World Health Organization

COVID-19

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AN	Anna
SA	Savio
SS	Steve Solomon
WI	Will
NI	Nina
SI	Simon

00:00:21

TJ Hello to everyone watching us here in WHO headquarters in Geneva for the regular press conference on COVID-19. We have, as we had on previous days, simultaneous translation in six UN languages plus Portuguese so we hope we will get questions in those languages and I would like to thank the interpreters who are here with us today.

We have with us Dr Tedros, WHO Director-General, Dr Maria Van Kerkhove, Technical Lead, and Head of the Emergency Programme, Dr Mike Ryan. We also have Mr Steve Solomon, Principal Legal Officer, in case questions come for him.

Before I give the floor to Dr Tedros for his opening remarks just to remind you, we have been sending you press releases as well as the invitation for press conferences of our regional offices and on activities from our different sections. I'll give the floor to Dr Tedros for his opening remarks.

TAG Thank you. Thank you, Tarik. Good morning, good afternoon and good evening. Ten days ago I joined President Emmanuel Macron, President Ursula Von Der Leyen and Melinda

Gates to launch the ACT accelerator to support the development, production and equitable distribution of vaccines, diagnostics and therapeutics against COVID-19.

Today leaders from 40 countries all over the world came together to support the ACT accelerator through the COVID-19 global response international pledging event hosted by the European Commission. During the two-day event some €7.4 billion was pledged for research and development for vaccines, diagnostics and therapeutics. This was a powerful and inspiring demonstration of global solidarity.

Today countries came together not only to pledge their financial support but to also pledge their commitment to ensuring all people can access life-saving tools for COVID-19, accelerating development of the products but at the same time access to all.

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Recent advances in science are enabling the world to move at incredible speed to develop these tools but the true measure of success will not only be how fast we can develop safe and effective tools. It will be how equally we can distribute them.

None of us can accept a world in which some people are protected while others are not. Everybody should be protected. None of us are safe until all of us are safe. The potential for continued waves of infection of COVID-19 across the globe demands that every single person on the planet be protected from this disease.

WHO remains committed to working with all countries and partners to accelerate the development and production of vaccines, diagnostics and therapeutics and to ensure their equitable distribution. This is an opportunity for the world to come together to confront a common threat but also to forge a common future, a future in which all people enjoy the right to the highest attainable standard of health and the products that deliver that right.

That's what we mean by health for all. We have been saying it for more than the last 70 years, since the WHO was created but I think given the experience we have now and the difficulties we're going through it's time to make it happen; health for all.

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But one of the best tools is also one of the most basic; clean hands. The simple act of cleaning hands can be the difference between life and death and remains one of the most important public health measures for protecting individuals, families and communities against COVID-19 and many other diseases.

Tomorrow is Hand Hygiene Day, a reminder of the importance of clean hands for health workers and for all of us. At the same time we must remember that millions of people around the world are not able to practise this most basic of precautions. Around the world less than two-thirds of healthcare facilities are equipped with hand hygiene stations and three billion people lack soap and water at home.

This is an old problem that requires new and vastly increased attention. If we're to stop COVID-19 or any other source of infection and keep health workers safe we must dramatically increase investment in soap, access to water and alcohol-based hand rubs.

Tomorrow also marks the International Day of the Midwife. This is an opportunity to remember the vital role that midwives play all over the world in providing safe and effective care for

women and newborns. Research shows that interventions delivered by midwives can avert over 80% of all maternal deaths, stillbirths and neonatal deaths.

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The service of midwives is actually a lifeline for many. Childbirth can be one of the most precious moments in a woman's life but it can also be one of the most dangerous, as you know. Midwives are essential for guiding and caring for women through their entire pregnancy and the critical moment of childbirth but we need more midwives in all countries, especially low-resource countries.

To mark Hand Hygiene Day and the International Day of the Midwife we're calling on all people to stop what they're doing at noon tomorrow to clap for nurses and midwives and thank them for their role in delivering safe and effective care, especially during this pandemic. They're risking their lives to protect or to give life to others.

Several countries are now starting to ease so-called lock-down and stay-at-home orders but our common commitment to basic measures such as cleaning hands and physical distancing cannot be relaxed, nor can the commitment to the tools that are the foundation of the response; to find, isolate, test and care for every case and trace very contact and to ensure health systems have the capacity they need to provide safe and effective care for all.

But just as the number of new cases and deaths is declining in some countries it's mounting in others. That's why today's pledging event is so important. This virus will be with us for a long time and we must come together to develop and share the tools to defeat it.

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But of course today's event only covers one part of the response; for research and development in vaccines, diagnostics and therapeutics. In the weeks and months ahead we will need much more to meet the demand for personal protective equipment, medical oxygen and other essential supplies.

Later this week WHO will launch its updated strategy, preparedness and response plan which will provide an update on the resources WHO needs to support the international response and national action plans to the end of 2020. WHO is grateful to the many countries and donors who supported the first strategic preparedness and response plan and we're also grateful to the more than 300,000 individuals, corporations and foundations who have contributed to the Solidarity Response Fund, which has generated more than US$210 million in just six weeks.

As my friend, Boris Johnson, said during today's pledging event, we're in this together and together we will prevail. We will prevail through national unity and global solidarity. The antidotes to this virus are national unity and global solidarity. The antidote to this virus is the human spirit. Thank you.

TJ Thank you very much, Dr Tedros, for these opening remarks. We will now open the floor for questions. I will remind journalists to be very brief and ask only one question so we can try to take as many as possible. Again you can ask the question in six UN languages plus Portuguese. For journalists who are on Zoom, you will need to go to settings to find your language and because of a bug we have Arabic under Korean so if you want to listen in Arabic you have to click on Korean. That's a bug that we have in Zoom and it's not really our fault.

00:12:58

We will start with EFE news agency. Isabel is online. Isabel?

IS Yes, do you hear me?

TJ Yes.

IS Thank you.

TR Yes, I'm going to ask the question in Spanish. Thank you for taking this question. In several countries in various regions - some in Latin America - pharmacies are selling diagnostic tests for coronavirus so that people can carry out the test at home. In some countries it's being done with authorisation from the health authorities and in other countries it's more or less informal.

I'd like to know if the WHO advises that people carry out their own self-testing, if they think that these tests are reliable and what they see as the risk that someone with a false negative result, if the tests are not reliable... and so someone could think that they are healthy and could then transmit the virus further since lock-down measures are staring to be relaxed in many countries.

MK Thank you for the question. There are a number of diagnostic tests that are currently available and are being sold globally. In fact there're hundreds of them and the tests that you're referring to are these molecular tests, are these PCR-based tests that can diagnose somebody as having active infection.

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It's difficult to answer that question because I don't know exactly which tests you're referring to. What is really important is that the tests that are being used by any governments or being sold; that there're clear results of how well these tests work. There are the possibilities that if they are not validated - we call validated where we test them against known samples where the samples are indeed positive or negative - it's very difficult to know that the test result you're getting is a true result.

As you've highlighted, there are risks associated with having a false positive and thinking that you are infected and you are indeed not, and more importantly if you test false negative where in fact you are infected and the test tells you that you're not. So there are some risks associated with it being sold over the counter.

Having said that, the ingenuity, the rapid development of these tests is very positive and we welcome this innovation, we welcome the speed at which these tests are being made available but it is important that they're validated. It's important that we really understand how well they work.

Bottom line though is that everyone that is out there needs to adhere to public health measures regardless. These include hand hygiene, as the DG has just mentioned and you've heard us mention as well; washing your hands with soap and water or an alcohol-based rub; practise physical distancing so where you're physically distant from another person; adhering to the public health measures that are put in place by governments, practising respiratory etiquette. These are the things that must be adhered to all the time while we work through the use of some of these tests that are coming online.

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TJ Thank you very much, Dr Van Kerkhove. I hope this answers the question from Isabel which was on self-testing. The next question is from Joanne from Meetings Today. Joanne, can you hear us? Joanne, can you unmute yourself, please?

JO Yes, sorry. I did. Thank you. Meetings and conventions are part of the tour and travel industry and we are incredibly confused about how WHO classifies mass gatherings. Around the world and in the US groups don't know what that means; we're finding different standards within the United States and I just saw someone mention what France is doing in terms of the ability to travel to meetings. We need guidelines about how WHO defines mass gathering and how we're going to go forward. Thank you.

MK Thank you for the question. I'll start and maybe Mike would like to supplement. The question around mass gatherings; there're different ways in which people are defining gatherings; just gatherings in general. You've seen different governments put in place more than five people, no more than ten people, no more than 50 people. Mass gatherings are obviously much larger than that.

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What we do is we have put out guidance which provides a risk-assessment-based approach that evaluates each gathering as it is defined, as it is developed; what is the gathering itself, where is it taking place, how many people are involved in it, is there any way in which it can be done remotely or through video, is there a way it can be postponed?

So what we're trying to do is lay out the criteria in which those decisions can be made. Those decisions must be made on a case-by-case basis because not all situations are the same. The area in which they are carried out has different ventilation; some are outdoors, some are indoors so it depends.

It's an unsatisfactory answer because we can't give you a yes or no but what we try to do is to outline all of the criteria that you would need to take to be able to make that decision. The same holds true for travel; the same holds true for holding meetings some places. All of those decisions need to be taken on a case-by-case basis to determine if indeed that meeting needs to take place and if so how that could be done safely.

TJ Thank you very much, Dr Van Kerkhove. The next question is Radio France Internationale. Jeremy, can you hear us? Hello, do we have Jeremy from RFI?

JE Yes, can you hear me?

TJ Yes, please go ahead.

00:19:28

JE Thank you. I just had a quick question regarding mass gatherings also. I heard that France is considering reopening movie theatres for instance and I would like to have your opinion on that; do you think this kind of measure is too early? Because we can think of mass gatherings too in movie theatres where hundreds of people are sitting in the same place so do you consider it to be a good measure or not? Thanks.

MR Yes, I think we need to make a distinction here between what would classically be regarded as mass gatherings, which are large religious events, big sporting events where thousands and thousands of people come together and approach one point and then leave

from a point and they're coming potentially from across national boundaries or within national boundaries so they're gathering events and they're large-scale.

They're often multinational and involve not just the presence of many people in an area but potentially the movement of people to and from those areas. Movie theatres, churches and other gatherings are more localised events and they have to be dealt with within the local context.

WHO can't prescribe to individual countries what exactly is to be done in every single context. What we do advise is anywhere where people gather where they cannot maintain social distance or physical distance or appropriate hygiene then there's always a risk in the presence of the virus that you may amplify the virus and we've seen that and there is plenty evidence that that has happened in the past.

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So as countries open up their economies and open up their societies and as they look at different gatherings, be they religious or social gatherings that occur, they've got to calibrate the risks associated with those gatherings which are based on how much virus is circulating in the area so what is their absolute risk of exposure and then what are the increased risks of being exposed in an environment where there are a number of people who cannot maintain physical distance or potentially maintain hygiene or other measures.

You can see within that that many governments and companies, private and public are looking at what are the measure that need to be put in place in, for example, restricting access to less than full capacity or some proportion of capacity, to having spacing between seating, to having extra hygiene and disinfection measures put in place, having online ticketing.

There're lots of different measures for each individual service or each individual gathering which can be put in place; the same with churches. Again, as the Director-General has said in his speech, exiting the more severe public health and social distancing or physical distancing measures or the lock-downs or stay-at-home orders and allowing people to re-engage in social and economic life must come with a risk-managed approach; how do we minimise the risk of transmission between individuals while obviously trying to maximise the way in which people can re-engage in their normal lives.

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That is determined by the presence of the virus, that is determined by the risk of the encounter or the risk of the particular environment which people will come to and the means and the ability of both the government, local governments, communities and private sector owners to minimise those risks to participants or to clients.

TJ Thank you very much, Dr Ryan. Next question comes from Italy; Luca Rossini from RAI. Luca.

LU Hello, can you hear me?

TJ Yes, please go ahead.

LU Okay. Regarding the contact tracing, what would you suggest to a country like Italy to integrate manual and digital contact tracing in order to speed up not only the national process of contact tracing but even the broader process of international contact tracing, which will be very important when the borders are opened again.

MR Thank you. I think this is a challenge that's facing many countries right now so I won't answer it in the specific context of Italy. I think when you speak to professionals in Korea and Singapore about what they did to make their contact tracing more effective they will first and foremost tell you that they got more boots on the ground, that they want back to the basics of public health; finding cases at community level, community-based surveillance, putting more surveillance officers out there, following up with people, making the phone calls, knocking on people's doors, finding out who could have been exposed and ensuring that those who are suspected are tested and isolated and then ensuring that those who were in contact are given that information so they can protect themselves and their families and are offered either home quarantine or quarantine in a third place.

This has all been aimed at breaking the chains of transmission. If someone who is infected has no further contact with other people other than protected health workers their chances of passing on the disease are minimised. If a contact who is developing disease is aware of that and reports symptoms immediately the chances of them infecting someone else decrease, very, very importantly.

This is all going to that number that everyone talks about; the R number or the R0, the capacity of one individual to infect any other individual. Contact tracing and case finding is not about surveillance or interrupting people's lives. It's about trying to identify those individuals who are sick and then trying to ensure that those sick individuals are tested and cared for and that anyone who was in contact with them is monitored and then subsequently tested and cared for if needed.

In doing that we reduce their role in spreading the disease to others. That is essentially a human process and it needs to have a human face because these are difficult times for cases and for contacts. What has emerged... WHO for example for a number of years has been working on a system called Go Data, which is an integrated information system which is app-based, which allows public health authorities to integrate all of the different data; the case data, the contact data, the laboratory data. We've rolled that out to a number of countries over the last number of months and with increasing frequency now during COVID-19 and are willing to offer that to any country that wishes to implement it.

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The addition of apps that people themselves can have on their telephones that will give them information on their disease status or notify them if they've been in contact with an individual that is infected can obviously enhance the effectiveness of contact tracing and surveillance and we've seen various examples of that emerge around the world and be put to use.

They're an additional measure that will potentially enhance the efficiency of the contact tracing process but they won't do it by themselves. In doing that - and we're very grateful for those countries and those companies and those innovators who are working on such tools and we're talking with them every day.

What we need to ensure as we roll out those tools is, number one, that they enhance that process and they're not seen as a replacement for shoe-leather epidemiology, they're not seen as a replacement for the basic human workforce, the army we need to go our there and find cases. They can enhance the work of that workforce but they can't do the work of that workforce.

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If we add those tools and give an extra boost to that process and become more efficient then we'll get rid of this virus more quickly but we also have to consider - and very carefully - within this that these tools must be used for that purpose and that purpose alone and we have to take into account people's personal data protection, protection of their data, protection of their privacy and ultimately protection of their human rights.

I think all countries are trying to approach this in a very balanced manner but we do believe that such tools are useful. We're very, very grateful to see the innovation but we are very, very keen to stress that IT tools do not replace the basic public health workforce that is going to be needed to trace, test, isolate and quarantine.

TJ Thank you very much. From Italy we go to Brazil; Anna Pinto from Fola de Sao Paulo. Anna.

AN Yes, hi. Thanks for taking my question. I will ask in Portuguese as you've provided a translator.

TR In recent days some data has shown that there are countries that haven't really got just a single curve of illness and death but two; one where there's a more rapid movement with the richer inhabitants and then another where the poorer part of the population continues to grow as a curve. I want to know if this is a concern for the World Health Organization and if you have registered this phenomenon and seen it in other countries and if that has an influence on the public policy in those countries when the most vulnerable populations have less of a voice and less of a representation in public policy. Thank you.

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MR Maria may go into the detail as to whether or not we're seeing this phenomenon but it is very important -a and the Director-General has said this many times; no-one is safe until everyone is safe and we cannot leave anyone behind. We have to absolutely ensure the public health surveillance and testing is available to all who need it and it is very important that testing is not seen as the purview of the wealthy or those who can afford it.

This isn't about testing people from a clinical perspective only. This is about testing people so we know where the virus I sand therefore if people see the purpose of testing as just getting my diagnosis so then I can go and pay for treatment, then that is a distortion of the ultimate purpose of testing.

Testing is aimed at doing two things. One is giving people with symptoms an opportunity to be tested so they can get the proper care but it also triggers a whole series of activities to understand the transmission and dynamics of the virus.

So if access to testing is determined by resources then there's going to be a very skewed understanding of where the virus actually is and that's very dangerous. That's dangerous from a public health perspective; not only is it inequitable, it is also dangerous.

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So it's very important that testing is made available to those who need it and in fact in some cases I believe that testing should be more available in areas where people don't have the opportunity to physical distance, where they may have higher rate of infection and in fact may also have higher rates of death if they are infected.

We've seen with many vulnerable populations, we've seen with ethnic minorities, we've seen with indigenous people that they may have higher death rates when they are infected because of long-standing underlying conditions. So it is all the more important that we have early testing of people who may have those underlying conditions so if anything testing should be prioritised in areas where there's underprivilege, where there's overcrowding, where there's poverty.

But I'm not aware of this emerging systematically in our data, Maria, but certainly if this phenomenon is happening then this is a very wrong direction because it is not only inequitable or unjust, it is also a dangerous direction because you will not know where the virus is and you will not be able to detect those who need care the most.

MK Maybe to supplement what Mike has said, the speed at which the virus can transmit relates to the contact between infected people. We have seen in a number of urban areas the ability for the virus to spread. We've also seen this in less populated areas. Just because there's an urban area that has a seeding of this virus or the virus being detected doesn't mean that it has to take off.

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Our ability to suppress transmission relates to detecting people with the virus so it relates to testing. It relates to the surveillance strategy that is in a country and how countries are actually looking for cases. It relates to the ability to isolate known cases. If those cases who are known are isolated in a healthcare facility and are treated, are provided care depending on the severity of their symptoms then they are taken out of the general population and they can't transmit to other people.

If contact tracing is happening comprehensively where contacts of known cases are identified and those contacts are quarantined then if they develop symptoms they're already in quarantine, they don't have the ability to infect somebody else.

So it's all about the ability of this virus to find another person to infect and if we stop that, if we break that chain of transmission; that's what we mean. We actually mean breaking the chain of transmission from one person who's infected, passing it on to another one to pass on to another to pass on to another. If we're able to break that then we can prevent that from transmitting further.

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But it is important to know how cases are being detected in a country. It's important to know, once they are detected, how they are cared for and isolated and if contact tracing is occurring. But just because a virus is identified in an urban area doesn't mean that it has to take off and we've seen a number of countries that have been able to prevent that from happening, whether it's through the public health measures or it's through these more advanced stay-at-home orders. But it is possible to suppress transmission and to break those chains of transmission.

TJ Thank you very much, Dr Ryan and Dr Van Kerkhove. This was a question from [unclear], Sao Paolo about social inequalities and COVID-19. Next question comes from Savio Rodriguez from [Unclear] Chronicle. Savio, can you hear us?

SA Yes, can you hear me?

TJ Yes, please go ahead.

SA Okay. My question is for Dr Tedros. On December 31st 2019 the Taiwan Centre for Disease Control sent an email to the World Health Organization informing WHO of its understanding of the disease and requesting more information. In that email they used the words atypical pneumonia, which they claim are words commonly used to refer to SARS, a disease transmitted between humans.

Why did WHO not take Taiwan CDC's observation seriously, is my question.

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TJ Thank you, Savio. I think Mr Solomon will take this one.

MR I may follow up.

SS Thank you, Tarik, and thanks very much for the question. It's appreciated because it gives us an opportunity to set the record straight, which I'd like to do right away and then I'd also like to address questions of their participation at WHO meetings because these questions continue to come up as well.

Did Taiwan warn WHO on 31st December 2019? The answer is no, they didn't. They did send an email but that email was not a warning. It was a request for more information on cases of atypical pneumonia reported by news sources. They sent that request through the IHR system that Taiwan, China and all IHR focal points are part of.

The email asked for more information about news reports that WHO and most public health services already knew about. Others in fact sent similar emails that day also asking for more information. These reports about atypical pneumonia cases came from Wuhan itself on the internet and they came through a website run by ProMED. That's an acronym for Programme for Monitoring Emerging Diseases.

The reports were therefore already available and the Taiwanese email just requested in very kind terms more information. Why then has this story of warning continued to circulate?

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The answer to that is in part because of the rules for the IHR system itself; that is the electronic communication system supporting the International Health Regulations and its focal points from around the world. These focal points around the world are the direct channel to WHO for information about disease outbreaks.

The communications are confidential in order to promote openness within the IHR system so until Taiwan CDC indicated that they didn't expect confidentiality about that email we couldn't offer details. Then on 11th April that changed. Taiwan's authorities held up the email at a media briefing.

Since Taiwan has made the message public I'll read out the full content today. It reads - and I'm quoting in full - news resources today indicate that at least seven atypical pneumonia cases were reported in Wuhan, China. Their health authorities replied to the media that the cases were believed not SARS. However the samples are still under examination and cases have been isolated for treatment. I would greatly appreciate it if you have relevant information to share with us. Thank you very much in advance for your attention to this matter. Best regards.

The email wasn't a warning and it only contained information that WHO already had picked up from internet reports. It's also important to say that the Wuhan situation had already been captured by WHO on that day, 31st December 2019. WHO activated its incident management

protocols the next day, on January 1st, and then along with embedded scientists from other governments WHO began the work which continues to this day analysing the data and seeking additional information.

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On 4th January WHO provided information about this situation publicly. On 5th January WHO shared detailed technical information through this IHR system. This included advice to all member states and all IHR focal points to take precautions to reduce the risk of acute respiratory infections, providing guidance on the basis that there could be human-to-human transmission.

On 10th and 11th January WHO published a comprehensive package of guidance on how to detect, test for and manage cases and protect health workers from potential human-to-human transmission based on our previous experience with coronaviruses. And, as you know, there was a global press briefing on January 14th where WHO spoke about likely scenarios around human-to-human transmission. I hope that's helpful in understanding the December 31st email.

We know there are also questions about Taiwan's participation in WHO expert meetings and questions about their participation in the World Health Assembly. WHO is an intergovernmental organisation, meaning that countries decide how the organisation is structured and on its policies.

Some 49 years ago the UN and WHO decided that there was only one legitimate representative of China within the UN system and that is the People's Republic of China. That decision still stands. WHO is also a specialised agency of the United Nations and as such aligns with the UN and must do so coherently.

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The work of WHO staff, in line with our constitution, is to promote the health of all people everywhere and to assist with but not decide upon issues at the World Health Assembly. So regarding expert meetings on technical health matters last year Taiwanese experts were included at eight expert meetings and there were six other informal technical meetings.

This year in response to COVID-19 Taiwanese experts are involved in key groups and networks. We've had telephone conferences with their CDC, Dr Van Kerkhove and myself, and will do so again and, as noted, their IHR contact point links their CDC directly to WHO headquarters. In the COVID-19 response especially they have had notable successes and we appreciate their contributions.

Regarding the World Health Assembly, the next one will be in two weeks, starting on May 18th. The involvement, if any, of Taiwanese observers in that assembly is a question for the 194 governments of WHO. This is not something that WHO's Secretariat has authority to decide and indeed two countries have already formally proposed that member states consider this matter at the World Health Assembly.

A final word; a lot of attention has focused on Taiwan's participation with WHO and we understand that. We are also mindful that there are other places too that for many different reasons look for connections to WHO.

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But it is not the role of WHO staff to be involved in geopolitical issues. In fact our principles of neutrality and impartiality exist to keep us out of those issues and to promote the role of evidence-based science in all our work. Our role, even when we operate in sensitive political areas or in complex humanitarian emergencies, is to follow the rules and policies that member states set out and, working within them, to strengthen health systems and access to healthcare for all people, everywhere.

Others may want to add to this. Thanks very much.

MR Just one small clarification on the issue of atypical pneumonia. Atypical pneumonia is an extremely common form of pneumonia that occurs around the world. There are millions and millions of cases every year. An atypical pneumonia effectively refers to the fact that the cause of the pneumonia is usually atypical or not necessarily diagnosed as some of the normal causes of pneumonia, one of the usual causes for a community-acquired pneumonia.

Very often they can test negative on first testing and then they are subsequently retested for specific pathogens. In studies I know up to one-third of community-acquired pneumonias can be considered to be atypical in that you have other pathogens that are found which would be known as atypical pathogens, pathogens that don't typically cause that type of pneumonia.

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Certainly at a global pneumonia they would mostly be represented when they're finally diagnosed with legionella pneumonia, chlamydia pneumonia and microplasma pneumonia as the causes, which are bacterial causes of atypical pneumonia. So the most common causes of atypical pneumonia are bacterial causes and not necessarily viral or others but obviously viruses can cause atypical pneumonia. But to say that atypical pneumonia is a homonym for SARS is entirely incorrect.

MK If I can also supplement just to say, in the beginning that email that Steve read out did not mention human-to-human transmission and I think that is important but from day one, from all of our experience with other respiratory pathogens and from SARS, from MERS you operate on the possibility that that may be possible.

From the beginning with our partners, with our global expert networks, with all of our internal staff at the three levels of the organisation we prepared for this so even the first notifications that we had through our events information system, which is what Steve has mentioned which is the IHR mechanism by which we notify all member states and contact points; we talked about protection against acute respiratory infections and there were details in there about this.

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As more information became available and as more details come from the investigations that are taking place we modify the guidance.

Having said that, our first technical package of guidance that was issued to our Emergency Directors at all of the regions, to all of the WRs and made public in our website put out guidance preventing against human-to-human transmission and it focused on transmission via respiratory droplets and contact and in the situation of healthcare settings focused on the potential for aerosol transmission. or air borne transmission in the context of aerosol-generating procedures.

Again this is based on our experience with other respiratory pathogens; SARS, MERS, influenza with the first and foremost idea to protect our healthcare workers who are caring for patients.

This was before diagnostic tests were even widely available so what we aimed to do was immediately try to put out information to warn all of our member states and contact points about how to find cases through surveillance guidance, how to collect samples safely through our laboratory guidance, how to protect healthcare workers who are caring for patients in our infection prevention and control guidance, how to care for patients in our clinical management guidance, which was focused on severe respiratory disease.

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Because again even without information on the details of what disease this might have caused you anticipate that this would cause a severe disease or could cause a severe disease.

Then lastly we also put out a readiness checklist which was a series of questions which helped everyone look at, how ready are we, how ready are we for an emerging respiratory pathogen, which is what this was. We've said previously, this COVID-19 virus, SARS-CoV-2 turned out to be the latest disease X.

A disease X is what we are all anticipating. It's not a matter of if, it's a matter of when and the DG has said this before so this was something that could happen because diseases spill over from animals and this is happening all the time. But we need to ensure that we put out guidance as quickly as possible to help prevent onward spread, protect people who are caring for those patients.

TJ Thank you very much for this answer on this topic. The next question is from CNBC; that's Will. Will, can you hear us?

WI Hi. Yes, can you hear me?

TJ Yes, please.

WI I wanted to ask; the DG mentioned earlier equitable distribution of therapeutics and vaccines. I wanted ask about Gilead's remdesivir, which received emergency use authorisation in the US this past week. The US Government is controlling the supply of remdesivir at this time. I'm wondering if the WHO would like to comment specifically on that drug.

00:49:21

MR Just to say, we are grateful that the company, Gilead, and the Director-General had direct discussions at the highest level to ensure that we had access to the remdesivir drug in order to lunch the Solidarity trials around the world. Just to remind everyone, remdesivir is one of the arms of those trials.

We welcome the recent data from the randomised-control trial that has been done in the United States and there're signals of hope there for the potential use of the drug. We will be engaging in discussions with Gilead and the US Government as to how this drug may be made more widely available as further data emerges on its effectiveness.

But we are grateful for the fact that the drug is within the Solidarity trials and that drug was provided by the company for that purpose. Thank you.

TJ Thank you very much. We have time for maybe two more questions so let's try AFP and Nina Larson. Nina. Can we hear Nina? If you can unmute yourself, please.

NI Hello, can you hear me?

TJ Yes, now it's okay.

NI Okay, thank you and thanks for taking my question. I had a question about President Trump and his Secretary of State, Mike Pompeo, who said that they've seen enormous evidence that the novel coronavirus originated in a lab in Wuhan. I'm just wondering if the US has discussed or shared this evidence with the WHO and if the WHO is looking to investigate these claims if or when you're invited to China to participate in investigations into the origin of the outbreak. Thanks.

00:51:17

MK I can start and perhaps Mike would like to supplement. Let me start with the public health importance of really understanding where this SARS-CoV-2 virus, the virus that causes COVID-19, comes from. What's really important is for us to understand the zoonotic source, what we call the animal source. This is a coronavirus and coronaviruses circulate in bats so there's an ancestral link to bats and that is something that we know based on the genetic sequences of this virus and other coronaviruses that circulate globally so we know that bats are an ancestral link.

What we really need to understand is the intermediate host, the animal that was infected by bats and that infected people in some of these earliest cases. That's a very important piece to understand from a public health perspective so that we can prevent that from happening again.

We've learned this in MERS for example; in the beginning we didn't know the intermediate host for MERS and there were investigations that were taking place in the Middle East and there was a link that was made with dromedary camels. This happens for a lot of these zoonotic pathogens and what we need to do are these investigations, these studies to better understand what is the animal host for COVID-19.

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We have discussed this with our colleagues in China and we discussed it during the mission that I took part in in February. One of the recommendations was to be able to do those investigations and do those with our colleagues at FAO and OIE and different Ministries across China. This is an important part of our understanding of how this all began so that we can prevent it from happening further.

From all the evidence that we have seen, from all of the sequences that are available - and there are, I believe, more than 15,000 full genome sequences available or close to 15,000 - this virus is of natural origin but we do need to still find the intermediate host in China and that is something we are very supportive of, to provide that support to our colleagues in China.

MR Just a supplement on your first question; no, we have not received any data or specific evidence from the US Government relating to the purported origin of the virus so from our perspective this remains speculative gut, like any evidence-based organisation we would be very willing to receive any information that purports to... the origin of the virus because, as Maria said, the origin of the virus is a very important piece of public health information for future control.

So if that data and evidence is available then it will be for the United States Government to decide whether and when it can be shared but it's difficult for WHO to operate in an information vacuum in that specific regard.

00:54:13

So we focus on what we know, we focus on the evidence we have and the evidence we have from the sequencing and from all that we have been advised is the virus itself is of natural origin and we need to understand more about that natural origin and particularly about intermediate hosts.

This issue was one of the recommendations of the Emergency Committee on 30th January. It was subsequently repeated in the advice the other day. The Director-General when he visited China, when I was there with him, raised the issue at the highest level, not as a specific issue - and we've been saying this since the beginning; we have to control this outbreak - this is the most important thing we have to do but we have to also understand the origin so that we can put in place the right public health and animal/human interface policies that will prevent this happening again.

This is not unique. We've done the same in the Middle East with MERS. We have done the same with Ebola in Africa. Understanding the host animal, understanding the intermediate species and understanding how to protect human beings in that cycle is exceptionally important, whether that requires changes in our engagement with the natural environment, whether it requires changes in animal husbandry, whether it requires changes along the food chain.

We won't know exactly how that is to be managed unless we understand the animal host and the animal intermediate species and that's an exceptionally important piece of information. Right now we have to deal with the pandemic and we've got to get it under control but that does not lessen the importance of doing that other work.

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We have offered - as we do in every case with every country - assistance with carrying out those investigations and I'm sure colleagues in OAE and FAO are equally keen to offer that support. But again, a bit like the mission in February, we need to understand that we can learn from Chinese scientists, we can learn from each other, we can exchange knowledge and we can find the answers together.

If this is projected as an aggressive investigation of wrongdoing then I believe that's much more difficult to do. That's a political issue, that is not a science issue. We see scientists in China communicating and collaborating around the world right the way through this pandemic. We would like to see that spirit continue and we would like to see scientists at the centre of the exploration of the source of this.

Science needs to be at the centre. Science will find the answers. The implications of those answers can be dealt with from a policy and political perspective. So if we have a science-based investigation and a science-based inquiry as to what the origin species and the intermediate species are then that will benefit everybody on the planet and we believe that can be achieved with the appropriate approach to that very important question.

00:57:12

TJ Thank you very much. Let's maybe try to take one more question before we conclude this press briefing. It's Simon Ateba from Today News Africa. Simon, can you hear us? Hello, do we have Simon?

SI Yes.

TJ Yes, we can hear you.

SI Okay. Can you hear me?

TJ Yes.

SI Okay. My name is Simon Ateba from Today News Africa in Washington DC. WHO Africa released a statement not long ago that the WHO welcomes traditional medicine. I wanted Dr Tedros to expand on that, what they mean by traditional medicine. Do they mean black magic or what do they mean?

I also wanted WHO to react to the controversial Bill introduced in Nigeria, the Infectious Disease Bill. Are you concerned that some governments will use the coronavirus to turn their countries into police states? Thank you.

MR WHO - and I think our African regional office released a statement on this - does support the use - as we do all over the world... There's a difference here between what are natural remedies or natural supplements where people take things to feel better - and if people want to take a honey and lemon drink in order to ward off infectious diseases that's a very different thing to taking a drug with an active ingredient, whether that's of natural or pharmaceutical origin.

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What we're talking about here are potential treatments that have active pharmaceutical ingredients and an active pharmaceutical ingredient can help you if it's targeted at the virus that's infecting you but it can also hurt you if it infects any other system and doesn't deal with the virus.

So what we try to do in medicine is not make the difference between what are pharmaceutical agents and what are traditional. I think what we've found more and more in the world is that sometimes what ends up as an agent or as a drug coming from the pharmaceutical side very often starts as a traditional medicine.

Aspirin, antimalarial treatments; many of these came from traditional medicines that were well-recognised by communities and then when the active ingredient is identified that's often taken and developed and scaled up and put into tablets. So we must recognise that traditional medicine has a value both clinically and socially and culturally.

But what we do want to make sure is that any of those products that have active pharmaceutical ingredients in them are tested in the same way as normal drugs. Particularly in the context of Africa we want to make sure that any material, any drug going into the body of an African gets exactly the same testing and safety and efficacy trialling as it would in any other part of the world.

01:00:33

So this is not about denying Africans traditional therapies. This is about making sure that those therapies are safe and effective and WHO will support those researchers who have traditional medicines that have some potential or are showing some promise or some indication that they may work. We will support them in building the necessary clinical trials that can test the safety and efficacy of those potential traditional remedies.

This is both as a way to protect people from remedies that may hurt them but also to select out those remedies that may actually work in this case. Maria?

MK Just to supplement that, I agree with everything Mike has just said of course but the idea of traditional medicines, particularly for COVID-19, is something that is well under investigation. There are hundreds of clinical trials that are ongoing right now and it is important that these are done through these types of studies called clinical trials.

Even within China the use of traditional medicine; many of them are under clinical trials' evaluation right now. I haven't seen the full statement from our regional office but WHJO has been working with a number of research groups to ensure that any drugs, whether it's traditional medicine or whether it's - quote, unquote - Western medicine, that these are done and evaluated in clinical trials to ensure their safety and their efficacy.

01:02:07

Clinical trials should be conducted the same way no matter where they're conducted, no matter which continent they are conducted on, no matter which individuals they involved. They need to follow the same scientific and ethical principles all over the world.

TAG Yes, thank you. Just very, very briefly, there are many traditional medicines actually that are beneficial and that's why we have a unit in WHO that follows traditional medicine. But, as has been said, the use of any traditional medicine should pass through a very rigorous trial, like the modern medicine, before it's used for anyone. That's our position but we encourage traditional medicine. Thank you.

TJ Thank you very much indeed. We will conclude the press conference here. An audio file will be sent to you shortly as well as the opening remarks of the DG. A transcript will be available, most likely tomorrow. We have also just sent you an invitation for the press conference of our regional office in the Americas, which will take place tomorrow. I wish everyone a very nice evening.

TAG Tarik, thank you very much, and thank you all for joining today. I look forward to seeing you on Wednesday. Thank you so much.

01:03:58