World Health Organization

COVID-19

Virtual Press conference
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Speaker key:

TJ Tarik Jasarevic
TAG Dr Tedros Adhanom Ghebreyesus
CAQ Carlos Alvarado Quesada
UM Unidentified male speaker
TR Translators
JI Jim
MK Dr Maria Van Kerkhove
MI Michael
MR Dr Michael Ryan
BA Bairam
BI Bianca
VI Vince
MS Dr Mariangela Simao
LI Lisa
GR Grace
PI Pient
AJ Ajeet

00:00:12

TJ Hello, everyone, and welcome to our regular press conference on COVID-19 from here at WHO headquarters in Geneva. We apologise for this delay. As we have announced in our media advisory, we have some special guests who Dr Tedros will introduce in a minute. I will just introduce our speakers here. Beside Dr Tedros, with us today are Dr Mike Ryan, Dr Maria Van Kerkhove, Mr Derek Walton, who is a Legal Counsel, and Dr Mariangela

Simao, Assistant Director-General, Access to Medicines and Health Products. I will give the floor immediately to Dr Tedros and then we will have a question-and-answer session.

TAG Thank you. Thank you, Tarik. Good morning, good afternoon and good evening. Today I'm really honoured to be joined by President Carlos Alvarado Quesada of Costa Rica and President Sebastian Pinera of Chile for today's press conference or press briefing.

Researchers are working at breakneck speed both to understand the virus and also to develop potential vaccines, medicines and other technologies. The Access to COVID-19 Accelerator is uniting efforts on many fronts to ensure we have safe, effective and affordable therapeutics and vaccines in the shortest time possible.

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These tools provide additional hope of overcoming COVID-19 but they will not end the pandemic if we cannot ensure equitable access to them. In these extraordinary circumstances we need to unleash the full power of science to deliver innovations that are scalable, usable and benefit everyone everywhere at the same time.

Traditional market models will not deliver at the scale needed to cover the entire globe. Solidarity within and between countries and the private sector is essential if we're to overcome these difficult times. Now is the moment where leaders must come together to develop a new global access policy and an operational tool which will turn the many good intentions expressed in recent weeks into reality.

We're seeing some good examples where companies are coming out with solidarity approaches from open licensing and support to tech transfer via the new tech access partnership to commitments not to increase prices in times of shortages.

WHO recognises the wide-ranging efforts and initiatives aimed at incentivising innovation while also ensuring access for all. These will be important topics next week at the World Health Assembly.

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At the beginning of the pandemic President Alvarado asked me to set up a health technology repository for vaccines, medicines, diagnostics and any other tool that may work against COVID-19. WHO has accepted this visionary proposal from His Excellency, President Alvarado, and will in the next few weeks launch a platform for open, collaborative sharing of knowledge, data and intellectual property on existing and new health tools to combat COVID-19.

So I'm happy to give the floor to our special guest, President Alvarado of Costa Rica, to speak more about his proposal. Hermano, you have the floor.

CAQ Thank you very much, Dr Tedros. Hermano, my brother, thank you very much. I would also like to than President Pinera from Chile, who's joining us, and also President Moreno of Ecuador, who was the first one who supported this initiative we launched months ago.

What's the initiative about? I want to deep-dive a little bit on it. We want to create - we propose to create a global pool, a repository of intellectual property and this is with data, with knowledge, technologies, designs regarding COVID-19.

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In this repository the idea is to make available for everybody around the world the different advancements or innovations to put those into service at the lowest cost without any barriers to protect people. That's the idea behind this.

We're also calling for this to be a repository created on a voluntary basis because now we need solidarity and that's what this is all about. Two months ago when we launched this initiative there were many things we were not acquainted with or we didn't know about COVID-19 and throughout those two months there's been so much knowledge and science created and it's been [?] put to the benefit of people around the world.

In one case, yesterday I was in one university in Costa Rica in which they took some open-source designs for medical devices and actually they improved those with the knowledge locally developed on the treatment of COVID-19; they improved those and now that university is making the improved designs also available around the world.

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Those are the kind of things that we can do now based on solidarity and understanding that this pandemic attacks a rich country, a poor country or a mid-income country the same, or even citizens, regardless whether you have the resources or not. It attacks people all around the world in the same way.

So the basic idea is a call for solidarity and a call to action for creating this repository, a global pool for rights on data, knowledge, technologies to make more affordable and accessible the new techniques, new technologies, new vaccines, new treatments so we can as one around the world defeat COVID-19.

The call is for member states of WHO. The call is also for academia around the world. It's also for the private sector and companies, for research institutions and for co-operation agencies all around the world on a voluntary basis. We want to see those innovations and technologies as global public goods to protect humanity against this threat.

So it's a call for solidarity. As you mentioned, Dr Tedros, this is going to be part of the discussion in the WHO conference next week and we will be launching this call to action on May 29th, this month, the official launch. We're still open

in this initiative to receive the support of more countries and that's why we're so thankful for the leadership of President Pinera, supporting this joint effort, which I appreciate a lot.

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Going back to this, only together, only with multilateralism, only with that kind of leadership can we defeat coronavirus, not closing in nationalisms, not being selfish. It's the time for the contrary; it's the time for solidarity, it's the time to work together. Actually it's an opportunity for humanity to show the best of what we're made of and I think it's a great opportunity for humanity to show our brotherhood as a whole.

That's what it's all about, this call to action that we, with also the leadership of Dr Tedros, are presenting today. To you, Dr Tedros, also to President Pinera and other partners, particularly Dr Tedros, my brother, hermano, we have to keep on with this joint work together and thank you very much for all you have been doing and thank you for supporting as well this initiative from Costa Rica.

TAG Muchas, muchas gracias, hermano. Thank you, thank you so much, President Alvarado, for that very, very inspiring speech. I have seen your commitment when we met in Geneva and also the follow-up discussions we had, especially based on this initiative that you have just proposed so all my respect and appreciation for your commitment and leadership.

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I would like to quote you; using this initiative, you said, let's show the best of humanity. I fully agree and I join you in adding my voice to that call and look forward to May 19th when we launch it officially. Many countries are already showing their commitment and I know May 19th will be a successful launch event. Muchas gracias for your leadership.

Now I would like to request President Sebastian Pinera of Chile to take the floor and to give us his views on this initiative. Your Excellency, you have the floor.

SP Buenas dias, Director-General.

UM Good afternoon, Director-General. I'm going to speak on behalf of my President, who was available at the connection time but unfortunately had to leave the room to deal with other matters. First of all I'd like to most sincerely thank the Presidency of Costa Rica for the privilege that they have given us and I must participate in this initiative for the prevention, detection and treatment of COVID-19.

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We recognise the WHO as the main mechanism for health matters and to work with health policy. We look on with concern at the cycle of the pandemic and the cycle of poverty which then contributes to the rate of illness and affects

economic and social development. That's why we are very glad to join Costa Rica's initiative.

The pandemic affects all people whatever their age, gender or race and it particularly has an effect in developing countries because it is a disproportionate burden. We know that no country can combat this alone. We can only successfully fight pandemics as a group so we are happy as Chile to participate in this initiative. Thank you very much, Director-General.

TAG Thank you. Thank Your Excellency for your statement and, Your Excellencies, thank you for laying down a collective vision for how the world can deliver life-saving health technologies to tackle COVID-19. Global solidarity will accelerate science and expand access so that together we can overcome the virus. Until everyone is protected the world remains at risk.

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I know you have busy schedules, Your Excellencies, so I will just say thank you to all once again. President Alvarado and President Pinera, thank you so much. Now I will make the rest of my remarks.

Next week one of the most important World Health Assemblies will take place since we were founded in 1948. I'm looking forward to greeting and working with leaders from across the world to ensure that together we optimise the COVID-19 response and build back stronger health systems.

Over the past few months across the world we have shown that when countries implement a comprehensive strategy they can effectively contain and suppress the spread of the virus while minimising the impact on lives and livelihoods. The pandemic has shown again and in the strongest way possible that investing in health is not just the right thing to do, it's the smart thing to do.

There is no trade-off between investing in health and your economy. Health is an investment in our collective future. Funding quality health for all doesn't just save lives; it means children are healthy and can go to school, people can go to work to earn a living and societies and economies are both stronger and more sustainable.

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Yesterday WHO released a policy brief on gender and COVID-19 which encourages countries to incorporate a gender focus into their responses. It includes six key asks for governments. First, when recording cases collect both age and sex as disaggregated data. Second, prevent and respond effectively to issues of domestic violence which have been exacerbated by the pandemic.

Third, encourage availability and access to sexual and reproductive health services. Fourth, protect and support all health workers, approximately 70% of

whom are women. Fifth, ensure equitable access to testing and treatment for COVID-19. And finally, sixth, ensure responses are both inclusive and non-discriminatory.

To maximise effectiveness and ensure that no-one is left behind tackling the pandemic requires a gender-responsive, equity-oriented and human-rights-based approach. This evening WHO will release a scientific brief on multi-system inflammatory syndrome in children. In the past weeks reports from Europe and North America have described a small number of children being admitted to intensive care units with a multi-system inflammatory condition with some features similar to Kawasaki's disease and toxic shock syndrome.

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Initial reports hypothesised that this syndrome may be related to COVID-19. It's critical to urgently and carefully characterise this clinical syndrome to understand causality and to describe treatment interventions. Together with our global clinical network for COVID-19 WHO has develop the preliminary case definition and the case report form for multi-system inflammatory syndrome in children.

I call on all clinicians worldwide to work with your national authorities and WHO to be on the alert and better understand this syndrome in children. I will repeat this. I call on all clinicians worldwide to work with your national authorities and WHO to be on the alert and better understand this syndrome in children. I thank you.

TJ Thank you very much, Dr Tedros. Also thanks to our special guests who were with us today. We will open the floor to questions. Just before that, to remind you, we have two guests who are not usually with us here; Dr Maria-Angela Simao, who is Assistant Director-General for Access to Medicines and Health Products, and Mr Derek Walton, who is a Legal Counsel.

00:20:04

We will try to have as many questions as possible. I will ask you to be very concise and one question per person. We are just trying to put the system up to make sure that we get everyone online. The first question comes from Jim from Westwood One. Jim, please, if you hear us, unmute yourself. You have the floor.

JI Hi, thank you very much. Good evening, I guess, where you are, and thank you, Tarik, thank you, Chris, thank you, everyone. My question happens to be about this Kawasaki Syndrome-related thing with COVID-19. It can't be a coincidence obviously; there's some sort of connection. What do we know so far about this connection between this inflammatory syndrome and COVID-19 in children?

MK Thank you for this question. I can start and perhaps others would like to supplement. This syndrome - we're calling it multi-system inflammatory

syndrome - is a condition that was alerted to us by our colleagues in the United Kingdom a few weeks ago, two weeks ago, and is a very rare condition which is causing an inflammatory disease in young children.

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What we've done with that information is that we've discussed this with our global clinical network, which is a group of clinicians across the world who are dealing with patients with COVID-19 and specifically talking with our paediatricians who are part of that global network and in doing so asking who has seen this in their countries, where they have seen it, how often they have seen it, what this syndrome actually looks like and in doing so raise the alert among this global network.

We've heard of additional reports in a few countries including the United States, including Italy and so we're learning that it seems to be a very rare syndrome but we need more information and we need more information collected in a systematic way because with the initial reports we're getting a description of what this looks like, which is not always the same.

In some children they tested positive for COVID-19 but other children have not so we don't know if this is associated with COVID-19 or not so what we've done is through our clinical network and together with our partners put together a case report form. This is a data collection tool which clinicians can use to collect standardised information so that we can better understand what this disease looks like, how we could better develop treatments for this and that's important.

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So far we understand that its rare but we are hearing more and more reports about it because people are on the look-out. As the Director-General has said and we've said, we need clinicians to be on alert for this, to look for it but also to ensure that we collect standardised information so that we can better describe what this is and so that we can develop better treatment.

TJ Thank you very much, Dr Van Kerkhove, for this answer. As Dr Tedros said, we will have a scientific brief on this. Let's go to Michael Bozuchkip from CNN. Michael, can you hear us?

MI I can hear you loud and clear. Thank you for taking my question. I'm Michael Bozuk, a contributor to CNN Opinion. Just quickly, I think I speak on behalf of all of us when we express our gratitude for your forthrightness with these press conferences; they're very helpful.

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May I put this question to you? At the 70th WHA the Russian Federation presided over the forum for the first time, as you know, and at the time the

Minister of Health said it was - quote - an acknowledgement of Russia's achievement in developing its health system - unquote.

Yet the Russian Federation is now registering the second-highest caseload of COVID-19, 262,000 cases plus as of today, ten to 13,000 on average being added every day and death rates are suspiciously low; I think it's over 2,000.

Just quickly - the question will be coming - the head of a doctors' union in Russia told me among the sick and dead are many, many doctors and front-line healthcare workers who are being forced to work without PPE, they're stressed and being forced to go to work; some reports of doctors mysteriously falling out of windows.

Just quickly, a former US Ambassador to Russia I interviewed told me over the past ten years there's been a wanton destruction of the healthcare system with hundreds of hospitals closed. What is your assessment of what's going on in Russia? Since day one you've advocated very forcefully and passionately for healthcare workers and surely this is a situation where WHO can find a voice. Thank you.

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TJ Thanks, Michael, and if it's possible to have a shorter question for others, thank you.

MR Or maybe longer questions get shorter answers; maybe that's the way to go. Thanks for the question. I think, like all systems or many systems around the world, when you see that rapid rise in cases systems can struggle to cope with that caseload and with adapting to that and adjusting and being able to deal with it effectively.

Certainly from the perspective of the Russian Federation they're been very good at ramping up testing and making testing more available but it is clear in certain areas that the number of cases is stressing the healthcare system and there have been a relatively low number of reported deaths and we're looking at that with our colleagues in the Federation from the perspective of the way deaths are recorded.

I think this is another issue we're seeing around the world; people are struggling with how to record the deaths. Are deaths recorded as confirmed cases who die or is the death recording related to a postmortem diagnosis where a physician declares or certifies the death?

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There's some confusion at times as to whether if someone dies of a heart attack and they had COVID, did they die from COVID with the heart attack or did they die from a heart attack while having COVID. If that's not done clearly then you can miss COVID-19-related deaths.

WHO has issued very specific guidance around the classification of mortality related to COVID and I'd point you to our guidance on that on our website. I did speak with colleagues, Dr Slonensky and others, at the Prednazor earlier today because we are interested in understanding more the surveillance and how it's being done in Russia and particularly how mortality is being recorded.

I'm not aware of the issues you raise regarding PPE; we will certainly look into that. It is not appropriate for front-line staff to be operating without adequate personal protective equipment and adequate training but again we have seen that happen all over the world tragically and we will do all possible to support our colleagues in Russia to ensure that that situation, if it exists, does not persist.

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TJ The next question comes from our Geneva-based colleague, Bairam, who works for Anatoli news agency from Turkey. Bairam, can you hear us?

BA Yes, I can hear you. Thank you very much. I have a short question for Dr Tedros. Mr Tedros, do you think the initiative today on open access to vaccines and drugs against COVID-19 can get the support of President Trump? Thank you.

TAG Yes, thank you. I cannot answer that question. I think you'd better ask the President.

TJ That was a short question and a short answer. Now we go to Bianca Rotier from Globo from Brazil. Bianca.

BI Hi, Tarik. Thanks a lot. Can you hear me?

TJ Yes.

BI Thanks. I work for Brazilian TV, Globo and Globo News so I'll ask the question in Portuguese.

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TR I think that you must remember that we're talking about the exchange of information in Brazil and that we then had a new Minister who had a different position to our president, Jair Bolsonaro, and talked about a vertical system and they considered the essential services.

I'm not going to ask about the policies but I'd like to hear about guidance and the fact that Brazilians have ended up so lost because of the different points of view that they've been hearing. So we'd like to know about what are really the essential points that should be considered. Thank you.

MR I don't think the question is clear. From the perspective in Brazil we've seen an increase in the number of cases and in general we've seen an increase in a number of Central and South American countries.

I think this has been a factor in many large, federated states. The Director-General has, I think, said this many, many times. Regardless of the effectiveness of the health system what's really crucial is that there is a coherence, cohesion and a cross-party, all-of-government, all-of-society approach, especially in large, federated states where communities need to hear a consistent message and leadership at all levels.

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That message needs to be clear and governments need to walk the talk of those messages. I think all countries have struggled and this is not a phenomenon unique to Brazil. It is difficult in the face of a major crisis to maintain that cohesion, to maintain trust with society, to ensure that governance is driven by science.

These are the factors, the behaviours and the ethos that drive not a perfect response but a good response. No response is perfect. It's very difficult to look at any response around the world and say that anyone has got it completely right but those who've got it better have been those countries that have really worked on a cohesive, clear communication with populations, simple messages and an all-party, all-of-society approach.

TJ Thank you very much. We have a couple of reporters we did not have in the past. We have Vince Chadwick from Davex. Vince, are you online, Vince Chadwick?

VI Yes, hi. My question is about the initiative from Costa Rica and Chile and how, if at all, that will be addressed at the World Health Assembly next week, please.

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MS You'll all know, there is a resolution being negotiated for the World Health Assembly which contains several access-related issues, access to health products. We expect that some of the issues that are part of the call to action by Costa Rica are addressed in the draft resolution; for example ensuring equitable access, supporting COVID-related knowledge, lessons learned, best practice. These are part of the resolution as it is at the moment.

TJ Thank you very much, Dr Simao, for this answer. Now we go to Lisa Schneering from Sidrup News. Lisa.

LI Hi. Thanks for taking my question. I am just wondering what the situation is in the Middle East. It seems cases are steadily going up there and we track that every day. I'm just wondering how you would characterise that. I understand every country has a different situation but it would be good to get your comments on that. Thanks so much.

MR I can begin on that. The DG may wish to add. There are a number of different dynamics in the Middle East and the numbers have been relatively

stable in the Middle East but there have been some increases in the Gulf countries.

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But worryingly we've seen for example increases in cases in places like Yemen. We've seen the introduction of diseases into camp and displaced populations in places like Iraq; we've had at least one case in a refugee camp and also we've had cases in Syria.

The difficulty in many of the Middle Eastern countries - and there's a huge contrast in the Middle East between countries that are relatively wealthy and well-provisioned in terms of healthcare and then countries in which we have huge conflict, fragility and vulnerability.

The situation, the risks and the potential impact of this disease is different in all. It is exceptionally difficult to run essential health services in many countries, particularly in the likes of Yemen, Syria and Iraq and the UN has been working with governments and partners for years now to try and - to sustain those essential services.

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It is all the more difficult then to respond effectively to the arrival of the disease in many of these situations. Many of the countries are fractured with different zones of control and different health authorities, often in conflict and WHO and its partners have to work across lines, across front lines, work cross-border.

It's a very, very dynamic situation, it's a very sensitive situation and one in which we have to try our best to serve those who are most vulnerable. If we take the case of Yemen, there's a very worrying situation emerging in terms of the number of cases in both the north and the south and WHO's been working very, very hard in Yemen despite these difficulties with our UN partners.

We've repurposed 26 EOCs across the country, ten operational in the south, 13 in the north. We've established with the Government four COVID hotlines. We've repurposed 300 rapid response teams which were trained for cholera. We need about 1,000 of those teams with two to five staff per team. These are the contact tracing teams, the teams that go out and look for cases and do that public health work we're always talking about. Most of these teams are mobile. These are 202 district mobile teams in the north; 131 in the south.

We've already begun rapid response trainings and clinical management training with a large number of clinicians, nurses and doctors and established screening at points of entry.

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We've supported the repurposing of four central public health labs in Aden, Sana'a, Seiyun and Taiz. We've trained 28 lab technicians in the diagnosis

using these rapid and PCR-based tests. We've deployed over 7,000 tests; 3,500 in the north; 3,200 in the south and we have another 30,000 on the way. We created 19 isolation units. 16 are in progress; three are completed and we've trained 92 front-line workers to staff those units so far and that list goes on.

In terms of operational support we've provided 1,000 ICU beds, 417 ventilators and then, as I said, another 50,000 tests are in the pipeline. We're refilling nearly 12,000 cylinders of oxygen per month, distributing defibrillators, ECG machines, IV pumps, pulse oximeters and many other things.

That sounds like a very long list and it is a long list but I can sure you, moving that type of material in this situation, training health workers in this situation, doing surveillance in this situation, contact tracing in this situation is difficult, stressful and dangerous work.

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The DG has called for it; the Secretary-General has called for it. We need health for peace; we need peace for health. It is going to be very difficult to contain this virus in settings like this, having to operate in conditions like this unless we get a more peaceful environment to do this.

Again, Tedros has said, no-one is safe until everyone is safe. We need to make people of the Middle East, particularly those in fragile and conflict-affected situations, safer because that will make everybody safer.

We're also working across a number of Gulf countries on issues related to migrant workers and Maria may wish to comment on that. We are concerned about migrant workers who live mainly in dormitory-like situations. We've seen the impacts of that in places like Singapore. We thank Singapore, Gulf countries and South Africa for working with us on this issue.

Maria's just finished some discussions with those partner countries today. She may wish to update you.

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MK To add briefly, yes, another worrying trend in the Middle East is increasing case numbers in dormitories where many expat workers live and in a number of countries across the Gulf states a large proportion of the population that live there are not from that country.

So today we had a preliminary teleconference between several countries and our Eastern Mediterranean regional office as well as some colleagues from Singapore just to exchange and to share experiences, to learn from each other about the outbreaks that are happening in these settings.

They're very similar conditions and the fundamentals of what need to be done in each one of these closed settings are the same so it was a very good opportunity to be able to exchange and learn from one another to see how

these outbreaks could be brought under control and so that we could prevent them from further happening and we hope to have more teleconferences like this.

I think one of the things in this pandemic and in all epidemics; the value of WHO and our partners is to bring people together so that what they're going through and how they are dealing with it can be shared and each can learn from each other on that.

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TJ The next question is from Health Policy Watch. We have Grace online. Grace, can you unmute yourself, please?

GR Yes, hi. Thank you so much. Can you hear me?

TJ Yes.

GR All right, thank you. Thank you for taking my question. I wanted to ask for a little bit more clarity on the Costa Rica initiative. What is the difference between this and the ACT accelerator and who has been supporting this initiative so far amongst member states? Thank you.

MS Thank you for the question. First of all this is complementary to the ACT accelerator because it provides an operational framework for not only sharing knowledge, data related to COVID technologies but also the opportunity to have a repository on open licensing, intellectual... voluntary licensing. We are expecting an increase in the offers of voluntary license through the Medicines Patent Pool and other licensing mechanisms.

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The Medicines Patent Pool has for example expanded its mandate already, its board has approved the expansion of its mandate to include COVID products and Unitaid, which is the main funder of the Patent Pool, has also approved the expansion of the mandate.

So it will provide an opportunity for member states, for industry and research and academics in general to use the solidarity momentum to create a pool of knowledge and a pool of licensing.

The reason why this is only a pre-launch today is that still we have several member states which are in negotiation with Costa Rica and required a little bit more time to finalise the call to action. This is the reason why we didn't do a full launch today but this is expected to happen in two weeks' time and we will have member states from all regions coming in. Thank you.

TJ Thank you very much, Dr Simao, for this answer. Now we will go to Pient Wang from National Public Radio from the US. Pient, can you hear us?

PI Hi, thank you for taking my question. Yesterday WHO published a paper in BMJ which gives a worst-case scenario of 190,000 deaths across

Africa in the next year. That's bad but it's much lower than a worst-case scenario of three million deaths that a UN report projected last month.

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The assumption now is that the virus will spread more slowly and have a lower mortality rate in Africa. I wanted to ask what has changed our understanding.

MK Thanks for the question. I have to admit, I haven't read that paper but a reduction of deaths but still saying 190,000 deaths is still a pretty high number. I understand that this is a modelling analysis and we know that when we do these estimates these are very important for us to help us plan and to help us prepare and to get countries ready for how to build the workforce.

How many contact tracers do we need, how many clinicians and nurses and medical professionals do we need, how many beds do we need in a particular ICU or oxygen support, ventilatory support, treatment centres, etc.

These scenarios that are estimated - the models that make these estimates are really helpful for planning purposes. But we also know that there are tools that we have with which we could prevent these numbers from becoming realities and for me one of the most critical values of these models is to ensure that we take the right precautions, we put the right emphasis in these interventions where they need to be done so that these numbers do not become reality.

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MR Yes, and if I could just add, while the numbers in Africa are well below the rest of the world and as testing rolls out we may find more and more cases, it's also been clear in other regions that we've seen a potentially long period where the disease established itself and then a particular moment comes when the disease takes off more exponentially.

That time is not well determined but we are seeing increased activity over the last week in places like Gabon. There's a 153% increase of cases in just a week. Zambia's equally had a large increase in cases; Chad has increased by over 100%. Benin has increased by over 200%.

The numbers remain low but what's concerning is the trajectory, the direction of travel of the curve so we need to be exceptionally careful at this point not to under-represent the potential impact of the disease while at the same time recognising that we must maintain other essential health services, we must be extremely sensitive to the fact that lock-downs or very extreme public health and social measures aimed at stopping the spread of COVID-19 have a deep impact on lives and livelihoods.

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So we have to find a balanced strategy that manages the risks of the disease against the risks to life and livelihood and that's something we've said since

the beginning. We've been very, very clear; a comprehensive strategy is not a comprehensive lock-down. A comprehensive strategy is a strategy of surveillance, finding cases, testing, isolating, using quarantine, caring for cases, educating communities, providing access to personal hygiene, practising physical and social distancing where that can be done and the use of other measures to reduce transmission and infection.

It doesn't necessarily mean high-impact lock-downs that shut down society entirely and I think many countries around the world but particularly African countries are grappling with this dilemma; how to control COVID-19 while maintaining other essential health services.

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UNICEF have spoken about this and the likely excess mortality in children that may occur unless we're delivering immunisation, unless we continue to deliver food. Henrietta Ford has been very clear on that; David Beasley from the WFP has spoken on the potential issues related to food and hunger as a result of the shutting down of food chains, of the loss of food production.

So I think in terms of how Africa and African countries deal with this - and again the Director-General may wish to speak - the African Union have very much come together with a comprehensive response plan at the political level. It's great to see that political leadership.

I think we're seeing a lot of African leaders step forward. We're working very closely with our regional director, Chiti Moete, on trying to come up with strategies that are adapted to the social and economic circumstances of countries. We have issued very clear guidance on how to adapt the public health control measures that we advise to low-income settings and are working very closely with countries at the country level.

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We have a WHO country office in every country in Africa and are working with our resident co-ordinators, the UN system and with ministries of health and other parts of government to try and ensure that we get maximum control of COVID-19 while preserving essential health services.

The Director-General has spoken about the potential impact on TB, on HIV services, on immunisation and other things. This is a delicate balance and it does require help, it does require assistance. In order to be able to do these two things governments. in Africa need support, they need financing.

We thank the World Bank for providing financial instruments and others to help them do that. Every country in Africa now has a government national action plan for the containment of the disease and we call on all donors and friends of Africa to support those national action plans, to ensure that they're adequately financed and to ensure that especially vulnerable populations

within African countries, particularly refugees and displaced persons, are not left behind in this process.

TJ Thank you, Dr Ryan. The next question is from Gabriela Sotomayor, writing for Procesa. Gabriela. Hello, Gabriela.

00:50:10

GA Taking the question. Do you hear me?

TJ Yes.

TR I'm going to ask my question in Spanish. Thank you. With regard to this resolution that you were commenting on that will be discussed and which has elements of Costa Rica's initiative, I would like to hear, Dr Tedros, if it is going to be a binding resolution because if that's not the case what will you be able to do to avoid war over the vaccine and battle for the medicine? Because we know that it's nearly always the most powerful that win in these situations. Thank you.

TAG Thank you. In the resolution that Dr Mariangela indicated earlier some components of what the President of Costa Rica suggested is there and of course after the resolution it will be up to the countries to follow whether they stick to the resolution or not but normally it's not binding. It's a general understanding to move forward and all countries who signed into the resolution are expected to implement it.

00:51:43

But I hope with strong political commitment from leaders - that's what the President of Costa Rica is now pushing, President Alvarado - with more political leaders buying in the chances of its implementation will be higher.

So part of it will be in this resolution but the rest are going to be discussed in other forma and the launch on May 29th, the call to action will be another very important milestone that can help us to mobilise political commitment and help with the implementation of what will be agreed but with the continuation of the dialogue on the rest of what the President had already proposed.

TJ We'll now go to United News of India and we have Ajeet with us. Ajeet, can you hear us? Ajeet, can you press unmute, please?

AJ Yes. Is it okay now?

TJ Yes, now it's okay.

AJ Am I audible?

TJ Yes.

00:53:16

AJ Thank you so much. My question is just a short technical question. I wanted to understand; if inflammatory syndrome is there like [inaudible] syndrome and other syndromes then you have [inaudible] so is it that risk increases COVID-19's inflammatory syndrome?

MK Thanks for the question. We know so far very little about this inflammatory syndrome. We are hearing reports about this from a number of countries. We're very grateful for clinicians coming forward and sharing as much detail as they can about the patients that they are seeing with this syndrome.

But as I mentioned before, what's really important right now is to determine how many of these children actually have this syndrome. We've given it a name but we haven't actually described fully what the syndrome is.

So what we've done is we've put out a case definition which describes what it might be, what conditions what illness, what symptoms these children may have and we need to look. We need to have clinicians use this case definition to determine how many children fit that definition.

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Then we need specific data collected from each of those patients so that we could better describe what this is that we're seeing. Right now we have the US CDC, the European CDC, WHO, a number of countries are on alert for this. We need all countries to be on alert for this and for clinicians to look out for this, what appears to be a very rare syndromes.

We need to understand if this syndrome is associated with COVID-19 or not. As I mentioned before, some of the children have not tested positive for COVID-19 while others have so right now it's a bit of a confused picture although more information is coming. We need that information to come in a standardised way s to we can describe what the syndrome is and if it is associated with COVID-19.

MR I might just add that things like Kawasaki Syndrome and toxic shock and other syndromes are very uncommon but there is a background incidence; it happens in all populations but at a very, very low rate. It's a little like those of you who follow Polio, we use a syndrome called acute flaccid paralysis to detect all children who have an unusual paralytic illness.

Then we test all those children for polio virus and only in a very small number of them do we find the polio virus but that's the way we find the polio virus for eradication, by looking for a particular syndrome or a collection of symptoms.

00:56:08

In this case we need to look at this collection of symptoms and then look at what's causing it. It will not all be caused by COVID-19. Another, I think,

important point is that as the number of cases of any particular disease grows to a very large number you start to potentially notice much rarer syndromes.

You may not notice the disease emerge in a small group of ten or 20,000 cases but if you get to 90 or 100 or a million cases then what is a very rare potential side effect or consequence of the infection can become apparent. It doesn't mean that the disease is changing; it doesn't mean that the disease is changing in kids.

What it means is when you get a very large number of children with the disease you will see a very rare occurrence happen and in a small number of children you don't get a chance to see that. So it's very important to reassure parents out there that this does not represent a difference in the way this disease causes disease in children or a different severity or a chance in the way the virus is behaving per se.

00:57:18

What it most likely represents is a rare syndrome that may be associated with COVID-19 that we can observe when we have so many cases around the world. I think it's very important to pursue it. It's very important we understand it but it's also very important that parents and children understand that this is not reflecting a fundamental change in the way that this virus infects children.

Also I did mention in a previous presser; this is a new disease. When new diseases cross the species barrier they very often don't have what we would call a primary target organ. They very often infect - and we see this respiratory syndrome which we can recognise, people short of breath with pneumonia.

We've also observed cardiovascular-type syndromes; in other words effects on the heart, effects on the blood system. We've seen effects on the brain and on the neurologic system and reports of those diseases in older people as well.

00:58:20

What we don't know yet is whether those rare things that happen are associated directly with the virus and the virus directly attacking the the cells in those organs. Or are we seeing also the result of the immune response to the virus?

In many emerging disease we see both happen; the virus itself can cause damage and sometimes the immune response to the virus itself can cause damage. That's very much what happens in Ebola virus. For example the bleeding people have seen on TV associated with Ebola bleeding. It's not the virus that causes the bleeding; it's very often the immune response to the presence of the virus that depletes the capacity of the blood to clot so when a person bleeds then the bleeding continues.

So again we need to sort out, number one, as Maria said to what extent is COVID-19 associated with this rare syndrome; to what extent is this a direct

effect of the virus; to what extent this may be related to the immune response to the virus; and what's causing what.

It's really important that we understand that because that's the what we can develop measures and therapies to reduce the impact of this disease, especially in kids.

TJ Thank you, Dr Ryan. One, maybe maximum two questions. We go to Dominican Republic, to Diario Librea and with us is Ambar Castil.

TR Thank you. Some doctors and some countries such as Brazil and Bolivia have approved the use of evametcine to treat COVID-19. Even though the United States hasn't approved it there aren't conclusive studies of the effects of this medicine on humans.

I'd like to know what the WHOs view is on this and what are currently the medicines that are recommended by WHO for the treatment of COVID-19. Thank you.

MK I will start. There are a number of treatments that are under clinical evaluation or clinical rials for the treatment of COVID-19. None of those are yet approved for treatment. There are hundreds of clinical trials that are underway and the reason we need to wait for the results of these studies is because they are evaluating how these medicines, how these drugs work in terms of either preventing infection or progressing someone from progressing to severe disease, preventing death, and how safe they are; do they have any side-effects?

The clinical trials that are underway need to have enough people in them to be able to determine whether or not they are safe and effective.

01:01:17

Right now WHO has launched the Solidarity trial which is a clinical trial focusing on some drugs, some therapeutics to look at whether or not these are safe and effective for COVID-19. There are more then 2,500 patients enrolled in this multi-site clinical trial and the value of something like this at the global level is that you could bring together patients from different hospitals across the world and you could have enough patients to be able to get to that answer faster.

It will take some time before we have full answers to which treatments work but right now we don't have any approved treatments for COVID-19. The treatments that are being used are for symptoms and some countries are evaluating different therapeutics under these clinical trials.

MR Yes, and just to add to what Maria has said, I think the trial designs we have in place are very nimble and they allow other drugs to be added in as needed. That means we can move forward and again we thank the countries

who have committed the the Solidarity trials in particular but there are other trials out there which also need to be supported.

01:02:39

I think it's also important to understand that there are many potential drugs that can kill a virus in a test tube. That's what we call in vitro. It means that you can actually kill a virus by directly applying he drug to the virus, you can observe how it interferes with the virus function.

It's a very different thing to take that drug and put it into a human and therefore the difference between a drug's effect on a virus out of the body and that drug's capacity to affect the progress of a virus in a body is very different and that's why trials are very important.

It's really important - and this is what's happening more and more around the world. People are trying older drugs against the virus and seeing what might work. They're also trying new molecules and seeing what might work. When they find drugs that might work in vitro then they look for any observational evidence out there that might suggest that the drug has an impact.

Then you design the trials in which you introduce the drug safely and in a way that you can ensure that if the drug is safe and efficacious you can begin to use it.

01:03:48

But also if there's a signal that the drug is not safe or not effective you can avoid using it. That's the principle of randomised control trials and there's a very, very well-tested process of doing that.

So it's really important that we encourage innovation, we encourage people to be looking for solutions but then as those solutions potentially become available we need to put them through the proper process in the interests of safety, in the interest of efficacy and in order to make sure that we first do no harm.

TJ Thank you very much. I think we will conclude the press conference with this last question. We will have an audio file available shortly and the transcript posted tomorrow. We will continue to provide you with the latest from our regional offices and our country offices on the work WHO is doing on COVID-19.

01:04:40

I would like to thank the interpreters who were with us today and to wish everyone a very nice weekend.

TAG Yes, I hope we're still online. On Saturday and Sunday we will have the third edition Walk the Talk. As you remember, we started it three years ago so we were supposed to do the Walk the Talk run or exercise in Geneva a day

before the Assembly; that's next Sunday. So we're keeping the tradition but this time everybody will hopefully join us from their houses.

This year it will be special because it will start from Manila and it will stretch up to the Americas and through Geneva. We will also have a special event tomorrow kick-starting the Walk the Talk in Geneva tomorrow with my colleague, the President of the International Olympic Committee.

We will sign a memorandum of understanding. This is as part of the Healthy Populations approach and the signing of the MoU between the WHO and the International Olympic Committee will also help in kick-starting the Walk the Talk tomorrow but a new dawn, a new partnership to invest in healthy populations.

I would like to invite all to join us in this every important event tomorrow and join us in our third edition of Walk the Talk, Health for All. See you tomorrow at around 11:00am Geneva time. Thank you so much.

01:07:04