COVID-19 virtual press conference - 20 April, 2020

Speaker key:

TJ Tarik Jasarevic
TAG Dr Tedros Adhanom Ghebreyesus
MA Marie
MR Dr Michael Ryan
AB Abdullah
MK Dr Maria Van Kerkhove
VA Valentina
GA Gabriela
KA Katrine
DU Du
IN Ina
IS Ines
HE Helen

00:00:55

TJ Hello, everyone, from Geneva. Welcome to the regular press conference on COVID-19 from our headquarters. Today's a big day for us. It's the first time that we will have a simultaneous interpretation of this press conference in six UN languages; Russian, English, French, Chinese, Spanish and Arabic. We welcome all journalists who are watching us on Zoom. Those who are watching us on Zoom can select the language to listen to this press conference. Also you can ask your question in any of those six official UN languages and it will be interpreted here directly by our team of interpreters, who we thank very much for being with us today.

Please speak slowly so interpreters can follow what you are saying. Then I will quickly translate the question into English for all those who are watching us on our social media platforms, where we will not have interpretation, and then we will have answers. This is the first time we are trying this. We are trying to promote to all countries around the world that this is something we have from today so hopefully in the future we will have journalists from every corner of the planet. Let's see how it works. I give the floor to Dr Tedros.

TAG Thank you, Tarik. Good morning, good afternoon and good evening. First of all I would like to wish all who have celebrated Orthodox Easter yesterday Happy Easter, including my own country, Ethiopia. Today is the first day our press conference is being interpreted in all official United Nations languages; Arabic, Chinese, French, Russian and Spanish. Soon we will start Swahili and Hindi and we would like to make our UN truly UN truly multilateral by including more languages so communicating with the whole world directly.

I would like to welcome all journalists from around the world and I invite you to ask questions in any of the six UN languages - for the time being of course - and we will keep opening up more languages.

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I would like to start by thanking the many musicians, comedians and humanitarians who made Saturday's One World Together At Home concert an enormous success. So humbled and the whole WHO community is very, very grateful for the support that really poured in for all the eight hours. WHO is proud to have co-organised this event with Global Citizen, my brother, Hugh Evans, and also Lady Gaga and I also want to thank my colleague, Paul Garwood, who came up with the idea and has worked incredibly hard for several weeks to make it happen.

Paul Garwood is one of our colleagues in the front line. I asked my colleagues to give me crazy ideas and he did but as a boss I take all the credit and we shouldn't, I shouldn't do that. All the credit goes to my colleague, Paul Garwood, from our communications department who suggested this idea based on my request to all staff, who I asked to give me crazy ideas. I hope all my staff will continue to give me crazy ideas and my respect and appreciation to all my staff. I'm proud to be WHO, very, very proud.

The even raised more than US$127 million to support several organisations responding to COVID-19 including $55 million for WHO's Solidarity Response Fund. The fund has now raised more than $194 million from more than 270,000 individuals, corporations and foundations.

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Yesterday I had the honour of addressing health ministers from the G20 countries. I appreciate the expression of support from many countries for WHO's co-ordinating role and our technical guidance. I also appreciate the statements of the G77 and the non-aligned movement expressing their strong support for WHO. As you know, G77; 133 countries and the non-aligned movement, 120 countries; this is a big vote of confidence and we thank NAM [?] and we thank the G77 countries.

WHO's commitment is to science, solutions and solidarity. Our commitment is to supporting all countries to save lives. That's it, that's our intention. That's what we are for; saving lives. We have spoken previously about the factors countries must consider as they plan to start lifting the so-called lock-down restrictions. We want to re-emphasise that easing restrictions is not the end of an epidemic in any country.

Ending the epidemic will require a sustained effort on the part of individuals, communities and government to continue suppressing and controlling this deadly virus. So-called lock-downs can help to take the heat out of a country's epidemic but they cannot end it alone. Countries must now ensure they can detect, test, isolate and care for every case and trace every contact. We welcome the accelerated development and validation of tests to detect COVID-19 antibodies, which are helping us to understand the extent of infection in the population.

WHO is providing technical, scientific and financial support for the roll-out of seroepidemiologic surveys across the world. Early data from some of these studies suggests that a relatively small percentage of the population may have been infected even in heavily affected areas; not more than two to 3%.

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While antibody tests are important for knowing who has been infected tests that find the virus are a core tool for active case finding, diagnosis, isolation and treatment. One of WHO's priorities is to work with partners to increase the production and equitable distribution of diagnostics to the countries that need them most.

To achieve that WHO has worked with FIND, the Foundation for Innovative New Diagnostics, and the Clinton Health Access Initiative to identify and validate five tests that have been validated and can be manufactured in large quantities. Working together with the Global Fund, UNICEF and Unit Aid we have now placed orders for 30 million tests over the next four months.

The first shipments of these tests will begin next week through the United Nations supply chain we have established with the World Food Programme and other partners. Solidarity flights continue to ship life-saving medical supplies across Africa to protect health workers who are on the front lines in the effort to save lives and slow the pandemic.

Over the past week WHO has been working closely with the World Food Programme to deliver masks, goggles, test kids, face shields and other medical equipment to 40 countries. This is part of the overarching drive to keep supply chains moving and ensure key supplies reach 120 priority countries.

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Through April and May we intend to ship almost 180 million surgical masks, 54 million N-95 masks and more than three million protective goggles to countries that need them most. I also want to highlight the Jack Ma Foundation's donation so 100 million masks, one million N-95 masks and one million test kits to WHO. We had a very productive discussion with Jack Ma yesterday and he would like to continue to support countries in need.

We're also continuing to lead research and development efforts. So far more than 100 countries have joined the Solidarity trial to evaluate therapeutics for COVID-19 and 1,200 patients have been randomised from the first five countries. This week we expect that more than 600 hospitals' countries will be ready to start enrolling patients. The faster we recruit patients the faster we will get results.

Finally yesterday marked one year since our colleague Dr Richard Mouzoko from Cameroon, who was fighting Ebola, was killed while working on the Ebola response in the Democratic Republic of the Congo. After 54 days without a case there have now been six cases of Ebola in the past ten days and no cases in the past two days of course. We're continuing to work hard with our partners to support the Government to ensure that this spark does not become a larger fire.

Unfortunately Richard is one of many health workers who have lost their lives in the line of duty globally in the past year. Some have died in attacks on health facilities; some have lost their lives to COVID-19. I would like to use this opportunity to pay tribute to Richard, Richard's family and also to Cameroon.

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I would like to once again pay tribute also to every health worker. We salute you and we're committed to supporting you. We don't take your commitment and heroism for granted. Thank you for saving lives while putting your live at risk. There is nothing more blessed than what you're doing. Please keep doing what you're doing; save lives. From WHO and the whole world you have the greatest respect and appreciation. I thank you.

TJ Thank you very much, Dr Tedros. We will open the floor to questions. To repeat, because today we have simultaneous interpretation in six UN languages, please speak slowly, be brief and ask only one question. If a question comes in another language than English I will repeat the translation of that question in English for those who are watching us on social media platforms where the interpretation is not available.

Let's try to see how it works. We will start with Marie from Le Monde. Marie, can you hear us?

MA [French language].

TJ [French language]. Marie is asking about an email that was sent by Taiwanese health officials to WHO on 31st December. The question was when this email arrived, when we had the first announcement of cases of unknown pneumonia and how do we answer to claims that WHO was not acting on the warning from Taiwan? Thank you.

00:16:31

MR On 31st December information on our epidemic intelligence from open-source platform partners, PRO-MED, was received indicating a signal of a cluster of pneumonia cases in China. That was from open sources from Wuhan. On the same day we had a request from health authorities in Taiwan and the message referred to, news sources indicated at least seven atypical pneumonia cases reported in Wuhan media, that the cases were not believed to be SARS, however that the samples were still under investigation.

The message requested, with great appreciation, if we had relevant information to share with a thank you in advance for our attention to the matter. There was no reference made in that query to anything other than what had been previously reported in news media and actually referred to a response from the Wuhan health authorities clarifying and confirming that the

cases existed, the cluster existed and obviously it turned out not to be SARS so any SARS test done at that time would have been negative, as would have been influenza samples.

Clusters of atypical pneumonia are not uncommon. There are millions of cases of atypical pneumonia around the world in any given year and certainly in the middle of an influenza season negative influenza tests may also have been found at that time. So from the perspective of the test we received from Taiwan, it was in line with other information that we had received from there sources and the message though the IOS platform from PRO-MED actually had a lot more detail than [?] based on the news media report.

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That request was sent immediately, on the same day, to our country office for follow-up with Chinese authorities and on 1st January we formally requested verification of the event under the IHR, which is a formal process beyond any informal verification which requires a response and requires an interaction from the member state.

Under the IHR member states are required to respond within 24 to 48 hours of any request from the WHO for clarification or verification of an event or a signal that we believe may be significant. That process continued and on 4th January WHO tweeted the existence of the event and on 5th January provided detailed information on our emergencies information site, which is a site for all national focal points around the world. Every member state has a focal point for IHR, usually within the national health service and all would have received a detailed report from WHO giving details on the event.

That would have included an IHR contact point for Taiwan. Taiwan has access to that site, as have other focal points and contact points around the world. On the same day we would have put out our first disease outbreak news, which was a public explanation or a public report on the event and the process continues after that. So we would obviously like to thank our colleagues in Taiwan for having shared an interesting report.

We were receiving similar reports from other sources. At no point in the process of communication and this email that was received was there any reference to human-to-human transmission or any other issue. It was purely requesting relevant information and thanking us in advance for our attention to the matter. I hope that clears up that confusion.

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TJ Thank you very much, Dr Ryan. I hop[e this answers the question from Marie. Now we will go to Kim. Please, Dr Tedros.

TAG Can I? I think Mike answered it very well but it just wanted to summarise. In its email on 31st December one thing that has to be clear is the first email was not from Taiwan. Many other countries already were asking for clarification. The first report came from Wuhan, from China itself so Taiwan was only asking for clarification and as some people were claiming, Taiwan didn't report any human-to-human transmission; this has to be clear. They were asking for clarification, like any other entity who wanted clarification.

So we didn't receive the existence of human-to-human transmission from Taiwan on December 31st. We have all the documentation and the email we received from Taiwan was

to get more clarification on the issue based on China's report. So the report first came from China - that's fact number one - from Wuhan itself. Second, the email from Taiwan, like other entities, was to ask for clarification; nothing else.

MR I may also add that for those of you who don't know PRO-MED, PRO-MED has been in existence for more than 20 years and is a US-based listserve that has provided a lot of early information on epidemics going back over decades. We work with them very closely and we have co-developed with PRO-MED, with GFIN, which is a Canadian public health intelligence network, and many others around the epidemic intelligence from open sources platform, which is an AI-driven system which allows the automatic detection of these kinds of reports all over the world.

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Our system picks up 7,000 signals and we pick up those 7,000 signals a month from all around the world and they all require verification and follow-up and investigation. Up to 300 of them require investigations specifically by governments and it's a massive global process of picking up this information from around the world. All of the G7 countries are now implementing EIOS as part of their core public health architecture and that system would have been live in all G7 countries at the time of these notifications.

TJ Thank you very much. I hope this answers the question of Marie from Le Monde. Now we will go to USA Today; that's Kim Hjelmegaard. Kim, can you hear us?

KI Yes, I can hear you. Good evening. A Washington Post story over the weekend suggested that American officials either working for or with the World Health Organization communicated in January and February information about China's outbreak directly to the White House in real time. Can you confirm if that was accurate and, if so, provide any details about those specific warnings?

MR I'm not aware of any specific communications between US Government officials who are based here at WHO, with ourselves and the White House. I'm sure there were many warnings because WHO itself was clearly putting out information on this event since the very beginning. I'd be surprised if there weren't some science-based discussions going on around the implications of this event. In fact I'd be quite shocked if there weren't.

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But I do know what I can tell you is that as WHO, since 1st January, have had 15 US Government secondees embedded in our programme specifically on COVID. Since that time as well - on Ebola and going back into last year - but just since 1st January 15 others and we have two permanent US Government secondees within our programme. So in effect there are many, many, many US Government employees, for whom we are extremely grateful, who work with us and have worked with us in the front line, in the trenches, in the back line, in our epidemic intelligence, in our verification, in our risk assessment, in our risk management, in our innovation.

There are US Government employees across all of our virtual expert networks and hundreds of individuals from US institutions who are amongst the best in the world. We are very

grateful for US innovation, US knowledge and superb officials who've joined us here over the months and over the years.

I have served in the front line with some of the finest scientists that I've ever met and they've been from places like the US CDC, from NIH, from the FDA and others so we are hugely grateful for the major contribution that embedded US Government officials have made since the very beginning of this outbreak, fully embedded into our system here in Geneva.

TJ Thank you very much, Dr Ryan. I hope this answers the question from USA Today. Now we will try to go to Morocco where we have Abdullah. Abdullah, can you hear us? Please go ahead.

00:27:07

AB [Arabic language].

TJ The question is about Morocco. Morocco has reported a number of cases of more than 1,000. How is WHO helping Morocco, especially now as we come to the month of Ramadan?

MR Salaam Alaikum. The WHO's been working very closely with the Government of Morocco, in fact very closely indeed with Morocco on preparedness for epidemics and emergencies in general. We sadly had to postpone a hugely important global meeting on exactly this topic which was planned for last month in Morocco under the stewardship and sponsorship of the King on the need for accelerated global epidemic preparedness. So we've been working extra-closely with Morocco over a large number of months on the topic of epidemic preparedness.

With regard to the response, our Eastern Mediterranean office based in Cairo has been working very closely with Morocco on diagnostic testing, on many other aspects of the response. With regard to the Holy Month of Ramadan, the Eastern Mediterranean office - again in Cairo - has been providing global leadership across our organisation in developing detailed guidance for authorities and for religious authorities on the safe implementation of Ramadan celebrations and Ramadan observances. That advice, I believe, is now available.

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We also, through the EPI-WIN platform, through our network for information for epidemics, have engaged specifically with religious communities and within that specifically with those of the Islamic faith to work on how we can reduce risks and use the hugely valuable resource of religious networks to get the message across about risk reduction, about hygiene but also to make religious observance safe. We thank those leaders in the Islamic community who've engaged so closely with us in this regard.

With specific reference to... I believe we've had a surge team that has visited Morocco to support there but I would have to get more details on the specific nature of the technical assistance we've provided but we'll be very happy to do so. Maria?

MK Yes, to supplement that, Morocco has incredible leadership and work that they've done in the past on influenza and on MERS and through our Eastern Mediterranean regional

office have built up capacities over many years, over decades in terms of abilities for diagnostic testing, which has been valuable for COVID-19.

In addition to that people from Morocco have participated in many trainings that have taken place over the last many years relating to rapid response teams in terms of how to find cases, how to do contact tracing, how to do these detailed investigations around cases and clusters. So from that work from influenza, from that work from MERS and now with this work with COVID-19 there's an incredible base to be able to respond.

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Reflecting on what you said in terms of 1,000 cases per day, there certainly is a challenge ahead in terms of being able to identify and care for those cases. WHO has provided guidance to Morocco and to all in terms of how to care for cases, how to manage cases, whether these are cases who have mild disease and could be cared for in a medical facility or at home safely and severe cases as well.

So there's guidance that is available to everyone, which we have made available through our website and through our regional office to provide an exchange between technical counterparts and people on the front line through our Open WHO platform via trainings. So there're a lot of materials that we have provided for all countries including Morocco and we know that you have the capability to be able to work through this and to mount a good fight.

TJ Thank you very much. I hope this answers the questions of our colleague, Abdullah, from Morocco. Now we will go to Valentina from Sputnik. Valentina, can you hear us?

VA Hi, can you hear me?

TJ Yes. Please go ahead.

VA Thank you very much for taking my question. I would like to hear WHO's opinion regarding the recent study by Stanford University. It hasn't been peer-reviewed yet but it's based on antibody samples from 3,000 people in California and suggests that the actual number of COVID-19 cases may be 50 to 80% higher than the official figure.

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You previously said that we might be missing out some mild cases but does WHO have any data or reason to believe that the actual number might be so much higher and could it mean that we're on track to get so-called herd immunity across the globe? Thank you very much.

MK Thank you for the question. Yes, we are aware of a paper that's been put in pre-publication. This is on one of those online servers that some researchers put their papers on before they go through peer-review and it is a paper that looks at antibody levels in Santa Clara, California.

This is one of many studies that is currently underway, that is currently in pre-publication, which is attempting to look at the presence of antibodies in individuals in different countries. The goal of this study is to be able to detect unrecognised cases that may have been missed

through current surveillance systems, which is now how cases are being picked up, through molecular testing or the PCR testing.

This study is one of many which has suggested that there's a proportion of the population who have antibodies to COVID-19. I'm not going to comment specifically on what percentage this study had but what I can say is that a number of studies which we are aware of - again in pre-publication; we haven't seen the full details of all of these papers - have suggested that a small proportion of the population, a few percent, in the single digits - up to 14% in one study that we've seen in Germany - have antibodies to COVID-19 so that means that they have evidence of past infection. It doesn't mean active infection; it means that they had infection at one point in time.

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What is really important for us to be able to do to put these numbers into context is to understand how the studies were done. For example how did they find people to test, where did they look for those subjects, is it a random selection of people in the population, does it come from blood donors who tend to be healthy adults, what types of test did they use, what types of antibody tests did they use and how well did those tests actually perform in terms of being able to measure what those tests say that they're able to measure?

Then of course there're many other methodological issues that need to be assessed when looking at these types of studies. What we are doing is working with a number of countries right now who are carrying out these seroepidemiologic studies. We've helped to provide some methodology to carry out these studies in terms of what are the good types of studies, what are the robust methods that can be used.

We are working with these countries on validated serologic assays to be able to test for those antibodies and then with those results we put those into context. I think initially with some of these early studies we see a lower proportion of people with measured antibody than we were expecting and it indicates that a lower number of people were actually infected.

So I think before we go too much into detail of what this means we need to have a better understanding of how all these studies were done and to put these into context over a large number of studies across multiple countries.

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TJ Thank you very much. I hope this answers the question of Valentina from Sputnik. Now we go to Gabriela Sotomayor from Mexican news agency. Gabriela, please go ahead.

GA Hi, thank you very much for taking my question. I read a story suggesting that rather than the virus weakening the lungs as had been thought, growing evidence shows that the virus is actually stripping red blood cells of their oxygen, giving the appearance of lung failure and forcing the lungs to work harder so without oxygen the body is effectively being starved of energy and dying. What are your comments on this, have you heard about this? Thank you very much.

MR Yes, I believe it's likely that both processes are occurring. There's certainly no question that there's a direct impact on lung tissue from the virus itself but there is this

observation of rapid desaturation or rapid loss of oxygen in the blood and we've seen many, many reports of this. Clearly there are multiple physiologic or pathological pathways in action here. It's not just the lungs; there are many other organs that are affected and I think it's a dynamic issue.

There's also the direct effect of the virus and then there's the immune response to the virus and in effect we may be seeing in some cases a very robust immune response, sometimes the immune system overreacting and we've seen this in many other emerging diseases as well. So we may see a mixture of the immunomodulated responses, in other words responses to the virus that are modulated by the immune system that may help kill the virus but they may also do tissue damage.

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We see the direct effect of the virus itself and then we see the effect on the oxygen carrying system, which begins in the lungs, continues in the red blood cells and goes all the way to the tissues. At this point I believe clinicians around the world and pathophysiologists are really looking at what is the contribution of each of these potential pathways to the overall morbidity and overall mortality of this disease.

TJ Thank you, Dr Ryan. Now our colleague, Katrine Fiancan. Can you hear us, Katrine, please?

KA Yes, I hear you. Do you hear me?

TJ Yes, please go ahead.

KA Okay, thank you. Good evening to the three of you. First before asking my question I would like to have a clarification on the question that was asked by a colleague before about that US media article that reported that there were USCDC experts working from the beginning of COVID-19 at the headquarters here in Geneva. Please, Dr Tedros, could you elaborate a little bit on that and clarify this before I ask my question? Thank you, sir.

00:39:23

MR Was that the question?

TJ Maybe you go with the other question so we just get it all together, please.

KA Okay. The other question that I have is about a COVID-19 vaccine. A lot of scientists are working on it for the moment in the world and in Switzerland there are scientists that are seeing that they will be able to deliver a vaccine in about six months - that means for October - and eventually if all the official agreements are received vaccination could be started on the Swiss population.

I would like to have your opinion about a vaccine inoculating against a virus that is not already totally known by scientists. Is it dangerous or not? Thank you.

TJ Thank you, Katrine. We had one call for clarification and one question.

MR The Director-General may wish to speak on this. I can only speak in relation to the Emergencies Programme, which is the programme I run and the one that deals specifically with emergencies and epidemics. We've had, as I said, a very close working relationship with many institutions around the world and again, by way of clarification, we've always had two permanent US secondees in the programme; one who works specifically on influenza preparedness and response and another who works very specifically in the area of epidemic readiness and emergency readiness at country level.

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For different events including Ebola we often have USCDC secondees here with us under the framework of the Global Outbreak Alert and Response Network. Right now as I speak we have World Food Programme colleagues, Clinton Health Access Initiative colleagues, we have UNICEF colleagues embedded here with us working on the supply chain network. We have colleagues embedded from other scientific institutions around the world.

But I would say that we always have benefited from huge support particularly from US federal institutions but also from academic institutions and others and in relation to this specific COVID response have since 1st January had 15 details, in other words 15 CDC staff who've been detailed specifically to work with us on COVID-19 and they've been exceptionally valuable and have worked across the spectrum from risk communication to epidemiology to risk analysis to risk assessment and beyond.

So that's a clarification on those numbers but also to say that's in the framework of a much larger collaboration with institutions from around the world. I hope that specifically answers the clarification regarding who's been here. Maria, you may wish to add.

MK Yes, just to say that working with colleagues from USCDC and from NIH and from academic partners is very usual for us. As an evidence-based organisation we work with all researchers all over the world and so we have very close relationships with colleagues from CDC, with our very close partners.

We worked really closely with them before this began on MERS for example. COVID-19 is a very closely related virus to MERS and to SARS but we had an active, ongoing, almost daily communication with our close colleague from CDC on MERS, which we were able to utilise very quickly for COVID-19 because of the similarities so it isn't unusual for us to do that.

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We have many USCDC colleagues on our global networks so these are the networks on clinical management, on infection prevention and control, on laboratory, on mathematical modelling in epidemiology that are working directly with us and we really value this relationship. They've helped us to develop the seroepi protocols that you've heard me speak about and they're just really great partners.

MR Also just by way of thank you to the American people - you see Maria sitting before you. On my core staff I have 31 US citizens. Maria leads the overall health technical response. Janet Diaz from California leads the whole clinical response. Mark Birkins leads the whole laboratory response and there are many other US citizens who are deeply

committed to this work we do every day and not just for Ebola, for hundreds of events every year.

We all stand together with our colleagues in science, our colleagues in public health, in the global response network, in the emergency medical teams networks around the world, in the collaborating centre networks. We stand as a thin blue line in trying to protect the world with, in my programme, the resources that would not fund a single tertiary hospital in any major city in the world.

TAG Thank you. I think it has been said but the question came straight to me so maybe they wanted me to say it because it was a question that was repeated. As Mike and Maria said, we have many experts supporting us, especially after this pandemic started, immediately after it started, from CDC and WHO and CDC's relationship is a very long-standing relationship; it didn't start with pandemic.

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But not only that, CDC experts... As you know, CDC as an institution is a model for the whole world and it's not without reason actually that most countries call their CDC-type institutions Africa CDC, China CDC, so... CDC, X CDC, Y CDC and so on; many countries with the same name actually, CDC. It shows how CDC is very strong and influences the whole world and many countries want to have an institution like CDC.

CDC, because of its capacity I think, works with many countries but at the same time with WHO so that, of course, helps us; we work together and it helps us to do more but at the same time having CDC staff means there is nothing hidden from the US from day one because these are Americans who are working with us and it just comes naturally and they just say what they're doing.

For WHO it's open; we don't hide anything; it's open, not only for CDC, them sending messages or others; we want all countries to get the same message immediately because that helps countries to prepare well and to prepare quickly.

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So to the question you asked, it's true; we have CDC personnel but not only the US; all countries get information immediately. Of course their presence doesn't give them an advantage over others because we're open and we give information to everybody. Since our CDC colleagues also know that we give information immediately to anyone they also can pass information to their institution, no problem.

There is no secret in WHO because keeping things confidential or secret is dangerous, it's a health issue, it should go immediately and that's why everybody, whether they're inside with us to help or ourselves or other experts from other countries send out messages immediately; that's what we want. There is no secret in WHO because it's about lives and life is very precious, even a single life is very precious.

When we get information in WHO we get information in numbers; this many people died or this many people have been infected. We don't see the figures, we don't see the numbers. We see the individuals behind the numbers, we see the individuals behind the figures. Of course

we may have averages on this, on that but we don't want to see the average. We want to see the numbers.

Anyone dying is a daughter or a son of somebody. Anyone dying is the father, mother, grandfather, grandmother of somebody. It's life and that's why we prefer to see the individuals, the faces, the people. They're not numbers, they're not averages, they are people, they're individuals and that's why we don't have secrets and as soon as we get information we pass it on because we want to save lives, even if it's one life.

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Even one life matters, one life. You can't bring it back once it's gone and that's why we have been urging countries, please, this virus is dangerous, this virus is public enemy number one, this virus is new and has a behaviour of serious contagion like flu - it's very contagious like flu - and at the same time it's very killed like SARS and MERS.

It has a very dangerous combination and this is happening in 100 years for the first time again, like the 1918 flu that killed up to 100 million people but now we have technology. We can prevent that disaster, we can prevent that kind of crisis, we can prevent it. We're not in the same situation. We should not be afraid. We should have the confidence that we're in a different situation and fight it back.

If there is national unity and if there is global solidarity, if we take this as a common enemy for humanity and give our best, of course understanding that this is a new and dangerous virus, we can win the fight, we can. But please, let's consider those who are dying as individuals. They're not numbers or figures. Even one life is precious.

You know where I come from. I know war. I know poverty. I know disease. I know how people suffer in all conditions. I know how people are killed because of poverty. I know how people who could have been saved are dying because of disease. I know a tragedy. I know. That's why I see people, I see faces, I see the mother or father of somebody, I see the daughters and sons of somebody.

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I see the tragedy that can befall a family. I see that. I see and I know. I'm telling you from first-hand experience. I know what losing a brother means from childhood. I can tell you all the tragedies I have seen. That's why in my last prayer [?] I said, let's not play with fire. This is a tragedy which is already affecting many families. Many are losing their loved ones.

So we don't hide information because I know what poverty means, I know what war means, I know what a killer disease means, I know what is behind all these problems and I have been working, we have been working from day one. This is a devil that everybody should fight.

Then the solution we're proposing; we need national unity, strong national unity, everybody fighting this virus, taking care of their citizens, taking care of real people. We need global solidarity that's cemented on genuine national unity. Without the two, without national unity and global solidarity, trust us, the worst is yet ahead of us.

Let's prevent this tragedy. It's a virus that many people still don't understand; many countries

who're very developed came to the wrong conclusions because they didn't know it and got into trouble. We warned even developed countries saying, this virus will even surprise developed countries. It did. We said that; it will surprise even wealthy nations. We said it; it's on record.

Let's stop additional surprises. Let's stop tragedy. Hundreds of thousands now dying is serious; even one life is precious. Let's say, enough is enough.

TJ Thank you. There was a question on vaccines. Maybe Maria can help.

00:56:12

MK Thank you, Tarik. The question was about the development of a vaccine and the claim about rapidly producing one in perhaps six months. We welcome all work on the development of a vaccine and as rapidly and as safely as possible; we welcome this. The question was about whether or not you can develop a vaccine on a virus we don't yet know, if I understood the question appropriately.

There are more than 10,000 full genome sequences that have been made publicly available from all over the world and there are a large number of scientists and virologists who are looking in detail at each full genome sequence that is available and we thank all countries, everyone who has made those sequences available because that allows us to check those viruses and see if the virus is changing.

What we see among these 10,000 viruses is that it is relatively stable. There are little changes, normal changes in viruses but nothing that's unexpected and so the development of a vaccine on viruses that are available is good. There are many vaccine candidates that are in development and we're working with many partners to accelerate this and so as quickly and safely as possible; we welcome this and we welcome not only the development but the equitable distribution of any vaccine that does become available because we will need a vaccine in the future.

TJ Thank you very much. We have time for one or two more questions so let's try to go to Du Yang from Xinhua.

00:57:51

DU Yes. Can you hear me?

TJ Yes. Please go ahead.

DU [Chinese language]. Thank you.

TJ Thank you. The question was for Dr Tedros; if he had any stories...

TAG No. I was saying, when 100,000 people died or 200,000 people died; what I was saying was, let's not focus on the numbers. When you say 100,000; for many people it could be just figures, numbers and it may not mean anything. But what I am saying is, let's believe that behind those 100,000 there are 100,000 people, faces; the mother of somebody, the father

of somebody, the daughter of somebody and the son of somebody or the grandfather of someone.

These are real people. Let's not trash them into numbers. The reason I feel this way is - I said it earlier - I know war, I know how people suffer and from that war when a loved one loses their life and how the family feels. I know poverty and I know people who died of poverty and I know how their family or loved ones feel about that. I know disease that could be prevented that killed people and I know how the family feels.

When we think about death or disease, I was saying, let's take into account that these are real people and that's what we're losing; real people who could be saved but who might be dying because of our own weaknesses; weaknesses of our society and I mentioned one or two.

01:01:08

I said it many times; I will repeat again; this virus is dangerous, it exploits cracks between us. When we have differences there are cracks; the virus exploits those cracks. Take as an example ideology or in one country it could be the differences along party lines. It exploits that. That's why I said, we need national unity and whoever has whatever ideology, whether that person is from left or right or centre, they should work together to fight this virus to save these real people.

If we don't do that this virus will stay longer with us to kill more people and we will lose more precious lives. So when I think about the losses of life it reminds me of my own experience. These are real people dying and I'm just warning people who may think that these are numbers; they're not numbers; these are people.

The other point is, when there is national unity global solidarity could also work. I have spoken to many leaders from many countries, incumbents and opposition, and one message to all of them; please work together, don't use this virus as an opportunity to fight against each other or score political points, it's dangerous, it's like playing with fire. Please work together, we need national unity. We're seeing the tragedy and we need global solidarity that's based on honest and genuine national unity.

01:03:33

I will say it again and again because it's true; it's the political problem that may fuel further this pandemic. People say this is political and, Tedros, you're a technical organisation, don't say it. But if it's fuelling the pandemic and that's the very reason, why wouldn't I say it? At the end of the day we should know the root cause of the problem and try to address that. It's fuelling it; the cracks between people, between parties are fuelling it and it's true.

That's the reason and you said, being emotional; what made me emotional? Because I know death, I know war, I know poverty. I know how people really are influenced by all this. Maybe for people who don't know this; maybe they're lucky; they may not understand it. Maybe they had an easy ride in life so they don't understand what death means; maybe they don't understand what poverty means; maybe they don't understand what war means.

That's why I'm being emotional. I know the tragedy that comes from disease, from pandemics, from war, from hate, from poverty and I resist to keep quiet and not say what I

see is wrong. That's what. That's why I'm saying, I'm bringing my own experience, not because others don't know it but it's very important to remind each other.

TJ Thank you very much. Maria, you want to add something?

MK No. I think the question about what has moved us; I think the DG has said very eloquently what moves us, speaking from his heart. I think from my side one of the things that's moved me the most are the videos of the healthcare workers who have not been able to see their children or to hug their children and there are so many videos of this online now.

01:06:19

There was one in particular of a man coming home from work and his son ran up to him and he put his hands up and it just got me. But we thank our front-line workers, not just health workers but everybody who's on the front line who are putting themselves out there; just very grateful but those are the types of stories that can get me the most.

TJ Thank you very much. Maybe we'll take one more question before closing. Let's go to Tass agency; that's Ina. Ina, can you hear us?

IN [Russian language].

TJ Yes, please go ahead.

IN [Russian language].

TJ May I just, for others who are watching us on other platforms, repeat the question. The question from Ina is about non-communicable diseases. We know about COVID, what's going on but what about lock-down; people who stay home for months; how that could have repercussions on some other conditions they may have?

MR There is no doubt that certainly the lock-downs have had a major impact on social, economic and also the delivery of other health services. Health services themselves and health systems and whole hospitals have become overwhelmed. The disease was not contained or suppressed initially in a way in which the hospitals could be protected so in that sense people lost access to the hospitals because they very often became overwhelmed by COVID cases or elective surgery was cancelled as a means of creating hospital beds, which is perfectly appropriate.

01:09:26

But elective surgery does not mean unnecessary surgery for example. That's elective in that it can be carried out in a planned way. It is still necessary surgery; cancer chemotherapy; others; immunisation programmes in many countries are an absolutely vital defence against other infectious diseases.

So there is no doubt that other health services have come under pressure in all systems and we've had a group working very, very hard on sustaining continuity of other health services during this time so that basic essential health services under the rubric of universal health could be and can still be provided.

Therefore no-one would like to see the public health and social measures, those broad-based measures which many people refer to as lock-downs. Everybody wants to be able to see those lock-downs transitioned away from. It's very important. The difficulty is that those measures were put in place to suppress what was an intensely burning epidemic. They were an emergency measure put in place by governments who had seen an exponential rise in cases.

In many cases unlike in the cases of some of the south-east Asian countries the initial attempts to do containment failed and the disease spread and accelerated and in that situation there was very little option for countries but to impose this type of lock-down.

01:11:06

The difficulty is unlocking or transitioning away from those measures means there is always the chance that the disease may rebound and we've been saying quite clearly; in order to move away - and we need to move away from these lock-downs but we need to not move away from lock-down; we need to move towards something else.

Moving away from a bad thing or something that was necessary and has caused so much hardship for people is a good thing but if you don't move towards something else you may be back exactly where you started before you know it. We need to move towards empowered people and communities who understand how to protect themselves and how to protect others and who are willing to continue with the degree of personal hygiene and physical distancing that will be necessary going forward.

We need to move towards stronger public health capacities, not just testing. Testing is a hugely important central piece of surveillance but we need to train hundreds, thousands of contact tracers; we need to be able to find cases; we need to to be able to isolate cases who are confirmed; we need to be able to quarantine contacts.

We need a system, we need an absolutely massive increase, the same massive increase we saw in the health systems, in healthcare, in ICUs, in ventilators - that's all we seem to talk about, ventilators. They're very important, absolutely very important but we need to start talking about contact tracers, we need to start talking about quarantine facilities for contacts, we need to start talking about community-based surveillance.

01:12:42

We need to invest in the alternative to lock-down and we need to strengthen the healthcare system at the same time so the same tragedy of overwhelmed health systems does not emerge again should the disease rebound. We have said this since the beginning of this epidemic/pandemic. We have said this since the beginning so we will work with countries and support them to put in place those systems and we see many countries moving very carefully and in a very united way towards those objectives and we will continue to support those objectives.

If we do that then our hospital beds are freed up, our clinics are freed up, people can go back to see the doctor and our essential health services can come back online because nothing is more important than that right now.

MK To add to what Mike has said, we have issued some guidance about maintaining essential health services because this is absolutely critical, that other services continue. Babies are still being born and children need vaccinations, people need vaccinations; this needs to continue and it needs to be done in a safe way so we do have guidance that has been put out to try to support countries in trying to maintain that.

We've also seen some innovative ways in which countries have been able to use telemedicine for example so that there is still a continuous way in which doctors can speak with their patients and so that they can maintain that care.

01:14:16

It will be temporary. As we've said, one these public health and social measures are able to be lifted these services can get back online. We've seen countries be very strategic in the way that they care for patients. Perhaps in some areas that are overwhelmed with large numbers of patients they're either not cared for in that specific locale or they're moved to other parts of the country.

We've seen some countries who are having low incidence accept patients from countries who are having explosive outbreaks and that solidarity and that support and that generosity is really welcomed and we're very grateful for that and I'm sure all the countries are grateful for that.

But it is important that essential health services continue. We have large groups within WHO and our partners and Ministries of Health and across different sectors who are trying to continue all of those services and we will continue to support countries in doing so throughout this pandemic.

TJ We will take one more question from Portugal; Ines from Portucanal; first time with us. Ines, can you hear us?

IS Can you hear me?

01:15:30

TJ Yes, please go ahead.

IS Okay. I would like to know how WHO is seeing the development of this pandemic in Portugal. From your eyes, is Portugal in a controlled state of COVID-19? Also, if you will allow me, I will ask you one more question.

I would also like your thoughts about number in Portugal; despite being seen as a success case by many countries Portugal has one of the worst numbers per million inhabitants of positive cases and also of mortality cases so I would like to get your thoughts also on this matter; how do you see it and are we far yet from this pandemic being controlled? Thank you.

MR Again I don't have all the numbers to hand but there've been about 680, 690 deaths in Portugal out of a total, I believe, of nearly 20,000 cases and this impact on the face of it has been lower than in Spain or France but you're correct; the population of Portugal is much lower. If you do that out across population levels then there's been quite an impact.

The rate of the epidemic is growing around a quarter a week so the doubling time for the epidemic in Portugal is about four weeks, which is actually reasonably good. Nobody wants to see that number of cases per day but it does mean that Portugal is in a steady state. You can tell me to what extent you believe the health system has managed to cope.

01:17:39

I believe it has coped reasonably well but certainly the testing is there, the hospital system is doing its job but the impact, given the small size of the population in Portugal, has been heavy as well even if the absolute numbers don't tell that. But I suppose the good news in this is that certainly the rate of disease is stabilising in Portugal and declining and we hope it continues to do that. Maria?

MK Not a comment on Portugal but just a comment on many countries that are now seeing a decline in cases. This is wonderful; this is very welcomed and we've worked very hard to get to that point. I think we all need to make sure that we are very careful in terms of our measuring of success here because we need to learn from all countries that are at very different stages of this pandemic, very different stages of the outbreak and we're seeing some countries in Asia that are now starting to see an increase in cases again.

I think this is because there are systems in place to find cases. No country should be punished for finding cases. This is a part of the success of dealing with this and finding those cases, isolating cases, caring for cases, finding all contacts, quarantining those contacts and keeping your public engaged, making sure that everyone understands that this is going to take some time and in many countries that are starting to see declines, if the lock-down is lifted too quickly, if the lock-down is done all at once you could see a resurgence in cases.

You could see that this virus can take hold in certain closed settings and it can take off again so I think it's important that we understand that even though we are seeing successes - we should take some pride in that, absolutely but we still need to be on guard and we absolutely must remain vigilant because what we're learning from these early serologic studies, even with all of their faults and all of the limitations; a lower proportion of people actually, it appears, are infected.

01:19:55

That means a large proportion of the public remains susceptible and so that means that the virus can take off again and so we need to ensue that the measures that are put in place are done carefully but also that when they are taken away it is done in a slow, staggered and controlled way and that the systems are in place, the workforce is there, the people are there to detect these cases, find the virus, find contacts and we have locations where they can be cared for safely.

TJ Thank you very much. We will take one more question from Helen Branswell. Helen, can you hear us?

HE Thank you very much for taking my question. I know vaccine isn't going to be ready yet but at a point it will be and there's going to be a lot of competition for early supply. Is

WHO working with countries to try to come up with a fair allocation system to try to ensure that what is available is distributed broadly and fairly?

MR Thanks, Helen. Yes, WHO, as always, works on these issues and, as you know, we work on a large number of global vaccine allocation mechanisms within the international co-ordinating groups for meningitis vaccine, for yellow fever vaccine, for cholera vaccine. We also have similar mechanisms for diphtheria antitoxin. We've worked for over 20 years in trying to ensure that products like vaccines are distributed in emergencies on the basis of epidemiologic need and on the basis that they will do the most good in combating the disease and preventing spread.

01:21:44

We intend to do exactly the same here. This vaccine development is hugely welcome. The development and upstream development of products is very, very important but what's also important is scaling up and ramping up the production off those vaccines so that they can be allocated fairly across the world and do the best possible good.

Even if we do have enough vaccine and even if that vaccine is allocated we've got to have the systems to deliver that vaccine, which will probably be well beyond... We're very good at delivering vaccines in children as a global health architecture. We're not very good at delivering vaccines in other than children, in adults.

Secondly we have to be sure that communities are fully on board. We've seen a lot of problems with vaccine acceptance so when we look right along the value chain of vaccine development we're very focused on the product development and that's very important but there are whole ranges of things that need to be done downstream to make the scale-up, allocation and use of any product successful in public health terms.

All along the way we have to keep safety and efficacy in mind. There are many initiatives emerging around the world. I've heard of initiatives in the UK, in the US, in Italy. It's really, really important at this point that there is cohesion, co-ordination, collaboration at the global level.

01:23:10

There are 193 or four or more countries and populations and peoples that share this planet. They all deserve to have access to the benefits of a vaccine and we must ensure that all nations benefit from the development of such a vaccine and it is WHO's intention to create the convening mechanisms and forums to ensure that happens as quickly as possible.

I'm sure the Director-General may wish to speak to how he is working with Bill Gates, with other governments, with other leaders around the world to pull together the necessary coalitions and the necessary co-ordination and the necessary coherence in order that in doing their job... Everybody has a job, whether you're a researcher in a lab, whether you're a person in a manufacturing company, whether you're a person doing technology transfer, whether you're a person deep in the bush doing community awareness and engagement, preparing people for this vaccine.

This is probably one of the greatest... if this is to work it will require one of the greatest scientific, one of the greatest political, one of the greatest financial, one of the greatest public health operations that we've seen in a generation. That must be done with proper leadership and stewardship and I hope and trust that we can do that together.

TAG Thank you. Thank you, Helen. We're working on two things; one, to accelerate development of a vaccine. The second is access and equitable distribution and we're already discussing with many relevant partners and look forward to announcing the initiative as soon as possible, in the next few days. Thank you.

01:25:16

TJ Just one clarification Dr Ryan would like to make before we...

MR I just want to make one clarification regarding remarks I made on Friday in response to a question from a Chilean colleague regarding diagnostics in Chile. I think our colleague asked about testing and discharge testing. I misinterpreted that and I spoke about antibody testing in general and my comments on antibody testing are on the record and I'm very happy with those comments.

But I did want to clarify that I wasn't speaking in reference to the discharge criteria that are currently being used in Chile in accordance with the WHO guidance because my comments may have caused some confusion in Chile and for that I apologise. Just to say that Chile has had a multisectoral response since the beginning of this epidemic, has had an advisory committee to the Minister of Health and from science and society since the very beginning.

It has actually had in place before this outbreak an emergency stockpile and has history in the Americas of having one of the strongest public health systems with a strong testing strategy and a crude case fatality of 1% or less so we'd like to congratulate the Government and the people of Chile for their excellent actions and apologies if my comments caused any confusion. Thank you.

TJ Thank you very much, Dr Ryan. We will thank everyone who is watching us today. This was our first time having simultaneous translation. I think we're all happy that we had journalists asking questions in different languages. We were only missing Spanish; we hop that will come net time. We will send the audio file in English. We are looking now at how to do it for other languages.

This is really just the beginning so I hope things will go in the right direction and we will try to have even more journalists and promote this press briefing all around the world. Thank you very much and have a nice evening.

TAG Yes, thank you. Thank you, Tarik and once again we salute our health worker. This is a day when we remember Dr Richard Muzoko, who gave his life while saving others', fighting not only Ebola but fighting bullets. Imagine working to save lives in the middle of a war. That's actually the face of WHO.

Now in the middle of this crisis many more health workers are losing their lives to save others' and we salute you; all the respect and appreciation from us. To our journalists and

others who are following our programme I would like to say, thank you so much for joining and see you again on Wednesday. All the best.

01:28:38