



# World Health Organization

## Coronavirus Disease (COVID-19) Press Conference

24 February 2020

### Speaker key

TAG	Dr Tedros Adhanom Ghebreyesus
TJ	Tarik Jasarevic
AS	Ashleigh
HB	Helen Branswell
MR	Dr Michael J Ryan
ST	Stefan
JH	Jacqueline Howard
SB	Sylvie Briand
BA	Banjot Kaur
KA	Katrin
UM	Unidentified Male

TJ Good afternoon everyone and sorry for this delay; it's a very busy day here for us in Geneva and it will make us have this press conference very short, shorter than usual. Journalists online, it's clicking raise hand to ask a question, those dialling in, it's \*9.

Today we have Dr Tedros, Dr Sylvie Briand and Dr Mike Ryan that I don't necessarily need to introduce specifically. Today we will start with the questions from journalists online. This is because we need to set up a room at another part of the building where we'll have the Secretary General of the United Nations visiting WHO.

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I will give the floor to Dr Tedros immediately for his opening remarks.

TAG Thank you, Tarik, and good afternoon everyone. Let me start as always with the latest numbers.

As of 6am Geneva time this morning China has reported a total of 77,362 cases of COVID-19 to WHO including 2,618 deaths. In the past 24 hours China has reported 460 new

confirmed cases and 150 deaths. We're encouraged by the continued decline in cases in China.

Earlier today the WHO-China joint mission concluded its visit and delivered its report. As you know the team has travelled to several different provinces including Wuhan. The team has made a range of findings about the transmissibility of the virus, the severity of the disease and the impact of the measures taken.

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They found that the epidemic peaked and plateaued between the 23<sup>rd</sup> January and 2<sup>nd</sup> February and has been declining steadily since then.

They have found that there has been no significant change in the DNA of the virus and they found that the fatality rate is between 2% and 4% in Wuhan and 0.7% outside Wuhan. They found that for people with mild disease, recovery time is about two weeks while people with severe or critical disease recovery is within three to six weeks.

The team also estimate that the measures taken in China have averted a significant number of cases. The report contains a wealth of other information and highlights questions for which we still don't have answers and includes 22 recommendations.

Dr Bruce Aylward will give more details tomorrow on behalf of the joint team. But the key message that should give all countries hope, courage and confidence is that this virus can be contained.

Indeed, there are many countries that have done exactly that. Outside China there are now 2,074 cases in 28 countries and 23 deaths. The sudden increase of cases in Italy, the Islamic Republic of Iran and the Republic of Korea are deeply concerning.

There is a lot of speculation about whether this increase means that this epidemic has now become a pandemic. We understand why people ask that question. WHO, as you know, has already declared a Public Health Emergency of International Concern.

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Our highest level of alarm was when there were less than 100 cases outside China and eight cases of human to human transmission. Our decision about whether to use the word, pandemic, to describe an epidemic is based on an ongoing assessment of the geographical spread of the virus, the severity of disease it causes and the impact it has on the whole society.

For the moment we are not witnessing the uncontained global spread of this virus and we are not witnessing larger scale severe diseases or death. Does this virus have pandemic potential? Absolutely it has. Are we there yet? From our assessment, not yet.

So how should we describe the current situation? What we see are epidemics in different parts of the world affecting countries in different ways and requiring a tailored response. The sudden increase in new cases is certainly very concerning.

I have spoken consistently about the need for facts, not fear. Using the word, pandemic, now does not fit the facts but it may certainly cause fear. This is not the time to focus on what word we use. That will not prevent a single infection today or save a single life today.

This is a time for all countries, communities, families and individuals to focus on preparing. We do not live in a binary black and white world. It's not either/or. We must focus on containment while doing everything we can to prepare for a potential pandemic.

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There is no one-size-fits-all approach. Every country must make its own risk assessment for its own context. WHO is also continuing to do its own risk assessment and is monitoring the evolution of the epidemic around the clock.

But there are at least three priorities: first, all countries must prioritise protecting health workers. Second, we must engage communities to protect people who are most at risk of severe disease, particularly the elderly and people with underlying health conditions.

And third, we must protect countries that are the most vulnerable by doing our utmost to contain epidemics in countries with the capacity to do it.

In the past few days I have held meetings with the Foreign Ministers of France, Germany, Indonesia, Cuba, the Republic of Korea, and I want to thank them for agreeing to support the response.

I also wish to thank the European Commission for its contribution of €232 million which demonstrates the kind of global solidarity that gives me hope. France, Germany and Sweden have also announced additional contributions. This is a shared threat. We can only face it together and we can only overcome it together.

When we act together, countries, regional and global health organisations, the media, the private sector and people everywhere, our collective strength is formidable. Alone we lose. Together we win. I thank you.

00:08:46

TJ Thank you very much Dr Tedros. Before we start with questions, some of you may know Chinese health authorities have organised a press conference at the end of the international expert team mission where Dr Bruce Aylward and the national counterparts have talked in more details about their findings.

As we speak now, we are sending you an audio file from this press briefing so you can hear more about that. And with that we will start with questions from our colleagues online. I'm calling on Politico, if you can hear us and maybe introduce yourself.

AS Yes, hi, can you hear me?

TJ If you can just speak a little bit louder, but we can hear you.

AS This is Ashleigh from Politico. I just wanted to know, the contributions to the urgent funding appeal, the majority is still in pledge stage. When is this funding expected to be received by the WHO?

TAG Thank you for that.

00:09:48

MR Most of the funding is currently in pledge stage but we do have mechanisms in-house for firm pledges that we can begin to spend against those pledges immediately and we are making arrangements with Raul Thomas and Jane Ellison to do just that. So we should be able to start expending funds against firm pledges in the coming days.

TJ Thank you very much. Just to remind everyone, very short questions as we don't have much time. We are now calling on... As I said, we will take a few questions from online first. Helen Branswell, very fast, Helen, a short question.

HB Hi, thank you very much for taking my question. I tried to listen to the audio from Beijing today and it was unclear at times whether Dr Aylward was recommending that other countries take the measures that China is taking.

Is WHO suggesting that when the virus arrives in a new location that countries should effectively try the lockdown approach that China has used?

TAG As I said in my statement, Bruce will be giving a press statement tomorrow in Geneva so I think it would be better to attend that. Thank you.

TJ Thank you very much. Yes, we will have Bruce Aylward tomorrow but, as I said, you can already listen... For those that have not been listening, you can listen to what he has said as we are sending the audio file. Let's go to CNN China, if we can hear from China.

Okay, we don't have CNN China. Let's go quickly to the room here. Stefan, please.

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ST Stefan [unclear] Newspaper. Two questions, first about Iran, the surge of new cases. Apparently there's a very high mortality rate if we compare it to the number of cases and the number of deaths. So if you could elaborate on that.

And the second question is about Switzerland. Do you recommend any specific measures as far as the exposure to Italy is concerned? Thank you. Switzerland and Italy, the exposure obviously if you have specific measures on the border. Thank you.

MR With regard to Iran, again a little like was originally the case in China, we need to be very careful in the first wave of infections and any newly affected country because we may only be detecting severe cases and the deaths will be over-represented in that.

We also need to be cognisant that the virus may have been there for longer than we had previously suspected.

We do know, again, in each and every country there's a different dynamic. You saw in Japan with the Sea Princess, you see with Singapore when they had a cluster at a conference where there was exportation from that conference. You've seen in the case of Iran religious gatherings.

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So sometimes when you see an acceleration of cases and a spread from that, it doesn't necessarily represent the natural transmission dynamics of the virus. It's very much driven by the context, the context of a gathering and then people moving after.

So the natural transmission dynamics are such that if you look at most cases, for example even in China, are in family clusters. Most secondary cases occur in families. About one in ten contacts become subsequently confirmed as cases, and that's been driving the epidemic.

There are particular circumstances. So again, we need to understand the exact dynamics of what has happened in Iran, but clearly there have been gatherings for religious festivals and then people coming and then moving afterwards.

So I think it's going to take another few days. We have a team arriving in Iran tomorrow and our regional director will actually be there tomorrow as well, and a team arriving in Italy as we speak.

And we're reaching out to all affected countries to ensure that they have the necessary technical assistance to understand the specific context and the transmission dynamics they're observing.

But again, I caution everybody, please don't extrapolate from one individual country experience. Each situation is different.

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I think again the European Union and Switzerland and other European countries have been working closely together to maintain their open borders and to manage this risk collectively.

Again, I think I've said it in numerous press conferences, there is no zero risk in this. This is about good risk management, it's about good communication between states, it's about management and early detection of cases and the appropriate isolation and treatment.

It's not about shutting borders. It's about coherent coordinated public health action by a number of Member States who share borders in order to effectively manage the public health consequences of any importation of COVID-19.

TJ Thank you very much. Let's try one more time to call a few journalists online and then we will get back to the room. So Jacqueline from CNN, Jacqueline, can you hear us?

JH Yes, I can hear you. Thanks for taking my call. This is Jacqueline Howard from CNN. My question is just a follow-up on the comments Dr Tedros made about a pandemic. Thank you for clarifying questions around the word, pandemic.

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My follow-up to that is at what point as we monitor this outbreak, at what point could we call this a pandemic and for any outbreak, what criteria does it have to reach to be determined a pandemic?

MR Sylvie may wish to come in on this. Pandemic comes I think from the Greek, pan demos, which means everybody, demos meaning the population, pan meaning everyone.

So pan demos is a concept where there's a belief that the whole world's population would likely be exposed to this infection and potentially a proportion of them fall sick, and we've seen it in influenza. It occurs in different waves.

So pandemics of influenza can be sometimes called a lot earlier because we know, we've had previous pandemics and we know with influenza that when there's highly efficient community transmission, as we see with seasonal flu, that the disease does spread around the world and it has proven that time and time again.

So it's much easier to say a pandemic will occur in an influenza situation. What we don't understand yet in COVID-19 are the absolute transmission dynamics. Look what's happened in China. We've seen a significant drop in cases, huge pressure placed on the virus, and a sequential decrease in the number of cases.

That goes against the logic of pandemic. Yet we see in contrast to that an acceleration of cases in places like Korea and therefore we're still in the balance.

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It's very important that, and the Director-General has said this time and time again, now is the time to prepare. So we're in a phase of preparedness for a potential pandemic. That doesn't stop anyone doing what they need to do.

We've had enough countries now import disease. It is time to prepare. It is time to do everything you would do in preparing for a pandemic. But in declaring something a pandemic it is too early. We're still trying to avoid that reality, we're still trying to avoid that eventuality and countries are having success in doing that.

So let's focus on what we can do and what we need to do which is prepare. When we mean prepare, we mean prepare to detect cases, prepare to treat cases, prepare to follow contacts, prepare to put in place adequate containment measures.

It's not 100 different measures. There are probably five or six key interventions and the Director-General outlined them in his speech, and Sylvie may wish to comment on this as well.

SB Thanks a lot. I think whatever the situation is, as Mike highlighted, what is really important to understand is that the situation will be different in different contexts. So that's why local and national risk assessment is so important because this is how you can really tailor the intervention to the context.

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Even in one given country the situation may be different in different provinces for instance, and so that's why it's so important now to get prepared and to grab these nuances so that we can put in place effective interventions.

One other comment— each disease has a different trigger and what we know for flu, because flu has been hitting humanity with different pandemics, three in the past century and one in this century, so we have more experience of this kind of disease and it's easier to define triggers when we are in pre-alert and when we are really in full pandemic mode.

But for this disease, it's a very new disease and we are still learning about it. So we do very careful monitoring 24/7 and working closely together to be on top of it at any moment.

TJ Thank you very much. We will take one more question from online. Banjot Kaur from India Down To Earth. Ms Banjot, can you hear us?

BA Hi, my question is to Dr Tedros. Dr Tedros, you were meeting the officials of African CDC the other day and you were taking [unclear]. Can we have some sense as to how many laboratories in different countries of Africa are prepared to do testing of the samples and how many countries have such a facility?

TAG Thank you.

00:20:29

BA Also if you could just give a sense about how much are these countries prepared to launch a quarantine [inaudible]?

TAG How much are they prepared what, the second one?

BA [Inaudible].

TAG I will take the first one. As you know, at the start of this outbreak there was only one country that could do the testing. Now we have 41 countries and we are moving into the rest of the countries that haven't developed the capability.

But the meeting of the African Union Ministers of Health was very, very important because it helps in continental preparedness and also national level preparedness. And they had a consensus on both and they have agreed to do all they can because it's the national preparedness which is really central to fight for the potential arrival of this virus in the continent.

MR With regard to preparedness to implement public health measures like case detection, isolation, quarantine, in fact paradoxically countries in Africa have quite a deal of experience in dealing with detection of specific syndromes.

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Africa has been leading the world in polio surveillance, in surveillance for haemorrhagic fevers, which is a haemorrhagic syndrome, with cholera which is a watery diarrhoea syndrome, for Lassa fever and for Yellow fever.

So, countries in Africa have been dealing with the identification, isolation and contact tracing for many different diseases. The challenge in this particular case is that this is a respiratory disease and the systems in Africa historically have not been as well developed for that.

But WHO, with its partners in the global influenza surveillance network, has been doing quite a bit of work over the last five years since the last pandemic, in strengthening the capacity of African public health systems to detect and implement respiratory disease surveillance, particularly acute lower respiratory tract infections surveillance.

So we believe that the surveillance systems were in place but what we need to do is connect clinicians and the hospitals with the surveillance systems, with the laboratories. So those basic capacities exist but it's the same for all countries, even Italy and everywhere else.

The issue in a crisis is not having the individual capacities. It's making those capacities work together in a coherent and coordinated fashion. We've seen that with polio eradication. It's not just about the individual capacities.

Coordination, governance and the ability to drive a coherent response over a long period of time, and we've seen that with Ebola.

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It's taken a year and a half in Congo to develop and implement a comprehensive multi-agency, multi-organisation capacity to contain Ebola in Congo and prevent it reaching surrounding countries.

So I think Africa has quite a track record. We need to support those systems. And there are countries in other parts of the world that also have weaker health systems and we also need to support them.

TJ We will take a few more questions from the room and then we will have to close.



UM [Unclear] with Xinhua News Agency. Experts warned there's a possibility that COVID-19 is here to stay and it might become a long-term disease that coexists with humans like the flu. How do you comment on this? Thank you.

MR That's a possibility. What we don't know is what the reality will be in two months or in six months' time. There is still a possibility that we can contain the virus and interrupt its transmission.

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But the virus may settle down into an endemic pattern of transmission, into a seasonal pattern of transmission, or could accelerate into a full-blown global pandemic. At this point it is not possible to say which of those realities is going to happen.

In fact, the hope we have from the efforts in China is that it is clear that China and a number of other countries with smaller events have managed to suppress and contain the virus. But as I said, some countries are struggling with that so we have to now see, can we learn the lessons?

And I think that's going to be one of the important things coming from the mission to China is collating and bringing together all of that experience that China has had over the last eight weeks to see what we can learn about what the right things to do are, what works, what doesn't work, what's effective, what's not effective.

But you're correct; if anyone wants to predict the future they're welcome to do it but the possibility you raise is certainly one that could come to pass.

TJ Thank you very much. Katrin?

KA [Unclear]. My question is regarding preparedness. We often speak about Africa but as Mike and Dr Tedros just underlined, Africa has faced these kinds of outbreaks, but I would like to know, what about European countries? Are they prepared?

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We see what's happening in Italy. Geneva, for instance, to follow-up the question of my colleague, Geneva is a hub of conferences. We just had the Human Rights Council session that opened this morning. There's nothing at the airport, there's nothing here around to take the temperature or anything.

So what do you think and are you also scared about the coordination, the governments and the current response from the European authorities? Thank you.

MR We believe that all countries are vulnerable because all countries have two things; all countries have vulnerable populations, people within any... No matter how developed an economy is there are many, many older people with underlying conditions who may be negatively impacted if this virus arrives and spreads.

Secondly, many of our health systems, even in the most developed countries, in fact very often in the most developed countries, are operating at nearly 100% efficiency and are [unclear] all the time. You don't see many extra beds in hospitals in Europe.

So the problem for the European countries and other countries in the developed world is that the health systems may come under a lot of extra pressure. We see that with the seasonal influenza every winter.

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But slowing down the virus, even now slowing down the virus spreading in Europe in order for the flu season to end, will free up significant capacity in the health system. So even slowing down the virus by a month or six weeks has a massive positive benefit to the system.

But you're right; all systems have vulnerabilities. But again, we've said it before, when it comes to conferences, when it comes to movement, there is no zero risk. We cannot shut down the world in the sense of...

Everyone can close their borders and everyone can say there's no movement. That's not going to work because disease can spread between nations.

So I think what we need to focus on is risk management, reducing the risks of disease importation, reducing the risk of disease transmission, increasing the survival of patients who get sick and understand that this virus may come and it may cause outbreaks or epidemics in any number of countries.

But they can be managed, they can be dealt with. But I think we have to be very, very careful in trying to suggest that we can absolutely stop this virus from spreading from one country to the next. I don't think that's possible.

Sylvie, if you have a comment on that?

SB I think you are right and I think we have seen many crises, not necessarily linked to viruses but if you remember a few years ago the heat wave as well. So it shows that every country has vulnerabilities.

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But this is why the alert was raised so that now they need to really consider their plan, because normally most of the countries have done a preparedness plan, and test this plan and see if this plan will work and put aside all the facilities and assets they can have so that they can beat the virus when it comes.

TAG Thank you very much. So there could be some surprises for many European countries but one thing that... There could be a surprise to many countries but one thing that's clear is the capacity, the institutional capacity they have can be triggered to counter. So that's one thing but they have capacity of course, institutional capacity.

TJ Thank you very much. We will conclude with this, and sorry for everyone online and here in the room who was not able to ask a question. There will be other opportunities. We will send the audio file from this briefing shortly.

We have sent to you an audio file from the conference that took place in China earlier today. And then we will have on our Twitter account a short encounter of the United Nations Secretary General with some of the journalists around 5:30 today, so please follow us on Twitter.

Thank you very much and have a nice day.

00:30:36