in Asia, in a number of countries across Europe - that we're facing this horrible outbreak where they brought it under control.

Africa has an incredible resilience that Mike has outlined in terms of its ability to fight infectious diseases and to mount a response to find cases, to care for cases, to engage communities and build up communities and empower communities to be able to fight this.

I was a little worried in what you said. I don't want you to lose hope. Containment is possible. It's going to be a hard fight but we are here and our African regional office is there and our country offices are there and the whole world wants to help. We need to do more. We need to empower everyone with the ability to test and to find cases, to have treatment centres available so that people can be cared for appropriately, to make sure that we practice physical distancing, to be able to have hand-washing stations where we don't have running water.

There's a lot that we can do and I just wanted to highlight that containment is possible. This virus is containable.

00:59:04

TJ Thank you very much. We have time maybe for one or two questions if we are very fast. We'll go to our friend, John Zaracostas. John.

JO Afternoon. Can you hear me, sir?

TJ Yes, please.

JO Good afternoon. Coming to the comments of Dr Tedros earlier on introducing strict discipline on wet markets when they're reopened, we've been through this debate before with SARS, with avian, calling for good animal husbandry and there have been some exemplary examples to my knowledge and Vietnam has been one of them. How much has Vietnam's very good performance in this pandemic due to their very, very good animal husbandry?

MR Hi, John. We miss you at the press conferences. Obviously Vietnam deserve praise for anything they do to manage the animal/human interface but in this particular case their performance in containing the disease has been in relation to imported cases in humans so in that sense I wouldn't believe that necessarily... It's probably protecting Vietnam from other diseases but at this point it's been the public health action and the action of the Government with an all-of-government approach that has led to a pretty good performance in controlling the spread of the disease.

With regard to the broader issues in terms of markets and other things, we have work to do, a lot of work has to be done at the national level, a lot of work has to be done at the international level. It needs a one-health approach. We have a tripartite arrangement with our colleagues at the OIE and FAO but this is what many have been speaking about for many years.

01:01:00

We live on one planet and we need a one-health approach and threats to human health in the main come from the animal kingdom or epidemic threats, emerging diseases and zoonosis so managing the interface between animals and humans is extremely important. That interface has been stressed by climate variability, by environmental exploitation, by the illegal trade in wildlife and many, many other factors.

Like those other things like climate change, it's not that possible to deal with simplistic... There's no simple way to deal with that. It requires a complex, again, all-of-government response. It requires an approach to regulation that doesn't drive things underground. It's really important at this point that we ensure that...

Right now around the world there's a lot of illegal trade in wildlife and we need to be very, very sure that markets are safe, they're well-regulated, they're well-run but, as the Director-General has said, many, many millions of people get their primary source of nutrition from such markets. How do we make markets safe, how do we make markets do their job, which is to provide nutritious food for people, in a manner which is safe?

01:02:22

That's going to require a very deep discussion between countries, within countries and across sectors in order for that to happen.

MK I would like to add that my background is in emerging diseases and zoonotic pathogens; these are viruses that jump from animals to humans. I was very fortunate to spend almost two years in Cambodia almost 15 years ago now where I was working at Institut Pasteur and I was studying avian influenza, H5N1. What we were doing was working in the markets and there are hundreds of researcher - more than that - in the area of south-east Asia that have looked at markets and have looked at animals in the markets and where those animals come from, where they're sold on to, how they're sold, how they're sold in a safe manner to keep the people who are working with those animals and the people who are buying those animals safe.

What we have learned from the sale of animals in markets is that there are safe ways to do this. You're right; what we've learned from Vietnam, what we've learned from Cambodia, what we've learned from Thailand, what we've learned from China in terms of the safe operation of these markets needs to be carried forward. It need to be done better and it needs to be done better at a global level.

We work very closely with FAO and with OIE and we have guidance on how these markets can be operated safely to ensure that we prevent and we minimise the opportunity for these viruses to jump from animals to humans. So there is a long way to go there but we have learned a lot over the years with avian influenza, with SARS and we still need to learn about COVID-19 and the zoonotic origins of COVID-19.

01:04:15

TJ Thank you very much. I'm looking at time; the Director-General has an important call to go to so unfortunately we will have to conclude here but obviously we will see you next week. We do apologise to any journalists who again were online and were not able to ask questions but we are really trying our best. If you have questions to which you need answers immediately please send us an email to media@who.int

We will have an audio file sent to you shortly and a transcript, as always, tomorrow. I wish you a very nice weekend.

TAG Thank you so much. Have a nice weekend. Bon week-end and see you on Monday.

MK The concert.

TAG Ah, no; see you at the concert actually, tomorrow evening Geneva time but I think it will be morning somewhere, afternoon somewhere. See you at the concert. I would like to use again this opportunity to thank Lady Gaga and all the artists. Thank you so much.

01:05:41