

COVID-19

Virtual Press conference

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00:00:00

TJ Hello to everyone from WHO headquarters here in Geneva. My name is Tarik and welcome to this regular press conference on COVID-19. You can watch us on different WHO platforms and journalists who are online can click raise hand and try to get in line for questions and try to be short and have only one question. We will get to the question-and-answer session after the opening remarks of Dr Tedros, who is accompanied today by Dr Maria Van Kerkhove and Dr Mike Ryan. I will give the floor immediately to Dr Tedros.

TAG Thank you. Thank you, Tarik. Good morning, good afternoon and good evening. Yesterday we concluded a very productive World Health Assembly. We saw unprecedented solidarity with heads of government, heads of state from around the world beaming into the World Health Assembly to discuss lessons, challenges and collective next steps to tackle the pandemic.

I would like to use this opportunity to thank those heads of state and government who participated; President Sommaruga, President Ramaphosa, President Xi, President Moon, President Macron, President Duque, President Benitez, Chancellor Merkel, Prime Minister Mottley, Prime Minister Tshering, Prime Minister Pedro Sanchez, Prime Minister Conte, Prime Minister Natano, Prime Minister Nguyen Xuan Phuc, President Von Der Leyen, Secretary-General Guterres and all member state representatives, ministers for joining the Assembly and signing up to a historic consensus resolution on COVID-19 and the way ahead.

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The resolution sets out a clear roadmap of the critical activities and actions that must be taken to sustain and accelerate the response at the national and international levels. It assigns responsibilities for both the WHO and its member states and captures the comprehensive whole-of-government and whole-of-society approach we have been calling for since the beginning of the outbreak.

If implemented this would ensure a more coherent, co-ordinated and fairer response that saves both lives and livelihoods. The landmark resolution underlines WHO's key role in promoting access to safe, effective health technologies to fight the pandemic. I welcome member states' commitment to lift all barriers to universal access to vaccines, diagnostics and therapeutics.

This includes four critical points from the resolution; first that there is a global priority to ensure the fair distribution of all quality essential health technologies required to tackle the COVID-19 pandemic.

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Second, that relevant international treaties should be harnessed where needed, including the provisions of the TRIPS agreement. Third, that COVID-19 vaccines should be classified as a global public good for health in order to bring the pandemic to an end.

And fourth, that collaboration to promote both private-sector and government-funded research and development should be encouraged. This includes open innovation across all relevant domains and the sharing of all relevant information with WHO.

An important collaborative response to this resolution will be the COVID-19 technology platform proposed by Costa Rica, which we will launch on 29th May, which aims to lift access barriers to effective vaccines, medicines and other health products. We call on all countries to join this initiative.

I'm glad we're making progress on the research and development agenda which was mapped out in February at the research and development meeting convened by WHO. That roadmap has now given rise to the Solidarity trials, which now include 3,000 patients in 320 hospitals across 17 countries and to the Access to COVID-19 Tools accelerator.

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We still have a long way to go in this pandemic. In the last 24 hours there have been 106,000 cases reported to WHO, the most in a single day since the outbreak began. Almost two-thirds of these cases were reported in just four countries.

But in good news it has been particularly impressive to see how countries like the Republic of Korea have built on their experience of MERS to quickly implement a comprehensive strategy to find, isolate, test and care for every case and trace every contact.

This was critical to the Republic of Korea curtailing the first wave and now quickly identifying and containing new outbreaks. However we're very concerned about the rising numbers of cases in low and middle-income countries. Governments in the Assembly outlined their primary goal of suppressing transmission, saving lives and restoring livelihoods and WHO is supporting member states to ensure supply chains remain open and medical supplies reach health workers and patients.

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As we battle COVID-19 ensuring health systems continue to function is an equally high priority as we recognise the risk to life from any suspension of essential services like child immunisation.

COVID-19 is not the only challenge the world is facing. The climate crisis is causing increasingly strong storms, abnormal weather patterns and catastrophic shocks. Super-cyclone

Amphan is one of the biggest in years and is currently bearing down on Bangladesh and India.

Our thoughts are with those affected and we recognise that, as with COVID-19, there is a serious threat to life, particularly in the poorest and most marginalised communities. WHO continues to offer support to Bangladesh and India to tackle both COVID-19 and the effects of the super-cyclone.

I want to end by emphasising that there is continued hope. The last person who was being treated for Ebola in the Democratic Republic of Congo recovered and was discharged on May 14th. On that day the DRC Ministry of Health announced the beginning of the 42-day countdown to the end of the outbreak. We now have 36 days to go but new cases could still emerge, as we have seen before.

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The pandemic has taught and informed many lessons; health is not a cost, it's an investment. To live in a secure world guaranteeing quality health for all is not just the right choice; it's the smart choice. I thank you.

TJ Thank you, Dr Tedros, for these opening remarks. Before we open the floor to questions just to remind journalists, you can ask a question in six UN languages - Russian, English, French, Spanish, Arabic, Chinese - as well as in Portuguese and Hindi and you will also be able to listen to the translation, for which we thank our interpreters who are here with us today.

We will open the session of questions with Luisa Duarte from CNN Brasil. Luisa, you will need to unmute yourself and then we will be able to hear you.

LU [French language].

TR Thank you for taking my question. What do you think about Brazil's decision to change the national protocol regarding the use of hydrochloroquine in order to treat COVID-19?

00:10:38

MR I wasn't expecting such a short question. Every sovereign nation, particularly those with effective regulatory authorities, is in a position to advise its own citizens regarding the use of any drug and the hydroxychloroquine and chloroquine are already licensed products with indications for many diseases.

I would point out however that at this stage hydroxychloroquine nor chloroquine have been as yet found to be effective in the

treatment of COVID-19 or in the prophylaxis against coming down with the disease. In fact the opposite in that warnings have been issued by many authorities regarding the potential side-effects of the drug and many countries have limited its use to that during clinical trials or under the supervision of clinicians in a hospital setting.

That's specifically for COVID-19 because of a number of potential side-effects that have occurred and could occur. Having said that, again it is for each national authority to weigh and assess the evidence for and against the use of this drug. As the Director-General has said, we currently have underway solidarity trials across multiple countries, in which hydroxychloroquine and chloroquine are included as part of those clinical trials and as WHO we would advise that for COVID-19 these drugs be reserved for use within such trials.

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MK Maybe I could add an update on the Solidarity trial. As Mike just said, hydroxychloroquine is one of the study arms, as is remdesivir, lopinavir, ritonavir and interferon beta one alpha. As that trial is currently underway we are very grateful to a very large number of countries who are setting up systems in place to enrol patients and who are willing to enrol patients in this clinical trial.

As of today we have more than 3,000 patients enrolled from 320 hospitals in 17 countries. That is a show of solidarity and called the Solidarity trial but it's really a show of collaboration and willingness to work towards a common goal of understanding which therapeutics are safe and effective against COVID-19.

TJ Thank you, Dr Ryan, and thank you, Dr Kerkhove and thank you, Luisa, for this question. Now we will go to Mexico, where we should have Paulina Alcasa from Encadena. Paulina, do you hear us?

TR Yes, can you hear me? Yes, please go ahead.

00:13:51

PA Yes. I would like to greet all of you from Cancun. We are a very touristic location. Currently we have 47,000 hotel rooms which have been cancelled but authorities are thinking of opening up again progressively. What do you think should be kept in mind in order to open up areas again in sectors such as tourism?

MK Thank you for this question. This is a question we get quite often with many areas wanting to open back up their economies to get back to some normal life, a new normal, as we've been calling it. There are ways, as you said, to progressively get back to opening up the hotels and resuming some tourism.

As we've been saying for a number of weeks now, this really needs to be done carefully and it needs to be done in a way that takes into consideration a number of factors. In the area that you're in, you mentioned, Cancun it's important that it's understood what the transmission looks like, what is the intensity of COVID-19 transmission in that area; is it under control in the sense, do we know where the virus is, are case numbers increasing or decreasing?

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Do you have the public health infrastructure and workforce in place to identify the virus in people, to find cases, isolate cases, care for those cases in medical facilities? Do you have a workforce in place to be able to trace contacts and quarantine those contacts?

Are there systems in place within the tourism sector, as you mentioned, in terms of the hotels and the other facilities to be able to rapidly identify cases, to protect people who come in in terms of ensuring physical distancing and disinfectants.

So there're a number of considerations that need to be taken into account when considering opening up areas for tourism. We have a number of guidance materials that are out for different sectors as it relates to resuming travel, as it relates to having safe and confident travel, including hotels, and guidance around the appropriate use of disinfecting areas and ensuring that's done regularly and safely.

So it's a long answer because there're a lot of considerations that need to be taken into account. Having said that, if it's done in a controlled, slow way in which systems are in place to rapidly identify cases that's what decision-makers need to look out for and do this in a data-driven and controlled way.

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MK If I might add, the private sector has shown over many decades how responsive they are to the needs of their customers and I do think as the tourism sector opens up - and it's a very important sector for many countries - that the clients, the

customers are going to not just look for levels of comfort and levels...

Everyone wants to get away; everyone is on business travel and needs a safe place to stay as well so I think clients are going to respond to those companies who provide them with an environment, that's safe, that's managed, it's still comfortable, it's still possible to have fun, it's still possible to relax, it's still possible to do business.

But it's still possible to have that fun and do that business in an environment in which the company or the group is providing the safest possible environment for people to have that experience. I think if the private sector work with government guidelines and do that in a systematic and consistent way then we can have the kind of opening-up that is safe.

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Customers look to the private sector to give them a safe and fun experience so we hope that that's the case. Those companies that invest in that now; I believe consumers will see that evidence very quickly in those companies who react to the consumers' demands and the consumers' needs in the coming weeks.

TJ Thanks, Paulina from Mexico, for this question. The next is Sarah Reeton from Politico.

SA Thank you for taking my question. The Trump... Sorry. I'm going to ask a different question actually. The WHA resolution passed yesterday called for a review to be started at the earliest appropriate moment. Could you please talk a bit about what that means to you, when the earliest appropriate moment would be?

TAG Thank you so much for that question. I think the resolution from the Assembly is something that we have been saying; that there should be an assessment, there should be a review to understand everything, to learn lessons and then to address if there are problems and this is not new. It has been done after Ebola, after SARS and after major outbreaks so this is in WHO's DNA.

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I have said - not just the resolution but before the resolution was endorsed - that we will do this at the earliest possible time and this means when all the conditions we need are actually met so we will consider several conditions but we want to do it at the earliest possible time.

I said it time and again; that WHO calls for accountability more than anyone and it has to be done and when it's done it has to be a comprehensive one and it will involve all actors and it will check all actors and then we know everything in a very comprehensive way so it can help us to learn from it and make the future actually better.

MR May I just add that I believe there were approximately 35 operative paragraphs in the resolution, one of which dealt with the idea of evaluation, 34 of which dealt with how to end this pandemic and how to do that fairly. The actual operative paragraph just before the one related to evaluation was actually focused on scaling up development, manufacturing, distribution capacities needed for transparent, equitable and timely access to safe, quality, affordable and efficacious diagnostics, therapeutics and medicines. Many others are quite similar so I think there was a great balance in the resolution; one operative paragraph instructing member states and WHO to act on evaluation; 34 or so asking for more action on the pandemic response.

00:21:54

TJ Thank you, Dr Ryan and Dr Tedros. The next question comes from China Daily; Chen Huehua. Can you hear us, please?

CH Yes. Dr Tedros, I have a question; you mentioned that there was a lot of solidarity from world leaders and we heard that but there definitely was a distracting voice. I don't know how disturbed you are by the letter from US President Trump. Are you going to respond to that kind of ultimatum? If yes, when or are you just going to ignore that? Thank you.

TAG Yes, thank you so much. As you rightly said, there was a lot of support and a lot of confidence and on the letter, we have to course received the letter and we're looking into it. Thank you so much.

TJ Thank you. Let's go now to Imogen from BBC. Imogen. Can you...?

00:23:07

IM Hi, thanks for taking my question. A similar question but more detail; the President of the United States has given you 30 days to improve, he says - although I know he hasn't said what improvements he wants - or he will cut US funding completely. Just what are you going to do, simply?

TAG The answer is simply, we have received the letter and we're looking into it. Thank you again.

TJ I think this answers this question, for anyone else who would like to ask on that. Let's try to have Corinne from Bloomberg. Corinne, please unmute yourself.

CO Hi, can you hear me?

TJ Yes, Corinne. Please.

CO Sorry. Okay. I'm not going to ask about the letter but I was wondering if you had any idea on if they do pull their funding permanently, have you maybe already started talking to other member states, if they might increase their funding or maybe even an overhaul of how the funding might occur in the future?

TAG On funding, WHO's budget is very, very small, by the way; it's not more than US\$2.3 a year and that's very small and equivalent to an annual budget of a medium-sized hospital in the developed world.

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Imagine; a budget of a medium-sized hospital in the developed world for WHO, which is actually working in the whole world. That's small and because of that in order to expand our programmes and make a difference in the world and help countries who need support as part of the transformation agenda we have developed an investment case, the first investment case, by the way, and we have developed a strategic plan to mobilise resources.

Not only that, we have also developed a strategy to build a foundation, WHO Foundation, which we hope will be established soon and are looking for new sources of funding and also to expand our donor base.

This had started as soon as I became Director-General, when we started the transformation three years ago so we're working on it and we hope that the challenges we're facing with regard to financing will be resolved.

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As I said, this is part of the transformation and has nothing to do with the current situation. Hopefully when this strategy actually is implemented - we have started implementing already - we don't see it in terms of just mobilising funding but we will expand and strengthen our programmes and deliver better to the world, to those who need our service. That's one so we should see it in that respect.

It's not about having more money and less but it's about the programmes or the different priority areas that the world needs that we should really expand so let's see it that way. Then that needs money and we have a complete strategy to raise funding so it was already there.

The second part is in the 1970s and 80s the flexible funding for WHO that comes as assessed [?] contribution from member states was more than 80% and now in 2020 the proportion of funding that comes as flexible funding, which is assessed contribution, is 20% while the voluntary contribution and earmarked funding is 80% so it's a complete reversal.

So I repeat - maybe I'm not clear on this - in the 1980s the flexible funding was 80% and now the flexible funding in 2020 is 20%, meaning it's not the amount of money only that's the problem; as I said, 2.3 billion is small.

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The quality of it is also poor so we need to improve the quality too. So when we started this strategy as part of the transformation the objectives are two; increase funding and improve the quality of the funding itself. That's what we are doing and I hope this will bring better results.

What we have designed we have already started implementing and we will expect more money but more importantly better-quality money. Thank you.

MR If I could just supplement on the emergency side because the greatest concern we have - the DG has spoken to our core budgets and others. Much of the US funding that reaches us here actually goes directly out in the Emergencies Programme to humanitarian health operations all over the world in all types of fragile and difficult settings. It's of the order of 200 million or 100 million a year, which is actually the greatest proportion of funding that we receive from WHO within the Emergencies Programme.

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So my concerns today are both for our programme and, as the DG has outlined, working on how we improve our funding base for WHO as core budget. Replacing those life-saving funds for front-line health services to some of the most difficult places in the world; we'll obviously have to work with other partners to ensure those funds can still flow.

So this is going to have a major implications for delivering essential health services to some of the most vulnerable people in the world and we trust that other donors will if necessary step in to fill that gap.

TJ The next question comes from India TV independent news service and we have with us Sidanta Memtani. Can you hear us? Yes, please.

SI Hello. Good evening, everyone. Dr Tedros, my question is basically a two-part question. India has become the 11th country in the world to pass 100,000 COVID-19 cases so how do you see this graph going forward? Do you think the measures that are taken in India are adequate?

Part two is basically on research and trials of the vaccine that are going on around the world. We've seen that the process has been fast-tracked in recent times, looking at the rising number of cases. Do you think that this accelerated timeline for manufacturing of drugs or vaccines is safe given that normal timelines in such situations are far longer? How do we eliminate that the long-term side-effects are not there?

00:32:01

TJ Sidanta, you are new to us but we always stress that we have one question per journalist. Thank you.

MR I will begin and Maria will come in, I think, on the timelines on vaccines and other issues. First of all our thoughts are with people in north-eastern India and in Bangladesh as you face the potential impact of the Cyclone Amphan. We know that the Bangladeshi and Indian authorities are making some quite incredible preparations for the arrival of that huge storm and we trust that everyone can be kept as safe as possible.

With regard to the epidemic itself, India continues to do a very good job in combating the epidemic and trying to manage and balance controlling COVID-19 with the economic and social consequences of that. It's still early for India, as it is for many countries in south Asia. We continue to provide operational, technical and scientific support to India from our regional office which is actually based in Delhi under the leadership of Punam Singh, our regional director.

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We will, as I said, also rely on India. India has a massive capacity for vaccine production as well. India's not a net beneficiary of vaccines. India produces vaccines, high-quality vaccines that are

delivered all over the world and as such has some superb companies both in the public and the private sector that are working already with WHO on developing vaccination solutions.

So we look forward to that continued partnership with India both in the public and the private sector. Maria can take you through some of the issues regarding the timelines on the vaccine. Just to remind everybody, there are no shortcuts here. There are things we can do faster and better. There are things we can do in parallel but there are no shortcuts on safety, there are no shortcuts on efficacy.

It's really, really important that when we say we wish to go faster, we wish to be as efficient as possible but still complete every step that's necessary in delivering a safe and efficacious vaccine. Maria.

00:34:35

MK Thanks, Mike. Yes, absolutely, there're a number of things that WHO is doing to support the development of vaccines around the areas of global collaboration and co-ordination, making sure that the methods that are being used to evaluate and develop these vaccines are robust, they're strong, they're scientifically sound, they're ethically sound and working to bring together the different partners - scientists and public health professionals and leaders and manufacturers - to accelerate not only their development but to ensure that when we do have vaccines there is equitable access to this vaccine.

We are currently mapping the vaccine candidates that are underway, that are in development. There're more than 120 vaccine candidates and I'm sure there are even far more than we're mapping. Some of these are in clinical evaluation, which means they're being tested in people, and some are in preclinical evaluation.

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I do want to mention that for some vaccine candidates we had a bit of a head-start in the sense that many of these candidates started their development prior to the emergence of COVID-19 and they began with SARS and with MERS so some of them are a little bit further along.

But it's important that as these vaccines are developed we ensure that they fit and they meet all of the criteria to be safe and effective. As Mike said, there's absolutely no shortcut to that so when we say accelerate the development we mean accelerate

this because there's a really urgent need but that does not mean that we will skip any steps, that anyone will be allowed to skip any steps to ensure that we have a safe and effective vaccine.

But again it's not only having a safe and effective vaccine; it's ensuring that we have the production capacity in place, we have the systems in country in place so when we do have this we will be able to actually deliver this at the population, at the people level to people who want this vaccine.

TJ The next question comes from Greece. We have Kostas from ERT. Kostas, are you with us? Can you unmute, please? Hello? Do we have...?

KO Yes, can you hear me?

00:37:07

TJ Yes, now it's okay.

KO Thank you for taking my question. In the last few days two studies have been published in China and Germany, one that deals with the relationship between age and transmission of the virus and the second investigates the viral load depending on age. They show that the closure of schools works against the transmission and that children have the same general loads as adults.

Based on these two studies do you think that the opening of schools can become dangerous and the next weeks can create new sources of coronavirus transmission?

MK Thank you for the question. In fact your one question has several very important components in terms of our understanding about the infection in people in different age groups as well as transmission. We are looking at all of these factors.

The first one is about the infection by age group so of the reported cases that we have to date children seem to be less affected in terms of the number of cases that are reported by country. We have a database that we are keeping here at the global level from reports from countries. It doesn't contain all of the 4.5 million-plus cases that have been reported to date but it does contain a large number of those.

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Among the cases that are reported if you look at individual countries' reports children represent around 3%, up to 5% in some countries, of the total reported cases.

The second part of that question is looking at whether or not they can transmit. There are a number of studies right now - and I'm looking at a slide set that I have because one of the important areas we want to understand is how are people infectious and when are people infectious and how do we measure that in individuals.

What we know from the studies is that mild patients can be infectious for up to nine days. People who are hospitalised can be infectious for longer, which is why it's absolutely critical that cases are isolated and this is why as part of this strategy cases need to be isolated and contacts need to be followed and quarantined.

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Children are susceptible, just as adults are and they can transmit as well. From some of the studies that we know, from the household transmission studies children seem to be infected from their parents, from adults that are living in that household but it doesn't mean that it can't happen the other way around.

The question around schools being opened; a number of countries across the globe have closed schools as part of their measures to put in place but not all countries did that and so as some countries in Europe right now are lifting some of their so-called lock-down measures, these public health and social measures, some of them are considering opening their schools or have opened their schools.

Just as we mentioned around the tourism industry it's important in the areas where you're considering opening schools to look at the context, look at the transmission intensity in that area; is transmission controlled, are there decreasing numbers of cases and as schools are opened can they be opened in a safe way in which physical distancing can be maintained?

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Perhaps there may be a way in which some children can go back, half in the classroom or the other classroom. There're a lot of considerations that need to be put in place but we do need to watch very carefully. In situations where the lock-downs are being lifted we need to look at all age groups including children and ensure that we have systems in place, the surveillance is in place so that we can detect cases quickly.

TJ Thank you, Dr Van Kerkhove. Now we will go to Jamie Keaton from Associated Press. Jamie. Do we have Jamie? Hello?

JA Greetings. Can you hear me?

TJ Yes, please go ahead.

JA Hi. I just had a follow-up to an earlier question. I wanted to just find out, Dr Tedros or Mike, if you could give us a little bit of a sense as to when this review could happen, if it's going to wait until the end of the pandemic or if you see that it could happen before then. Thank you.

TAG I think we have answered this earlier and we will do it at the earliest time possible and then we will see all the conditions we need to do it and we will do all the consultations we need so I hope you will bear with us. Thank you.

00:42:21

MR I'd also point you, Jamie, to the AOICs that have already begun, which is a normal process, certainly in our programme. We have a constant oversight from an independent advisory and oversight committee which was constituted by the World Health Assembly and the executive board.

The Chair of the IOAC and the IOAC report directly to the governing bodies of the organisation and their mandate is to constantly oversee the performance of the WHO Emergencies Programme and WHO's overall performance in emergency response.

We've been reviewing every single response that we have through that process. The IOAC has visited country after country, including DR Congo. It has visited the Middle Eastern countries, it has visited countries in Asia, it has visited Cox's Bazar. It has visited so many other places in which not only does it do reviews of our performance on paper but it does direct field missions to review our performance in the field.

At regional level it speaks to partners, it interviews and deals with many other agencies, constantly seeking to improve the performance of this programme, constantly seeking the constructive inputs that are required for Dr Tedros, myself and others to ensure that this programme is living up to its establishment.

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We will continue to do that as part of the interim process. The decision then for a broader review will come in its own time but I can assure you that we are constantly reviewing our performance, constantly reviewing what we do, where we do it,

how we do it because that is the role and the instinct of an emergencies programme, to constantly understand that emergencies in themselves are dynamic, emergencies are challenging, epidemics, information evolves.

One must always remain open to changing direction, to changing approaches and learning and doing differently when necessary. That is the essence and the DNA of this programme and we will continue to do that with the guidance of the IOAC and our governing bodies and the Director-General will institute a broader evaluation, as has been done in previous major events.

That is usually reserved until those events are over. I'd point you again - we have one operative paragraph calling on WHO and member states to do an evaluation. We have more than 34 other instructions that are aimed at ending and controlling this pandemic.

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I for one would prefer right now to get on with doing the job of emergency response, of epidemic control, of developing and distributing vaccines, of improving our surveillance, of saving lives and distributing essential PPE to workers and finding medical oxygen for people in fragile settings, in reducing the impact of this disease in refugees and migrants.

When the time is right the Director-General will in consultation with the member states carry out the appropriate evaluations and reviews.

TAG By the way, thank you. Thank you, Mike. Jamie, I would actually like to invite you to read the IOAC report that was released on Monday. They have already done their assessment from January to April and that's why I thank Dr Felicity Harvey and the team of the IOAC, the Independent Assessment Committee, for their work.

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We do it regularly and the one which will be a comprehensive one, as we said, will be done at the earliest time possible but still it should really not cause a problem in our response because the most important thing now is fighting the fire, saving lives.

But at the same time we should also do the assessments but it doesn't mean that we haven't done independent assessment. It was already done and I would encourage you to read that report from IOAC. Thank you.

TJ We have time for one or two more questions so let's try to get Jason Bouvian from National Public Radio. Jason, are you with us? Jason from NPR?

JS Okay, all right. I'm unmuted now. Can you hear me?

TJ Yes.

JS Okay. I just wanted to ask whether you have actually got a clearer sense of what the US is looking for. I know you've gone over this but this is a huge potential pull-back if such a major donor comes out. The US has said that they have been in discussion with the WHO. Is it clear what they're looking for from you in terms of reforms?

00:47:31

TJ I think this has been answered but maybe Mike wants to...

MR Yes, I think you might want to point that question to them.

TJ In case you maybe have not been listening to the rest of the briefing this has been discussed. Let's try to get Lisa Schneering from Sidrup. Lisa, are you here with us? Lisa?

LI Yes, thanks for taking my question. There were a couple of interesting reports out today about some unusual presentations; one report I saw on PROMED about more of a GI presentation and then there are other reports out of north-east China about more of a longer incubation and more of a focused lung pathology situation.

I'm just wondering how we should take those right now, how we should understand those types of reports. Thanks so much.

MK Lisa, thanks so much for that question. I think exactly the question that you have points out the fact that this is still a virus that we're learning about and we're learning every day about this virus. We're so grateful for the clinicians and nurses and medical professionals that are fighting so hard to care for patients and to treat those patients in some very difficult situations.

00:49:02

We have our clinical network, as I've mentioned several times in these press conferences and the clinical network is a global group of medical professionals that are dealing with patients directly; first-hand knowledge of dealing with patients. This clinical network was set up in early January specifically to put people in touch with one another to say, what are you seeing,

what are the patients presenting with, how are they progressing to severe disease or not?

What they're doing constantly - they're having these teleconferences at least once a week and we will have new clinical guidance, an update to our clinical guidance which will come out hopefully by Friday of this week, in the coming days.

The most common symptoms that we are aware of from a pooling of information globally - and I should also say this is why it's important that a standardised set of data is collected from patients and we have case report forms that are for this.

The most common symptoms of people with COVID-19 are fever, cough, fatigue, shortness of breath, feeling generally unwell, some aches and pains. But we do have some non-specific symptoms that people have reported including headache; some of them have gastrointestinal symptoms; between three and 5% of patients have reported some kind of either nausea or vomiting or diarrhoea so it seems to be rare.

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We do have individuals who have reported loss of taste and loss of smell but as you point out, the more that we're learning it's important to put each of these symptoms in context and say, is this part of the clinical picture, is this part of the disease that people are experiencing?

For me and for others what's also important is how do people start off? Not everybody starts with a fever. Some people may be feeling just generally unwell, a little bit fatigued, may have a bit of a headache and so it's important that we understand how people progress.

If that's different for children versus adults versus people who have underlying conditions; all of these factors are really important for us to better understand how to care for people and to ensure that the clinical pathway that someone goes on or is part of in terms of how we care for them is appropriate.

00:51:22

So these reports are very important and it's great that clinicians and individuals are making these known because this fills our understanding of what disease COVID-19 causes.

MR If I can just supplement, we will soon reach the tragic milestone of five million cases and as I said in the previous presser, sometimes rarer symptoms become seen because in a

very extensive set of people infected more rare syndromes or more rare presentations of that disease can be seen. We've seen that with children presenting with hyper-inflammatory syndromes.

That is not to say that the virus itself is changing and it's not to say that the virus is changing its nature. However it's really important that we track three things. We need to track the infection, the virus itself as it spreads around the world, we need to track its transmission dynamics to ensure that we understand how it's transmitting, where it's transmitting.

We need to track the genetic sequences of the virus to ensure that the virus is not evolving in a way that's negative. Viruses can evolve in two ways; they can evolve positively, becoming less pathogenic and they can evolve negatively and become more virulent or pathogenic.

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We also have to track the clinical syndrome to be able to check whether any changes in the virus are resulting in any differences in the clinical attack rate or clinical fatality or clinical syndromes that are presenting.

It's really important that we're able to track all three of those parameters and more in real time over time. That's why we need multiple countries, all countries involved in a global effort to share information, to share data on the clinical syndrome, data on cases, data on the genetic sequencing.

It's by pulling all of that detective work together that we can keep a very close eye on this virus while we attempt to contain, to control it and to develop the vaccines that we need. It's also important for vaccine development that we continue to track the virus and ensure that any vaccine developed is effective against the virus at that time.

So I think this speaks to our need to constantly listen to the clinicians who are observing new presentations, to bring that information to the centre and share it with everyone. It is the essence of what the World Health Organization does every day in collaboration with our member states and countries and territories all around the world.

00:54:02

TJ Thank you very much for this question, Lisa, and for answers. We will conclude this press briefing here. We will send you the audio file very soon and then the transcript will be

available tomorrow. We apologise to all journalists who didn't have an opportunity to ask questions this time but we try to get as many different people to put their questions and to be able to get the information they need. I wish everyone a very nice evening.

TAG Thank you. Thank you, Tarik. Thank you so much and thank you all for joining us. I hope to see you on Friday. Thank you.

00:54:53