



# World Health Organization

**Coronavirus**  
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**Speaker key:**

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SS	Soumya Swaminathan
MK	Marie-Paule Kieny
KA	Catrine
ME	Megan
UF	Unidentified female speaker
SB	Sylvie Briand
JA	Jamie
GA	Gabriela Sotomayor
OL	Oliver Whitfield-Miocic

TJ Good evening to everyone from the executive boardroom here in Geneva at WHO headquarters. Welcome to all journalists who are with us physically here and who've been following us in the last two days during the research forum. Welcome to all journalists who are online and welcome to everyone watching us on WHO's Twitter account. As always I'll repeat a few details; an audio file will be available immediately and then a transcript hopefully will be posted tomorrow morning.

Journalists who are joining us online, you can click on the "raise hand" on your screen to get into the queue for questions. Those who are calling by phone, please type \* 9 on your keypad to be put in the queue. Tonight's press conference will be short. We have no more than 45 minutes. Today, as you have seen in our media advisory, we will talk about two topics. Today we had the meeting of the emergency committee and the international health regulations on the Ebola outbreak in the Democratic Republic of the Congo. We will also talk about COVID-19, as we do on a daily basis.

Today with us besides the regular guests we also have Professor Robert Steffen, who's the chair of the IHR emergency committee on the Ebola disease outbreak in DR Congo. I'll just go through the names; Dr Marie-Paul Kieny, who was the co-chair of the research forum that just concluded; Dr Mike Ryan, executive director of emergencies, Dr Tedros, WHO director-general. We have Sylvie Briand, who is the director of infectious hazard preparedness, and our chief scientist, Dr Soumya Swaminathan. I will give the floor immediately to Dr Tedros.

TAG Thank you, Tarik, and good evening to all colleagues who have joined from the media and from our organisation. Once again I would like to thank Professor Steffen and all the members of the emergency committee on Ebola for their time and advice. The emergency committee on Ebola has advised that the outbreak in the Democratic Republic of Congo continues to be a Public Health Emergency of International Concern and I have accepted that advice.

As I said yesterday, as long as there is a single case of Ebola in an area as insecure and unstable as eastern DRC the potential remains for a much larger epidemic. WHO's risk assessment is that the risk of spread is high nationally and regionally and low globally. Nonetheless the signs are extremely positive in the eastern DRC and I hope that by the time the emergency committee reconvenes we will be able to declare an end to the outbreak.

But even as we near the end of this outbreak we must act now to prevent the next one and we cannot forget that while this Ebola outbreak has killed 2,249 people measles has killed more than 6,300 people in DRC in less time. Only half of health facilities have access to water. Strengthening a health system may not be as sexy as responding to an outbreak but it is equally important.

Tomorrow I will travel to Kinshasa, DRC, for discussions with President Felix Tshisekedi and other senior ministers about how to strengthen DRC's health system and protect and promote the health of its people. The current outbreak of COVID-19 highlights why this is so critical.

Our greatest fear remains the damage this coronavirus could do in a country like DRC. Even as the flames of one outbreak begin to die down we're fighting another fire front. As of 6:00am Geneva time this morning there are 44,730 cases of COVID-19 in China with 1,114 deaths. Outside China there are 441 cases from 24 countries and one death.

The number of newly confirmed cases reported from China has stabilised over the past week but that must be interpreted with extreme caution. This outbreak could still go in any direction. The number of countries reporting cases also has not changed since 4<sup>th</sup> February. Of the 48 new cases confirmed outside China yesterday 40 were on board the Diamond Princess cruise ship which is currently quarantined in Yokohama.

We're in constant contact with the Japanese Government, the International Maritime Organization and the owner of the ship to protect the health of all passengers. Now we have two cruise ships that have experienced delayed port clearance or have been denied entry to ports, often without an evidence-based risk assessment.

Together with the International Maritime Organization we will issue a communique to all countries to respect the principle of free pratique for ships and the principle of proper care for all travellers in accordance with the international health regulation.

We have established lines of communication with IMO, the Cruise Lines' International Association and the major cruise operators to ensure we have accurate information and can provide the right advice. WHO has published on how to handle public health events like this on ships and we urge companies to follow that guidance.

I'm also pleased to announce that today Cambodia agreed to accept the Westerdam cruise ship, which has been stranded at sea for several days. Based on what we have been told there are no suspected or confirmed cases of COVID-19 on board the Westerdam. The ship will arrive in Cambodia tomorrow morning.

This afternoon I spoke to Cambodia's Minister of Health to thank him for allowing the Westerdam to dock in his country and I would like to use this opportunity to also appreciate the Government, especially His Excellency, the Prime Minister. This is an example of the international solidarity we have consistently been calling for.

Outbreaks can bring out the best and the worst in people. Stigmatising individuals or entire nations does nothing but harm the response. Instead of directing all our energy against the outbreak a stigma diverts our attention and turns people against each other. I will say it again; this is a time for solidarity, not stigma.

As you know, the research and innovation forum on COVID-19 concluded this afternoon. I was very encouraged to see the energy and the speed with which the global research community has taken up this challenge. As we speak, research groups are meeting with the leading research funders to start work immediately on the most pressing questions.

Some of these issues include easy-to-apply diagnostics, the best approach for infection prevention, potential therapies that could be used to treat patients, existing vaccine candidates and how to accelerate them, and how to address the infodemic. We're also doing deeper investigations to identify the source of this virus and to prevent further transmission from animals to humans.

WHO is now developing a masterplan for co-ordinating clinical trials and ensuring they're done coherently and consistently. Meanwhile we continue to support countries with the tools and equipment they need now to diagnose cases and protect health workers. We have shipped diagnostic kits to laboratories around the world and we will continue to do so and we're also sending supplies of masks, gloves, gowns and other personal protective equipment to protect front-line health workers in 18 countries that need our support and we have more in the pipeline.

Finally our advance team in China has made good progress in working out the composition of the team and the scope of its work. We hope to have more news to announce soon. I thank you.

TJ Thank you very much, Dr Tedros. Professor Steffen, would you like to add something?

RS Yes, thank you for the opportunity to comment on a few details which we discussed in the Ebola Emergency Committee. We were very pleased about the substantial progress in the

two provinces in which the outbreak has happened and really the staff active in the field, be they Congo nationals or foreigners, need to be commended on this tremendous progress.

There have been only a very few cases in the past week and only two health districts are now affected and, as Dr Tedros briefly alluded to, the risk assessment has been downgraded from very high to high on a regional and national level.

You may possibly wonder why we maintain the Public Health Emergency of International Concern. This is despite cautious optimism because we do see a risk of some resurgence and also a risk of complacency if we would now suddenly abandon this PHEIC despite the fact that we occasionally see new cases.

Additionally I see two dark clouds on the horizon there and one is the continued aggressions which happen and which compromise the action of the health teams. The second one is - here I'm building a bridge to that global solidarity which you mentioned that is truly lacking and it is absolutely paramount that more support is being offered.

So we maintain this PHEIC but we presume that even before three months we will reconvene and hopefully will have then the good news that we can end the public health emergency of international concern. Thank you.

TJ Thank you very much, Mr Chair. Before we open the floor for questions, please one question per person so we try to get as many as possible. We have about 30 minutes for questions. Those on the line, click "raise hand"; those dialling in, \* 9. You have just received from my colleagues the statement of the Emergency Committee on Ebola. You also have received a press release regarding the end of the research forum so we will start here with the room; Nourediene, Shane and Catrine. Nourediene first.

NU Nourediene Fridhi, Al Arabiya news channel. I have a question for the Director General. In some article a famous Chinese epidemiologist is quoted as having said that he's expecting that the crisis will reach its peak this month but will decrease until April, let's say, it will be finished by April but he doesn't understand why the transmission of this virus is so quick. Do you share his assessment?

MR Yes, we would love to be able to predict the future but I think we have to be very cautious. The stabilisation in cases in the last number of days is very reassuring, as the DG has said, and it is to a great extent the result of the huge public health operation in China. It is very hard though to predict. We definitely see that the behaviour of the virus outside Wuhan, Hubei and the rest of China and outside China doesn't appear at this point to be as aggressive or as accelerated and that's a good sign.

It gives us an opportunity to prepare and react and still gives us the opportunity for containment and potential interruption of transmission of the virus but that's not a guarantee. We must continue to try to stop the virus while preparing countries for the arrival of the virus. I know that sounds contradictory but it is not a contradiction.

So yes, we would hope to see the virus come under control. We're not going to speak about numbers or dates. We need to focus on the task and the task is to contain the virus, to detect the cases, to treat the cases. If we keep doing those things, yes, we may see a drop in the

number of cases but I think it's way too early to try and predict the beginning, the middle or the end of this epidemic right now.

TJ Thank you very much. Shane then Catrine.

SH Shane from China Central Television, CCTV. My question is about the research and innovation forum during the past two days. What do you think about the participation of the Chinese experts and delegates? Have they contributed something to the forum and to the study of the coronavirus disease? Thank you.

SS Thank you very much. One of the things that we were very keen was that the Chinese scientists and researchers participate in this meeting because they have the hands-on experience of what is happening in China; they know what the disease is like, the local epidemiology and also the local research that's already started.

So we were very fortunate and pleased that senior representatives from the China CDC as well as others could participate in the meeting. Of course they did it remotely because they could not travel to Geneva but we also had several people in the room representing China.

Also in the lead-up to the meeting we've had several working groups that have been working on the different thematic areas and most of the working groups have Chinese scientists as part of them. So I think the outcomes of the meeting were very much influenced by the contribution of the Chinese scientists and we're very pleased about that.

TJ Dr Kieny, would you like to add something?

MK Yes, if I may add, one of the major impacts of the presence of Chinese scientists online was also to ground the discussion in reality and to remind the scientists who were there that this is an issue which is urgent now, that there are two things that are important, as the DG said; stop the outbreak and save lives.

What they said was important; that they needed to have point-of-care diagnostics which were validated and allowed immediate detection of infection. The other thing is better treatment guidelines and a better way of dealing with those who are sick. The intervention, as I said, grounded the discussion in the reality and set a clear goal for the other scientists.

TJ Thank you very much, Dr Swaminathan and Dr Kieny. Catrine and then we will move to a few journalists online. Thank you.

KA Yes, [unclear], France 24. My question is about the masterplan. I would like to have more details about the urgent priorities that have been decided and also about what you've decided to mobilise; how much money you decided to mobilise and particularly for the middle and lower-income countries; how do you plan to work?

SS There were several thematic areas that were discussed and the Chinese scientists who participated were able to identify what the top priorities are for them and these were the development of simpler diagnostics, point-of-care diagnostics so that these could be applied at the community setting as well as the primary healthcare setting.

I think this would be very useful for other low-income countries, to have a test that does not require the kind of complex laboratory that a PCR test needs. I think we would put this very high up on our list of priorities.

Secondly it was about optimal treatment for patients who become ill and who need hospital admission; what are the best treatment options, standard treatment protocols and also standard data collection forms that people all over the world can use, those who are treating these patients, so we will be able to rapidly collect data on what's working best.

We also identified transmission and epidemiology as an important priority to be studied fairly quickly because we really need to understand this virus; of course where it originated and how it jumped to humans but also about its transmissibility, the age groups that it affects, what are the underlying conditions or the environmental conditions that sometimes make the disease more severe in some people as opposed to others and also what impact the interventions are having, the interventions of quarantining people, of travel blockades and so on. I think we have a lot to learn from studying all of these.

There are other medium-term priorities which include developing vaccines and therapeutics for this disease. I mentioned that we have immediate priorities and then more medium-term. There are already four vaccine candidates in development and it's likely that there will be one or two that'll go into human trials in about three to four months from now so that in itself would be very rapid progress.

But the scientists discussed what would be the framework for prioritising which vaccine candidates then go to further testing. However it would take at least 12 to 18 months for a vaccine to become available for wider use.

Similarly for therapeutics; there are a number of existing drugs which have been put forward for testing and we have agreed that there will be a master clinical trial protocol that's developed that again will set out the options for the different drugs that could be tested either singly or in combination. The faster we can agree on implementing a protocol like that the more likely that we will get results and be able to use those results really to treat patients better.

TJ Thank you very much. We will now try to take a few questions from journalists who are either dialling in by phone or watching online. We'll start with Megan from Wired. Megan, can you hear us, please?

ME Can you hear me?

TJ Yes, we can hear you. Please go ahead.

ME Great, thank you for taking my questions. I was wondering if you could provide an update on the status of the ongoing clinical trials in China right now, how many patients have been dosed and if we should be expecting the initiation of any new trials in the coming weeks.

Then could you expand on what exactly WHO's role is going to be with regard to coordinating such trials in the future?

TJ Thank you, Megan.

MK The Chinese colleagues are very eager to participate in protocols which have been defined and which are... so that all the clinical trials are done according to the same standards and are looking towards the same outcome because when you have a treatment you can measure different things in the patient.

What is important if you want to compare different treatments, different molecules is that everybody measures the same so there were discussions about that. They were very interested in working on such a master protocol so in terms of drugs which have been tested and which are being tested by them currently they have already dosed quite a number - I don't know how many patients exactly - on a combination of ritonavir and lopinavir, which would be excellent if it worked because this drug is available in particular as a generic formulation for the treatment of HIV so this would clearly be a drug that would be available.

This being said, we don't know the result and we still have to wait a few days or a few weeks to have a result and they will very soon start to dose patients on remdesivir, which is an experimental drug from the producer Gilead which had been tested without much success with Ebola but Ebola virus and coronavirus are different and it may have better success with corona. But we will have to wait for a few weeks to know whether this gives any positive signal.

TJ Thank you very much. I'll call now on journalists from ZDF, if you can hear us. Sorry I don't have your name.

UF Hello. Can you hear me? Yes. My question is, the WHO praises the Chinese Government's crisis management but since December 31<sup>st</sup> the virus has been known in Wuhan. The authorities silenced Wuhanian doctors. There are also indications that the disease rates are not correct. Do you subsequently rate the Chinese Government's crisis management differently and when did the Chinese first inform the WHO about the virus?

TJ Thank you very much. If I understand well it was to comment on the management of the crisis by Chinese authorities.

MR Yes, and under the International Health Regulations when the national health commission in Beijing became aware of the situation in Wuhan they notified WHO immediately under the framework of the IHR. Obviously there are normal surveillance systems in place in many countries and countries are in the middle of an influenza season.

Sometimes it is very difficult to pick up the signal of an unusual event. In fact this event was picked up by a surveillance system designed specifically to pick up unusual and atypical pneumonia and you will remember that picking up, at the time, 41 unusual pneumonias in a population of 23 million people in the middle of an influenza season, actually if you look at that, was quite picking the needle out of the haystack.

Then notifying that to WHO has allowed a massive global response so I would argue quite the opposite in fact. I would argue that given the huge population involved and given the unusual nature of the pneumonia but which was quite similar to influenza on presentation it's quite amazing that the signal was picked up.

Obviously when the outbreak is over we can go back and look and all emergency response - we've seen it in all kinds of emergencies and crises; when you go back you will always find things you could have done better and if anybody involved in crisis management tells me different I can tell you after 25 years doing this that is the truth.

But now is not the time for recrimination, now is not the time for forensics, now is the time to fight this virus and we can deal with other issues later, in my view. Having said that - and the DG has said this before - we always at WHO and we encourage all countries - and most countries do - country-led after-action reviews in which there's a formal process of looking at all actions both leading up to and after an emergency so we can all learn from the crisis and learn from our mistakes.

Everybody makes mistakes in a crisis. That is not the test. The test is how you respond, how you react and how you improve.

TJ Thank you very much. I will now take a question from Paul Benkimoun from French newspaper Le Monde, who was sending me texts every day for the last couple of days with questions because he was not able to dial in early to ask questions. The question is, what do we know about transmission chains outside China; Thailand or other countries? What can we say about transmission chains outside China, from Paul Benkimoun from Le Monde.

MR We can get the exact numbers for you. My numbers are going back to yesterday but of all the cases that we have outside China only about 22% of those cases are actually due to transmission outside China, within those countries or on to third countries so less than a quarter of those cases reflect localised transmission outside China.

When we look at the transmission chains -a and we have done a really, really forensic job in looking at each and every one of those transmission chains and as of this morning only eight cases globally; we could not find a plausible explanation for their exposure. So on a global level we have a good view on this virus, certainly in terms of the existing transmission chains and we have tried each and every event, each and every transmission across borders.

We thank countries who have shared their information with us and we encourage others who have not to do so because this is the exact data that allows us to track this virus in the most detailed way. As Director General has said, that doesn't mean that there aren't other transmission chains out there. There quite possibly could be but for what we see there, that's the circumstance.

The other interesting work that's being carried out is many countries have accelerated their normal winter surveillance for severe acute respiratory illness and ILI and many countries like Singapore - I think Singapore stands out as a really good example of a country that's approaching this virus in a very systematic way - are now checking in emergency rooms all respiratory infections and they're testing for nCoV.

So they're not just testing against the case definition; they're testing all respiratory disease and to date they're not finding COVID as that. They're finding the flus, they're finding the other things but they're not finding COVID as part of that. That doesn't mean that that won't change but in principle at the moment there's no overwhelming evidence that this virus is out there causing efficient community transmission in other countries.



That's a good thing. It doesn't mean it's not happening but it does again highlight what the Director General has said again and again; we have a window of opportunity to shut this virus down.

TJ Thank you very much. We will come back to the room but I would like to take the question from Catalan News Agency, Tony Jaime, who is asking about a Mobile World Congress in Barcelona that is due to take place and apparently the GSMA board is gathered right now to decide if they will go on with this Mobile World Congress. The question from Tony Jaime is, what would be the advice to the board deciding if the congress should go on?

MR I would pass to Sylvie for specific advice but it's really important that everyone remembers, there's no zero risk with any mass gathering. When we bring people together there's a risk of food poisoning, there can be risks of injuries; buildings have collapsed, all kinds of things have happened, terrorism events have happened. All meeting organisers have to put in place a risk management strategy in the context of there never being a zero risk so what we're advising and we're issuing advice on how to manage a mass gathering.

It's easy to ask the question, should we or shouldn't we. WHO cannot become the arbiter of that process. What we can do is offer systematised, algorithm-based decision-making frameworks that allow each meeting to be assessed on its merits, where it's happening, who's attending and what risks can be managed.

Many of the risks can be reduced through very simple measures and if an event occurs those risks can also be managed. I'll pass to Sylvie. This is a very important component of our risk communication strategy. We feel for those organisations for the uncertainties associated with these events but we do believe these risks can be appropriately managed and again staying calm and managing those risks in a systematic way, we believe most of these events can continue if the proper measures are applied and these don't need to scare people. Sylvie.

SB Yes, thanks a lot. Yes, indeed, we encourage meeting and mass gathering organisers to do a risk assessment because the risks really depend on the setting, the type of meetings, the type of participants and the duration of the meetings as well and the type of room where the meeting is held, etc.

There are many, many factors that need to be taken into consideration so it's impossible to give guidance in general. We have really to look at each setting so we are providing guidance to help organisers to prepare for the meeting, to also put in place some measures during the meeting and after the meeting so that the risk is covered not only during the meeting itself but before and after as well so that the risk is managed throughout the whole process of mass gatherings and meetings.

The other thing which is very important also for a meeting organiser is to link with local health authorities just in case there is some case during the mass gathering; then it can be taken care of immediately and safely and also effectively.

TJ Thank you very much. We go back to the room; Jamie, Gabriela and a gentleman here. Jamie first.

JA Hi, Jamie, Associated Press. I have a quick question for Dr Tedros or maybe Dr Ryan. You mentioned that the case count is stabilising somewhat or it appears that way but the daily death count is rising. How do you explain that?

MR We've said before, Jamie, that again through the work being carried out with so many patients being managed in an intensive care environment - and we've seen that the length of illness is quite long so many patients now, if we take ourselves to the second week of February, are now reflecting cases who became sick two weeks ago when we had those peaks and those very large numbers.

So what we're seeing now, unfortunately for some people, are end-of-life moments where people have been kept alive through huge efforts of the health workers but some cannot be saved. So what we're not seeing is an increase in the death rate; what we're seeing is an unfortunate consequence of so many people being sick and we're at the end of that cycle.

We would hope now as the numbers drop that we will then see a lag and a drop in the overall number of fatalities but again that remains to be seen. We're concerned obviously; the loss of any human life is a tragedy but in epidemiologic terms we can explain it through those means.

TJ Thank you very much. Gabriela.

GA Thank you very much. Gabriela Sotomayor, Mexico Processo. While I'm not a scientist obviously, do you have any scientific explanation to explain why there have been no cases in any country in Latin America or Africa? Can the weather be a factor for example or something like that or is it just good luck? Did you discuss this issue during your meeting? Because there's a large Chinese population in some of these countries. Thank you.

SB At the beginning of this outbreak we did some statistics with IATA to see the amount of travellers, especially by plane, to different countries around China and so we came up with the intensity of traffic from China to different countries. Indeed the first countries to detect imported cases were the ones who statistically had more traffic with China.

Now a few days after the beginning of the outbreak and since the lock-down of Wuhan the air traffic has decreased a lot, especially from Wuhan, and so now the pattern we see is very different from the pattern we had at the beginning of the outbreak because obviously many flights have been cancelled from Wuhan and so the potential to export from the epicentre of the outbreak to other continents has decreased as well.

That doesn't mean that we will not see cases in those countries but it has delayed significantly the probability of seeing those cases in other continents.

TJ Thank you very much. We have time for maybe two more questions; gentleman here and then the gentleman next to you. Can you introduce yourself, please?

OL Hello. My name's Oliver Whitfield-Miocić. I'm from Euro News. There're reports that China's changing the way that it's reporting the figures in that unless people are showing symptoms they will not be classified as confirmed even if a test comes back positive. What are your thoughts on that?

Also secondly looking back at the effusive praise that's been given for China, has the Chinese Government approached the WHO to ask it to stand up and say that China is doing a good job here, was there pressure put on this organisation to say those sorts of things? Did the Chinese Government say to the WHO that it should give it praise? Because I've noticed a few organisations have done that and I know how important it is, saving face in China.

TJ The first question was, I think on a case definition so maybe...

TAG I will start on the second one while... I think Mike had already said it and also I can give you more examples of why we recognise what China is doing. For instance the pathogen was identified in record time and immediately they shared the sequence. When they shared the sequence it helped the other countries to prepare the diagnostic tools to test cases.

That, by implication, means they have helped actually in preparing other countries and in preventing the problem from growing because when you don't test or diagnose cases will be missed and local transmission can be established.

In addition to that the other reason we appreciate and recognise is - I will give you one example which I said before also. There was a Chinese lady who visited Germany and she returned to Shanghai and she was found positive. Then the Chinese authorities immediately notified Germany that a positive person had visited Germany and that they had to take action and Germany took that information and immediately took action to prevent any serious problem. That's why now things are under control in Germany.

So I think you would agree with me that it's very important to appreciate a country or an individual qualified for something you see; it's the truth. But I don't know why you said only WHO or a few agencies but we were in this boardroom for a board meeting and almost all member states were praising China for what it did and they had a reason.

The reason others were saying, many countries were saying was, China took action massively at the epicentre, at the source of the outbreak - the shutdown of Wuhan City - and that helped in preventing cases from being exported to other provinces in China and the rest of the world.

I remember a board member from the UK saying verbatim, this is heroic because when you shut down a city and a province like that it has consequences, economic and so on, serious consequences. So what's wrong with acknowledging this? Because they're saying the actions of China are making us safer.

I know there is a lot of pressure on WHO when we appreciate what China is doing but because of pressure we should not fail to tell the truth. We should tell the truth and that's the truth. China doesn't need to ask to be praised and I don't expect any country asks to be praised. It was not, it is not. That's the truth, the whole truth and with my colleagues we speak the same language because we have seen these concrete things that should be appreciated.

I will add one more. We have met the President, we have seen the level of knowledge he has on the outbreak. We saw first-hand that he is leading the outbreak directly and you know we always ask for political commitment, political leadership. That's what we have seen so don't you appreciate that kind of leadership that's really committed? Again the truth. We don't say anything to appease anyone. It's because it's the truth.

Then I will give you more dimension to it. China is not the first country we have acknowledged. We acknowledged other governments. We even gave them recognition in our assembly for the right things they did. It helps in two ways; one, it helps them to continue doing the right things they're doing. But secondly it helps other countries to recognise the good practice that country which is recognised is doing and they can learn from that country. That's it.

But I have been asked this question many times, Mike has been asked this question many times, Bernard; many of our colleagues - Maria, Sylvie and so on. Our answer is the same; it's true that we have seen many good things that are slowing the outbreak. This is a very serious virus and China is doing many good things that are slowing the virus and the facts speak for themselves and this has to be recognised.

The whole world is seeing this because if you see the number of cases, although in China it's more than 40,000, in the rest of the world we have less than 400 or around 400 and only one death. So let the truth speak for itself and the world can judge. There is no abstraction here or there is no spinning here because if the rest of the world had cases - especially in the 24 countries which have reported cases - I don't think they would hide it. It's because they don't have cases; that's what we think.

So the rest of the world is still safer compared to Wuhan and Hubei province, by the way. It's in better shape and that's why I always say there is a window of opportunity so when we have this small number of cases, 400, and only one death there is a window of opportunity, please, world, wake up to really hammer it, hammer this virus and prevent it from being a serious problem or a crisis in the rest of the world.

I hope you will agree with me that if you take all the factors, whichever way, there are things that should be recognised and because of pressure I will not stop doing that or saying that because it's the truth. Even if just one person is staying and telling the truth I think that should be the case and we're telling the truth and we will tell the truth.

That's what we believe. This is not just personal to Tedros. It's our position. We have been together when we travelled; Mike was with me, Bernard was with me, Sylvie was with me. We have seen what we have seen and we are giving qualified recognition and actually my call is, please, let's recognise as a world, as a globe what China is doing and help them and show the solidarity.

If there is any problem in the process of the outbreak, something that they failed to do - there will be challenges, there are challenges, I know there will be weaknesses; even China itself is saying it - we will assess that, learn from it and improve for the future. But now what's important is not stigmatising a country or attacking a country but standing in solidarity and fighting against this common enemy, COVID-19 or the virus.

We have to fight it in unison as humanity because we're one and this virus attacks every human being; no-one is immune. It's a threat to all of us so we should start in unison. I think it's time to really unite and attack this virus. I was so humbled and I was so happy today when I sat with scientists - full of this house [?].

Everybody was using the same language; they said, we will work together, there is a common enemy and we will plan immediate actions medium and long-term and stop this outbreak. As

humanity this is a common agenda to all of us; that's what they said. They have also recognised focusing on the epicentre and at the source, what China is doing, is actually the right thing to do.

It's that kind of solidarity we need; solidarity, solidarity, solidarity. To be honest, let's not waste our time on saying, who is acknowledging, why is he acknowledging, and so on. Let's focus on the world. Let's calm down, no panic, no fear, and try to do the right things with solidarity. That's what I would ask. Thank you.

TJ We will conclude with these important words from the Director General.

MR There was a question on the case definition. Maybe Sylvie could answer that because it's technical but it's important.

SB I think yesterday we had the same question and we have checked with our colleagues who are currently in Beijing and also our country office about this case definition and they sent us the document and so on. First of all what is important to understand; it's normal during the course of an outbreak to adapt the case definition because we need to be very close to the reality, to monitor the disease as it is unfolding.

The second thing; if I can use an image, it's like fishing. Although I'm not an expert at fishing, if you want to catch a big fish you will take a certain type of net. If you want to fish for small fish you will take another type of net so it's normal to change the size of the net when you want to catch a different type of fish and here it's exactly the same.

The situation is evolving so when you have few cases you have a very sensitive and specific case definition because you really want to tackle each and every case. When the situation is evolving you change your definition just to make sure that you can monitor the disease accurately and this is what they've done recently; changing the case definition to incorporate mild cases that were not in the initial case definition but also integrate the cases that are post symptomatic or with [unclear] symptoms because they were testing contacts around the cases and so this is what has been done.

They also try to have a better case definition for Wuhan province [sic] which is in a slightly different situation than the other provinces in China so that they can also monitor the disease in different places even if the epicurve is slightly different. I hope it answers...

MR Can I add to that, that shift is actually likely to generate more confirmed cases, not less. This is not an attempt to ignore cases, it's an attempt to widen the net and include milder cases and all lab-confirmed cases regardless of the symptoms so I think if anything it's actually throwing the net even wider with a finer mesh and that's what we want to see in a containment phase.

Just one point in reflecting on Dr Tedros' point, I was in meetings yesterday with colleagues from the Russian Federation and we were planning together with our colleagues in the US how we're going to celebrate 40 years of smallpox eradication. We were talking about those heroes who are left; most are people in their 80s and their 90s now, a generation who worked together at the height of the Cold War across ideologic, geographic boundaries and rid this world of a huge scourge.

They didn't see politics or ideology as a barrier and that's an incredible thing... and if you ever get a chance to sit and see those scientists together who did that service to the world at the height of tensions in the world... I think we could really learn from their work and it humbled me to sit there and talk about how we could celebrate them and it struck me that maybe we have that same challenge and we need to put our differences aside, we need to fight this virus together. The DG has said it again and again; solidarity is the only way to defeat this virus.

TJ Thank you very much. Sorry to everyone who had a question we were unable to take but there will be other opportunities. As always, we will have an audio file available immediately and a transcript soon. You have received already documents from the Emergency Committee, also from the research forum and we will also be sending an audio file immediately. Thank you very much. Have a nice evening and we will inform you tomorrow about the next media opportunities. Thank you.