



# World Health Organization

## COVID-19 virtual press conference - 22 April, 2020

### **Speaker key:**

TJ	Tarik Jasarevic
TAG	Dr Tedros Adhanom Ghebreyesus
UM	Unidentified male speakers
JE	Jeremy
MK	Dr Maria Van Kerkhove
MR	Dr Michael Ryan
MO	Moussa
SA	Salio
SM	Sami
KO	Kosta
VA	Valentina
PR	Priti
JR	Jerry
KA	Kai
GI	Gita
JA	Jamie

TJ Geneva, from WHO headquarters and welcome to this regular press conference on COVID-19. Before I give the floor to Dr Tedros, just to remind everyone, this is the second time now that we have simultaneous interpretation into six UN languages. We would like to thank our interpreters who are with us here in their cabins and who will be helping interpret questions that hopefully will come from all over the world. We have tried to promote this new interpretation that we have so hopefully we will get more journalists from all over the world. I will remind everyone please to be short in their questions so we can take as many as possible.

I understand that we may have Portuguese as of Friday but we will confirm that as well. We have sent you a number of press releases from different WHO offices in the regions and also in countries. Hopefully that gives you some information about what WHO is doing around the world. Today Dr Tedros, Dr Maria Van Kerkhove and Dr Mike Ryan are here with us to answer your questions but I will give the floor first to Dr Tedros.

00:01:23

TAG Hello, everyone. Globally almost 2.5 million cases of COVID-19 have now been reported to WHO and more than 160,000 deaths. We see different trends in different regions and even within regions. Most of the epidemics in Western Europe appear to be stable or declining. Although numbers are low we see worrying upward trends in Africa, Central and South America and eastern Europe.

Most countries are still in the early stages of their epidemics and some that were affected early in the pandemic are now starting to see a resurgence in cases. Make no mistake; we have a long way to go. This virus will be with us for a long time. There is no question that stay-at-home orders and other physical distancing measures have successfully suppressed transmission in many countries but this virus remains extremely dangerous.

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Early evidence suggests most of the world's population remains susceptible. That means epidemics can easily reignite. One of the greatest dangers we face now is complacency. People in countries with stay-at-home orders are understandably frustrated with being confined to their homes for weeks on end. People understandably want to get on with their lives because their lives and livelihoods are at stake.

That's what WHO wants too and that's what we're working for all day, every day but the world will not and cannot go back to the way things were. There must be a new normal, a world that's healthier, safer and better prepared. The same public health measures we have been advocating since the beginning of the pandemic must remain the backbone of the response in all countries; find every case, isolate every case, test every case, care for every case, trace and quarantine every contact and educate, engage and empower your people.

This cannot be effective, the fight cannot be effective without empowering our people and without full participation of our people. Countries that do not do these six central things and do them consistently will see more cases and more lives will be lost. To be clear, WHO's advice is to find and test every suspected case, not every person in a population. WHO is committed to supporting all countries to save lives and we're also committed to human rights and to fighting stigma and discrimination wherever we see it.

There are disturbing reports in many countries, in all regions about discrimination related to COVID-19. Stigma and discrimination are never acceptable anywhere at any time and must be fought in all countries. As I have said many times, this is a time for solidarity, not stigma. WHO is also working actively to address the impacts of the pandemic on mental health.

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Working with mental health experts around the world WHO has produced technical guidance for individuals and health workers, recognising the enormous strain they're under. In addition we have also developed a free children's book about COVID-19 with partners from UNICEF, UNHCR, IFRC and UNESCO among others.

In less than two weeks we received requests to translate the book into more than 100 languages and the book is now being used among Rohingya children in Cox's Bazaar and children in Syria, Yemen, Iraq, Greece and Nigeria.

One of WHO's core functions is to provide evidence-based technical advice to countries. This is not something we do alone. Every day we work with thousands of experts all over the world to collect, analyse and synthesise the best science and turn it into guidance that we give back to countries. Through thousands of hours of discussion we have exchanged first-hand experience and debated the science to generate the advice that we make available to all countries.

We then work with countries to turn that guidance into action. WHO has staff in 150 countries all over the world working directly with governments, scientists and partners to coordinate national preparedness and response plans and to implement them. I would like to use this opportunity to thank all my colleagues all over the world in all our 150 offices for their hard work and commitment.

00:07:22

In addition WHO has sent more than 70 surge teams to countries to strengthen surveillance and provide advice on infection prevention, how to treat patients, risk communication, lab capacity, data management and much, much more.

We have also brought in external support through our global outbreak alert and response network and specialist emergency medical teams, what we call GOARN or emergency medical teams, EMTs. I would like to thank GOARN.

In addition to supporting countries we also track progress globally among countries that have reported data to WHO. 78% have a preparedness and response plan in place, 76% have surveillance systems in place to detect cases and 91% have lab testing capacity for COVID-19 but we still see many gaps around the world.

Only 66% of countries have a clinical referral system in place to care for COVID-19 patients. Only 48% have a community engagement plan and only 48% have an infection prevention and control programme and standard for water sanitation and hygiene in health facilities. In other words, there are still many gaps in the world's defences and no single country has everything in place.

WHO will continue working with countries and the international community to close these gaps and build sustainable capacities for now and the future but we're not alone. We work with partners all over the world to harness their expertise and networks.

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Earlier this week WHO and the International Telecommunication Union announced that we're partnering with telecommunications companies to reach people directly on their mobile phones with text messages about COVID-19. This will help reach half of the world's population that doesn't have internet access, starting in the Asia Pacific region and then rolling out globally.

We're calling on all telecommunications companies globally to join this initiative to help unleash the power of communication technology to save lives. We also issued a call with the World Trade Organization calling on countries to ensure the normal cross-border flow of vital medical supplies and other goods and services and to resolve unnecessary disruptions to global supply chains.

We need to ensure these products reach those in need quickly and we emphasise the importance of regulatory co-operation and international standards.

Finally with the Holy Month of Ramadan starting tomorrow, I would like to wish all Muslims around the world Ramadan Kareem. This is a season of reflection and community, an opportunity for kindness and solidarity. Earlier today I spoke to health ministers from across the Eastern Mediterranean region. I assured them that we will stand in solidarity with them, as we will stand with all countries. We're all in this together and we will only get through it together. Again, Ramadan Kareem, shukran jazeelan.

00:11:30

TJ Thank you very much, Dr Tedros, for these opening remarks. We will start with questions. I will remind journalists that if they are joining us online they can select the language on the interpretation tab and that obviously you can ask questions in any of six UN languages with many more to come. Maybe we will start now with Dakar, Senegal, [Unclear] Dakar, and that's Tierno. Can you hear us, please?

UM [Unclear].

TJ Sorry, I think there was a little issue. Let's go to maybe... Do we have Jeremy? Let's go to Jeremy from RFE. Jeremy, can you hear us?

JE Yes. Can you hear me? Sorry.

TJ Yes, please go ahead.

JE Thanks for taking my questions. Good evening to everyone. A question about your position on easing or maintaining the lock-down for people at risk and people over 60 years old, considering what Dr Tedros said, that we won't see the end of this basically until we have a safe vaccine. That means next year probably so does that mean we have to refrain from seeing our parents or our grandparents until then? Is that what WHO means in the end? Thank you.

00:13:12

MK Thank you for the question. I will start. There are a lot of considerations that need to be taken into account when countries and decision-makers are deciding whether to lift some of these public health and social measures. It's not a one-size-fits-all and what countries and decision-makers need to do is to evaluate the situation in their countries at the lowest administrative level they can to determine what can be lifted where and when.

We have outlined a number of factors that need to be taken into consideration. First and foremost is to really understand where this virus is, how far it's been transmitted and if it is

controlled and there are measures by which you can look to see if that's actually being achieved, how many of the cases are actually being detected.

It's very important that once this virus is understood through these surveillance activities countries need sufficient systems in place to be able to detect any new cases that come up and that's really important so that if there is a resurgence - and we are seeing in a number of countries now that those that were successful in controlling are seeing a resurgence in cases again and that's because a large proportion of the population does remain susceptible.

So there are a number of additional factors that we've outlined that need to be taken into consideration but it doesn't mean that you won't see your families for long periods of time. There may be situations in which these measures can be lifted but it will have to be done in a controlled way. It doesn't mean that you can't see your family members through social media and through other kinds of communication, but I realise that's absolutely not the same as being able to give them a hug.

00:15:01

So there isn't a one-size-fits all. What we have tried to do is outline the considerations that need to be taken for those who can make those decisions and then given the context the decision will have to be made at that lower administrative level.

MR If I could add, I think your question referred specifically to older persons living in society and each society is structured in different ways. In many societies older people live in generational families and are continuing to do so and families are doing their best to protect them. What we've seen in the context of Europe and North America though are a very intense series of individual outbreaks inside long-term care facilities which have been quite devastating and the risk of such events occurring into the future; as long as the virus is there there is always an opportunity for that to happen.

But at the same time it is very difficult to reduce that risk to zero so I think each country is going to have to look at, how can we minimise the risk of bringing disease into such a setting - and there are lots of measures that can be taken to minimise that risk - and even more importantly, how are we going to pick up a signal that something has gone wrong, that there may be a case in that situation and how do we rapidly shut that down and deal with that very effectively.

So it's going to be both the risk reduction and the risk response, a response to an event if it occurs. I'm sure there are many, many older people living in long-term care facilities who at the best of times are lonely and the last number of weeks has been a terrible ordeal for them, both to be further isolated but also with the constant threat of potentially becoming sick with this disease.

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As the disease dies down or comes under control at community level then the risks obviously reduce for those long-term care facilities but the consequence of disease getting into those facilities, I think, is clear and stark. So how do we protect and shield our oldest, wisest and most precious members of our society while at the same time not entirely cutting them off for the very thing that makes us human? That's our ability to be part of a community.

These are trade-offs that are very difficult to manage. My own view is that the risks can be managed. They need to be recognised and then managed and in a situation where we do see disease occur in a long-term care facility we must be ready to react very quickly to stamp out that disease.

It's also important that carers in these facilities have adequate training, that there's an adequate design in facilities, there's adequate staffing in facilities and that we look again at the support, design and environment that we offer for our older citizens and that those environments are made not only more comfortable and more human but also safer. I believe that can be achieved and I believe there are lots of ideas on how that can be done.

So I think we need to maybe also look at the model of the way in which we're providing care and support for our older citizens. There's a lot to be done but I do think it's a major issue. I think if you look around Europe now and North America and Canada a large proportion of the intense disease transmission is actually concentrated in long-term care facilities, which is in itself a tragedy and also a challenge.

00:18:58

TJ Thank you very much. The next question is from our friend, the Geneva-based reporter, Moussa Asi. Moussa, can you hear us, please?

MO [French language].

TJ Thank you very much, Moussa. The question is about repatriation of nationals that is taking place.

MR I think there are a number of countries around the world who've been repatriating students and other citizens from different countries around the world and again we commend the efforts countries are making to protect their citizens; the first duty of government. But at the same time we have to now look to the future and when we talk about opening up and reducing lock-downs there's also the question of how people begin to move internationally.

A lot of the discussion up to now is how do we create the possibility of movement within countries. Obviously the need to move between countries is going to become more and more an issue and more and more of a challenge so I think the issue of moving citizens home or just getting people back into international travel is going to have to be approached carefully and is going to have to be done, I would suspect, first at sub-regional level.

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I think already countries with borders with each other are beginning to come to arrangements of how people can move between countries. I think we're seeing that already in the likes of the European Union; I think we're seeing that between ASEAN countries and others and countries are looking at how they can re-establish links and movement between our countries.

Some of that, I think, will be based on risk equalisation and response equalisation; where countries have a similar control of the disease and where countries have confidence in the

measures being implemented in the other country then in effect the risks are equalised and the movement of people between those areas in a sense doesn't add risk to the other country.

Where there's a differential in transmission and where the disease is under control in one country and maybe out of control in another then countries will have to look at how they manage travel from those countries and that would include their own citizens. So I think a lot of the initial work that's going on is at subregional or regional level and then opening up global travel again is going to require careful risk management, adjustments by everyone.

We've said it; I think everyone is saying it; the new normal. Society - until we have longer-term solutions to this and until we understand this virus better and its transmission and whether it will come back in a more damaging way even - we have to be very prudent. But I believe again these risks are manageable because if, as the Director-General has said many times, countries have in place the six elements of detection, testing, isolation, quarantine, care and educated communities then I believe those ingredients can bring... and if every country is implementing a similar strategy and if every country gets to a point where the disease is under control then the risks between countries become more equalised and the movement of people then can be easier.

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I think there's a lot of discussion on that and WHO will be very pleased to bring countries together. We're already convening countries at regional level to discuss these matters. I know the Director-General spoke with Ministers from the Eastern Mediterranean today. There have been a whole series of different engagements from our Regional Directors and others over the last couple of weeks so we will continue to work with countries to support them in trying to find ways to create and sustain movement both within and between countries in the coming weeks and months.

TJ Thank you very much, Dr Ryan. The next question comes from Christophe from Rwanda. Christophe, can you hear us? I think we lost Christophe. Then we will go to Salio Rodriguez from Gwa Chronicle in India. Salio, can you hear us?

SA Yes, I can hear you. Can you hear me?

TJ Yes, please go ahead.

SA Okay. My question is to Dr Tedros and it's a very simple question. The question is, if he had an opportunity to rewind back the last couple of weeks when we've been going through the coronavirus pandemic and certain decisions that were taking by the World Health Organization would he have called the coronavirus a pandemic earlier? That is my question. If he had the opportunity to rewind and go back would WHO have called the pandemic earlier than it did, much later?

00:24:47

MK Dr Tedros may speak to this but let me clarify to you technically. WHO raised its highest level of alert under international law on 30<sup>th</sup> January this year and declared a Global Public Health Emergency. That is under the International Health Regulations 2005, which is an international legal agreement between all of our member states which asks that WHO

declare such an emergency where the Director-General has received advice from an emergency committee and makes the determination based on that advice and the situation.

The characterisation of the disease as a pandemic in itself has no basis other than a description of the event at that time as regards how many countries were affected. The global Public Health Emergency was declared on 30<sup>th</sup> January and that is the highest level of alert that WHO can declare.

MK If I may add, I think there'll be plenty of time to look backwards. One of the things we've been trying to do is look at what countries are doing. We go into these deep dives on certain countries to evaluate how measures have been put in place and we've seen some really good ones recently. You've heard us talk a lot about China; you've heard us talk a lot about Korea, Singapore and Germany and we have now more and more countries in different regions that have highlighted what they're doing.

For example in Africa we're seeing a number of countries who are still seeing imported cases so they haven't reached a point in time where the disease has really taken off and they've reached that exponential growth where it's growing very, very rapidly.

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In many countries what they've done is they've implemented some of these public health measures and social measures, they've put them in place when they've had less than 100 cases in each country and in doing so they've been able to slow down that transmission. Importantly once those measures were in place - which are difficult, which have societal impacts, which have economic impacts, which have personal impacts - it slowed down transmission of the virus and that time has been used very, very wisely.

What we're seeing is in a number of countries they are doing everything that they can to ramp up testing so building on existing systems that they have, whether it's national influenza centres that exist - and we're working very hard through our regional offices to ensure that countries have those tests in hand to be able to detect cases.

We've seen a lot of efforts across the globe and in the countries I'm talking about in particular to sensitise the communities, to empower the communities, to say, this is what we can expect, this is what we need to do, this is what you need to do as an individual and in your families and this is what we need to do as a government.

00:27:50

We've seen improved efforts to strengthen surveillance, whether this is making sure that there's a workforce in place, actual individuals who can go out and find cases, whether these are people who do contact tracing and whether it improves the workforce between healthcare facilities...

TJ We have someone online who we can't identify and who... I think it's okay now. Sorry for this.

MK It's okay. It sounds as if some people have kids at home. Just to say that this time is being used wisely to build up that workforce, to identify where those cases are, to find the



contact tracers and also to ready the hospital systems so not only building facilities or identifying locations, non-traditional places where mild patients may be treated, getting those beds ready, making sure those supplies are purchased, are acquired; training healthcare professionals in infection prevention and control in clinical care.

I think what we're seeing is many countries are using this time to really build that public health infrastructure and the hospital systems in place to get ready for when those cases do come. I think that message has reached many and that's been our message from the beginning and we will keep saying that because this is what works.

Even in countries that are now seeing a resurgence in cases they're coming back to this again; how do we find every case, how do we test all of the suspect cases, how do we care for all of them appropriately and how do we trace and quarantine all of the contacts and keep our community engaged?

00:29:43

TAG Yes, thank you. I would like to add to that. I think my colleagues have already said; based on the IHR 2005 what is expected from WHO is declaring the Public Health Emergency of International Concern as early as possible based on the factors and as Mike said, the highest emergency as far as International Health Regulations is concerned was declared on January 30<sup>th</sup>.

During that time, as Maria said, there were fewer than 100 cases and to be specific 82 confirmed cases on January 30<sup>th</sup>.

MK Outside China.

TAG Outside China. Of course in China we had more cases but outside China we had only 82 cases and most of these cases were actually in the neighbourhood and most of them - since they're in the neighbourhood - the rest of the world was still reporting no cases. We had few in Europe and I can read that for you, what was reported from Europe; we had five from France, one from Finland, four from Germany; that makes nine - ten actually, ten cases in Europe when we declared a Global Emergency.

In Africa we didn't have any cases. From the Middle East the United Arab Emirates had four cases so you can see it for yourself. We triggered the highest level of emergency when the rest of the world had only 82 cases and no deaths.

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Then to add to that, a Global Emergency is discussed among experts, it's not just one Director-General who just comes out and declares. We have experts representing all over the whole world coming together as experts and discussing and they met on 23<sup>rd</sup> January. They couldn't agree; they were divided.

Then of course they continued for a second day but still they couldn't agree. Of course they agreed to meet in six, seven days and then met for a second time on January 30<sup>th</sup>, when, based on the criteria we have, they were convinced that the criteria were met to declare this a Global Emergency.

So I want to be clear again; the most important thing which is expected as a declaration from WHO is the Global Emergency declaration on January 30<sup>th</sup> and that was declared based on expert opinion that was drawn from all over the world, from experts who used the criteria to recommend to me that this was already a global emergency and that consensus led to a declaration of Global Emergency from WHO, which I announced myself.

So looking back I think we declared the Emergency at the right time and when the world had enough time to respond, when the rest of the world had enough time to respond. I repeat again, there were only 82 cases and no deaths. That was enough to cut it at the bud, enough. That was January 30<sup>th</sup> and this was more than two months and 21 days ago, close to three months now. Thank you.

TJ Thank you very much. We will try now to go to the Democratic Republic of Congo. We have Sami there from Congo Check. Sami, can you hear us?

00:34:49

SM [French language].

MR If I can begin, we really welcome all of the innovation we've seen around the world in both repurposing older drugs or drugs that are used for other indications and putting them into trials to see what impact they will have on COVID-19. We are also very grateful for all the investment and work going on into developing new molecules that may prove ultimately to be effective in the treatment.

We maintain a global database of all of those drugs and all of those trials and we're encouraging all of those innovators to work through their national regulatory authorities, their national institutes of health to ensure that any trials that are commenced are commenced with proper support, proper authority, proper ethical approval.

Africa has a strong track record in doing such work and I'd like to congratulate the institutions in DR Congo especially and Jean-Jacques Muyembe and his staff because we have a monoclonal treatment which is highly successful for Ebola now and that was developed in Congo with collaboration with NIH in the United States but has been one of the first proven therapeutics against Ebola; a life-saving intervention developed in DR Congo; and has been used successfully to treat in the last outbreak.

So again there's a tremendous amount of innovation going on in Africa in general. Maria mentioned South Africa and again it is interesting the way in which South Africa is bringing the disease under control and how African countries are actually in some ways showing the way.

00:37:32

The strategy in South Africa was based on preparation, primary prevention, lock-down and enhanced surveillance; 67 mobile lab units around the country, 28,000 community health workers trained in case detection and, I think, over 120,000 tests completed with a 2.7% positivity rate, which is incredible; that much testing for that return.

So we're seeing performance levels there - again congratulating the Government and institutions of DR Congo for the superb way in which Ebola has been brought under control. We still have some way to go. So I think in general we need to leverage the capacities that exist in Africa; the innovation, the science. We need to connect those scientists, we need to connect those laboratories, those physicians across Africa.

Again the Director-General, working with our Regional Director, Tshidi Moeti, and the African Union have been heavily engaged in trying to drive innovation both in the public and private sector across Africa. It will be very important that studies in Africa are led by principal investigators from African institutions and obviously reaching out to collaborators in other parts of the world.

I trust that those capacities exist and again to point to the rapid evolution of capacity, at the beginning of this epidemic - and I will point to the fact that WHO began distributing validated testing kits in Africa on 24<sup>th</sup> January, which was seven days, eight days, a week before the declaration of the Public Health Emergency.

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But it was the laboratories at Institut Pasteur in Senegal and ICD in South Africa that trained all of the laboratory technicians from all over Africa, who then met up with their new reagents when they returned home. We're also seeing the use of high-throughput diagnostic systems in places like Kenya where superb technology that's been provided by the Global Fund and others has been repurposed to be used for high-throughput diagnostics in many African countries.

We're working very closely with the Global Fund, with UNICEF, with Unitaid to accelerate the availability of reagents for those high-throughput systems. So I think we're seeing very, very good things happen but we're very cognisant of the challenges. We've seen an almost 250% increase in cases in Sudan in the last week, in Somalia nearly 300% and in many other countries like Tanzania, Mali, Congo, Gabon, Equatorial Guinea, Cabo Verde and Eritrea increases of more than 100% in the last week.

Many other countries in Africa have case increases somewhere between 30 and 90% so we are at the beginning in Africa. I believe that with a focus on preparation, on surveillance, on community mobilisation and on the undoubted capacity for innovation and science in Africa we can avoid the worst of this pandemic. But we are also cognisant, as the DG said, that there are lives and there are livelihoods and long-term lock-downs are having a severe impact.

00:41:06

So we have to find a way forward in Africa that can balance the risk of the virus against the risk to people's livelihoods and people's lives at the same time.

TJ Thank you very much, Dr Ryan. Now from DRC we will go to Greece, where we have Kosta from ERT. Can you hear us, Kosta, please?

KO Yes, I can hear you. Can you hear me?

TJ Yes, please go ahead.

KO Thank you very much for taking my question. My question is about COVID-19 and sports. Can you please confirm that there was in the last few days a teleconference between WHO and UEFA and the proposal to suspend the football championships until the end of 2020?

MK I can start and perhaps Mike would like to... I'm not aware of the call but it could have taken place; I'm just not aware of it. What WHO does is provide recommendations on how people can take decisions about these type of sporting events and mass-gathering events for that matter and what needs to be put into consideration, whether to hold it or whether not. The decisions are with them and we support them in taking those decisions.

MR We will follow up as I'm not aware that there was any specific call but we do all the time engage with organisers of major events and we've been doing so with the International Olympic Council, with FIFA, with many others. We've been engaged with religious organisations and so many more and those engagements are frequent and are happening at different levels of our organisation. I think UEFA's a European institution so we will check with our European office.

00:43:06

What's most important in this in terms of sporting events and others is sporting events, especially large sporting events, represent in themselves mass gatherings and bringing those types of events back online is going to require some very, very careful planning. We've got a lot of sports fans here in WHO and we miss our sport too but we all want to be safe and therefore I think sporting organisations and governments working both nationally and internationally are really going to have to look at how do we adapt.

This is one of the things we've been discussing internally here. On the one hand we have the science and we have the evidence. On the other hand we have the practical reality of life. How do we adapt our evidential standards to what is the need to live and the need to manage risk at society level.

If we all accept that there's no such thing as zero risk... The danger for governments at the moment or the challenge that they face is that if they do something and there's any risk and then there's a consequence they're going to be blamed for the consequence. No-one will remember that they did that on the balance of risks. They'll only remember something bad happened.

00:44:25

Therefore when you bring a mass of people together and something goes wrong people won't be shouting afterwards, oh, we were the ones that wanted that to happen; it won't be that. People will say, why did you let that happen, why did you let so many people come together, it's your fault now because you've let all these people come together and now we have another outbreak.

So what we have to do is come to a new social contract that allows governments and communities to engage, to co-manage the risks and say, okay, what risks are we prepared to accept, manage, reduce so can we look at the real risks, can we work together to reduce those

risks to a minimum that's acceptable, can we have in place a means then to manage something if it does happen and then can we do that on a no-fault basis, can we do that on the basis that we've all agreed that this is the best thing to do?

Because you're never going to reach a point where there's absolute scientific evidence that it's safe to bring ten people together or 30 or 40 or 60 or 200 or 2,000 or 20,000 or 200,000. What we know is large numbers of people gathered together in close quarters in the presence of the virus will result in amplification of the disease.

Best evidence would suggest that the physical distancing of people is very effective in reducing the risk of that spread. Where you then compress that distance to almost nothing then you have to accept that the risk increases because if the basis of risk reduction is to physically distance people then pushing people back into very close contact, by extension, says the risk will increase.

00:46:08

But at the same time people want to get back to normal life so I think this needs to be a carefully-discussed process. It will be driven by science but it also has to have an element of practicality about it as well. I'm sorry not to be as precise as you may want me to be but these are considerations that really have to be considered at a societal level and it has to be based - yes - on evidence but it also has to have a practical consideration as to how do you adapt science and evidence to the reality of living lives.

TJ Thank you very much. We will now go to Argentina. We have Valeria from Radio CNN Argentina. Valeria, can you hear us?

VA Hello. Are you listening to me?

TJ Yes, please go ahead.

VA Hello. I would like to know, what do you think about the evolution of the pandemic in South America? Thank you.

MK Thank you for the question around the evolution of the pandemic in South America. What we are seeing is - I have to look at all of my numbers - increasing trends in terms of case numbers in a number of countries in Central and South America. Of course this is a worry because what we are seeing is that once the virus has an opportunity to take hold and to really transmit between people if measures are not in place then it can take off very, very quickly and you can see doubling times of three to four days, which is incredibly rapid.

00:47:54

So what we need to see happen in South America and what we are seeing happen in South America is all these measures we've been talking about, getting these laboratories to be able to identify cases, making sure that the surveillance systems are in place and the workforce is in place to be able to detect those cases.

We've seen in a number of countries that public health measures and social measures have been put in place with some stay-at-home orders and that is buying some time but again, as I said earlier, it's important that we use that time wisely. There is very strong commitment by

governments to have an all-of-society, all-of-population approach, to engage populations, to bring them along and to be able to inform them and to seek input back and that's really important.

The trajectory of this pandemic, the trajectory of the outbreak in every country depends on how each country reacts and that is consistent across all countries regardless of high-income, low-income countries. So we are seeing an increasing trend in case numbers but there still is opportunity, the window of opportunity, as Dr Tedros has said, still remains in many countries to be able to suppress that transmission and to ensure that we don't have massive outbreaks in some countries.

TJ Thank you very much, Dr Van Kerkhove. Next question; we have Priti Patniak from the New Humanitarian. Priti, can you hear us?

00:49:35

PR Yes. Can you hear me?

TJ Yes, please go ahead.

PR My question was for Dr Tedros or Dr Ryan. I wanted to find out; all the considerations that organisations like WHO and its partners take, with respect to diverting funding or putting on hold activities that are meant for addressing other infectious diseases and having to take a call vis a vis the fight against COVID, what are some of the considerations, if you could speak about it briefly?

MR Hi, Priti. I think all countries face this same issue; a major emergency, number one, diverts attention, it diverts time and it can divert resources as well as you focus on what is most urgent and most dangerous. The Director-General may speak on this but there are essential health services that are in place, core immunisation services, services to refugees and to displaced populations; TB, HIV services. As Maria said so many times, women are still giving birth all over the world and need safe antenatal and delivery services.

This is something that needs to be preserved, these core, essential health services and it's really important that countries try to do that. We have a whole team here and across the world that is dealing with sustaining essential health services, led by Ed Kelly and with regional counterparts and we take that very seriously.

00:51:21

The UN has been working very diligently over the last number of weeks under the leadership of Robert Piper in New York, looking at this across the system and in sustaining essential services across all of society with health services at the centre and I believe there'll be a major release of the information and publication of that over the weekend or early next week but we've been working very much with them on that.

Certainly in our area of emergencies the conflict in Syria, the conflict in Iraq, the conflict in Yemen still exist. The fragilities in Somalia and South Sudan, in the Sahel still exist and our teams on the ground continue to work with governments on them. They haven't gone away and they won't go away unfortunately and therefore we continue to be focused on dealing

with COVID-19 as well as doing the other things that we do and we have major programmes in all of these areas.

The other concerns would be that we have a major yellow fever threat in parts of East Africa that must be managed. We obviously have always the threat of cholera and other epidemic-prone diseases. As you've seen, we've had the resurgence of Ebola in DR Congo so we need to keep an eye and one of the things we've done here in Geneva; we have a completely separated team who are doing nothing else but managing epidemic intelligence, verification and response for other epidemic-prone diseases and emergencies and we've isolated that team to only work on that so that we don't miss things and equally the same on the humanitarian front.

Dr Ibrahima Socé Fall, our Assistant Director-General on the emergency response, is dedicating almost all of his time to leading on the humanitarian front and co-chairs the ISC committee on COVID-19 and sustaining humanitarian response with Mark Lowcock.

00:53:25

So we've done our best to try and preserve our services and our support to countries across all of these areas but I have to admit, that is not easy in the context of the resource constraints we face in continuing those programmes.

TJ Thank you very much, Dr Ryan. Now we go to Jerry from Guyana Catholic Standard. Jerry, can you hear us?

JR Yes, I can hear you. Can you hear me?

TJ Yes, please go ahead.

JR Hi, good morning. My question is, there's a lot going on in my country especially and around the world; people are not really aware and serious about this stuff because, as you know, religious gatherings are going on and secondly some protests against lock-down. Is it the responsibility of the individual countries or can WHO have some serious sanctions against some countries who are not following the rules? Thank you.

MR The DG may wish to speak to this. We're a Secretariat of 194 member states. We have no legal authority over any sovereign nation on this planet whatsoever. Under the IHR we have certain powers that are allowed to us by the member states; to seek verification of outbreaks, to publish information regarding those events.

00:55:06

We have no right to enter countries without permission or without discussion and we have no rights of enforcement of any kind when it comes to health implementation. However we have science, evidence and the normative role we play, the mandate we have to establish global standards and to give strong advice to countries regarding what are rational public health measures.

What we can do is lay out what we believe to be the rational strategies to respond to disease as we did in January in the case of COVID. We talked about comprehensive strategies, we

talked about case finding, we talked about testing, we talked about contact tracing, we talked about community empowerment, we talked about implementing both containment and mitigation strategies at the same time.

We spoke about what was needed to suppress and control this disease. We spoke to that again and again and again and in doing that many, many countries picked up and implemented those kinds of measures.

When it comes to what one individual country does, they will seek our advice. They may see what other countries around are doing and they may look internally very often - and correctly so - to their own public health and scientific communities and ask for advice as to the best way forward.

00:56:30

You'll see that many of the countries that have responded very well to this have relied heavily and work very closely with their scientific and public health communities and work hand-in-hand, politicians working hand-in-hand, listening to and implementing science-based policy. In that sense where we see situations where governments may be straying very far away from that sort of an approach we engage with them, absolutely.

We don't engage in public debate, we don't engage in trial by media, we engage as we do, as a trusted partner and we engage with those countries strongly and robustly if we feel that their public health strategies are ineffective or not being implemented properly and we do that time and time again.

We also engage when we believe they are. I've just spoken about South Africa and what they're doing. We've spoken about other countries here; we've spoken about Singapore, we've spoken about South Korea and many other countries that have implemented very rational policies. So I think the power that we have is the power to persuade and persuade through science, persuade through evidence, persuade by demonstrating what other countries are doing and showcasing good examples of good practice.

Beyond that WHO has no power to enforce, no power to put any form of pressure on a country to change what is their sovereign will.

00:58:08

MK We have thousands of staff and we have WHO in 150 countries and those staff are working directly with ministry of health officials, scientists, public health officials to persuade, as Mike has said, to advise on what needs to be done and to sit across a table, to sit together, to train, to work hand-in-hand with our counterparts in countries to help them get through this, to help them plan, to ready their systems, to implement those systems.

You mentioned Guyana. I'm looking at your case numbers; the case numbers are very low. I see 65 total cases so far and seven deaths. Every case is a tragedy but you have in your power what can be done to contain this. What we do with our staff is we help, we support, we empower but it is up to everyone in countries to be able to implement these plans, to ready their systems and to actually activate them.



What we have seen in countries - what we are working on for national strategies is to reinforce the action plans that are developed to help ministries of health co-ordinate across different sectors so that there can be an all-of-society approach, to provide recommendations and trainings to engage communities, empower them so that everyone in the community is part of this fight along with government officials.

To have the systems in place to find and test and isolate and care for every case, to ensure that we trace and quarantine every contact. When we say that that means individuals, that means a dedicated workforce to be able to carry out all of those actions; incredible front-line workers and healthcare workers who are caring for patients, who are away from their own family members to care for patients.

01:00:08

To ensure that we provide clinical care and maintain other essential services that must continue. We support countries in adapting those strategies as the situation changes so when cases... Before we've talked about the different transmission scenarios; countries that have no cases, that have their first cases, that have clusters of cases and that have community transmission.

So as countries move through those different scenarios, as intensity increases but in addition to that as intensity decreases how do we support countries in adapting those strategies so that they can make sure that they're continuing to suppress transmission and control these outbreaks?

So there's a lot that we're doing on a daily basis but it's through that support and it's through that direct engagement that we have through our country offices and our regional offices to be able to do that.

TJ Thank you very much. The next question will come from... We go to Kai Kofreshmit from Science. Kai, can you hear us?

KA Yes, Tarik. Thanks a lot for taking my question. This follows on from one of the earlier questions. I'm curious; when you see protests like the ones in the US against measures, obviously WHO does have some experience in dealing with them, for instance during the Ebola outbreaks in West Africa; also in DRC. I'm wondering whether maybe, Mike, you can talk a little bit about what you've learnt from these experiences about how best to deal with this.

01:01:48

MR Yes, thanks, Kai. I think all situations are different and all societies are different but I've said it many times in the past; one of the keys to epidemic control or emergency management in general is the level of trust between citizens and government. It's a hugely important investment in the bank of emergency response because when you ask people to do something on trust and to end their social life, end physical contact, return to their homes they have to fundamentally believe that somebody has a plan, there's a reason for doing it and there will be an end to this.

It's the same when you ask someone in the Democratic Republic of Congo to go into an Ebola isolation facility or ask their families to self-quarantine; a very similar situation. There can be misunderstandings in real time if communities don't understand the purpose but also - and we've seen this in Congo - communities can be gamed and have been in many cases in my experience.

What are genuine community concerns, if not properly addressed, can lead to tension and lead to misunderstanding and often to negative reactions, which are counterproductive to the control of the epidemic. But also there are many situations in which those reactions and community sentiments are gamed and directed in a way that is counterproductive and I've certainly seen that in many epidemic events in my time as well.

So it's really important that we listen to what communities are saying. It's really important that we understand communities' frustrations but it's also really important that we then re-engage with those communities to explain why the public health strategy is there, what is the purpose of that strategy and how they're contributing to that.

01:03:57

That's a process of dialogue and sometimes when we talk about communication it seems that we talk about one-way communication; what we tell people so we tell you to do something and then everyone magically goes and does it. That's not necessarily the way things work in all societies.

Certainly my experience in Africa and in Asia and the Middle East is very much about creating a dialogue where there's a two-way communication, where communities can ask questions, communities can understand what's happening and there's a transparency around what's happening and people can actually understand and there is no confusion between the different levels of the system and there's a consistency in that communication.

It's very easy to become confused if you're hearing one thing from one side, one thing from another side, someone else is telling you something else, you're in the middle suffering and you get frustrated. It's very easy to manipulate that situation and it's really important that governments at all levels and in all countries really take on that role of communicating effectively with communities in a two-way dialogue and that we also engage civil society, we also engage non-governmental organisations and others and that it's not purely governmental in nature.

01:05:12

So yes, communication, dialogue, understanding, persuasion; these are the words we need to be talking about - and empowerment. In many situations, in my experience, communities have felt disempowered by the process and they want to take action, they want to be involved and we need to be able to give communities things to do.

I see a lot or many situations around the world now in COVID, as for example in South Africa where community health workers have been trained. They're the people on the streets, they're the ones who know the local families, they're the ones who know the local community, they're the ones who can educate and engage. You'll see the same going on in

places like Massachusetts in the US, where you see that same kind of approach to driving community-based approaches.

So I think there are good examples around the world where communities can be effectively engaged and then when communities understand and participate there tends to be less tension. That's been my experience, Kai, but it's very hard to make comparisons between countries and between communities.

TAG Yes, just a bit; I fully agree with what Mike said. It's at the end of the day the trust between governments and citizens that will help. Even now the protests and gatherings in the middle of the pandemic will not help. It will only fuel the outbreak so we need to use several ways of communication with our citizens. We know how to communicate and help them understand.

01:06:56

I think it would be a good idea to mobilise community leaders here, civil society, religious leaders to speak to citizens directly, not only just governments but all public leaders, all community leaders and religious leaders should be involved, and bring the different opinions into understanding, especially around this pandemic.

This virus is dangerous and it affects everybody. There should be that understanding and whatever precautions we take it is for all of us, for each of us and the whole public in general. At the end of the day people will understand and co-operate but we need to use all means we have to have clarity in our message and ask for co-operation using all means that are available and especially through the leaders they trust, including religious leaders, as I said earlier. Thank you.

TJ Thank you very much. Let's go to India Today; that's Gita. Can you hear us, Gita?

GI Yes, I can. Can you hear me?

TJ Yes, please go ahead.

GI Thank you so much for taking my question. My question is to Dr Tedros. Dr Tedros, while the WHO is not an enforcing agency it does do a lot of research and assesses and produces reports so in that, would the World Health Organization be looking at forming a team to investigate the origins of the virus, looking at maybe sending a team to China with independent stakeholders as part of that entire investigative team?

01:08:57

Also the United Nations has come out with a report saying that stringent lock-downs in developing countries could lead to economic catastrophe. What is your assessment on that, particularly vis a vis India?

MR I think it's very, very important that we understand the animal origins of this disease, not least because it's clear the animal/human species barrier has been breached once. It can be breached again and we need to understand where that has come from, what are the factors

that have led to that and how that can be prevented in future so that's good public health, that's good science.

We have certainly offered that assistance to the Government of China but also working very closely with our colleagues in FAO and OIE across a one health platform to do that. Pieter Van Emerek [?] is the scientist who leads our operations on that here and we have a team working specifically on those issues and very closely with OIE and FAO. We'll be delighted to work with international partners and at the invitation of the Chinese Government in order to carry out a really good investigation around the animal origins and really understand all of the factors associated with that. We very much look forward to that opportunity.

With regard to lock-downs, absolutely; lock-downs should and can be avoided in many circumstances and many countries have implemented different versions of what you might call lock-down. How do you get the maximum suppression of disease with the minimum amount of physical distancing and restriction of movement and stay-at-home orders? The way you do that is to really focus on case detection, on finding cases, on testing, on isolation and quarantine and on being very, very aggressive in investigating clusters of cases that emerge, particularly those that emerge in special circumstances, in high-risk communities or in special environments.

01:11:19

That is the challenge; the lock-downs may be providing a suppression on the disease and we get to a point where the disease looks as if it's under control. If you follow that up - as I said, South Africa have really followed up their lock-down with a very, very extensive campaign of training health workers for surveillance, doing surveillance, 39 mobile labs. What they're doing is backing up the lock-down with a very, very strong public health response and as they put that in place you can start to ease the lock-down; while helping people with their lives and livelihoods you can start to ease those lock-downs because you have something else to replace it with.

The danger is easing these so-called lock-downs without a replacement strategy. That's the real danger and there's always a danger even with the replacement strategy that there will be outbreaks but they can be managed, I believe. But exiting lock-down without a strong public health strategy and a strong strategy to strengthen your health system is going to be difficult.

01:12:19

I believe India is making progress towards that. I've said it here before. India has a proud history of strong public health surveillance in smallpox, in polio and for TB and other diseases so I don't believe there's any reason why the public health capacities of India cannot be turned onto this respiratory syndrome, this respiratory disease and why as we move away from lock-down the Government of India, the scientists of India, the public health authorities of India and the communities of India can put in place a solid, strong public health surveillance system that will continue to control this disease while we await the longer-term solutions.

TJ Thank you very much. Let's take a few more questions. Our friend Jamie Keaton from Associated Press; Jamie.

JA Hi, Tarik. Thank you very much. I'd like to come back to the issue of funding from your biggest donor, the United States, especially given that Secretary of State Pompeo and other State Department officials a short time ago again criticised WHO and spoke about the halt to US funding for the agency.

Yesterday a WHO spokeswoman told us reporters here in Geneva that 81% of the WHO's \$5.8 billion budget for this year and next is funded from donors already including \$1 billion for emergencies. If you're that well-funded shouldn't WHO be able to easily get through this 60 to 90-day pause, as they call it, in any new funding from the United States that was announced by the Trump administration and the concrete impact of that temporary halt to funding be simply exaggerated?

UM If I might...

01:14:24

IM You have two, Jamie.

JA Dr Tedros, if I might, some US lawmakers say they want you to resign in order for the US to resume funding. Are you considering that? Thank you.

MR Hi, Jamie. I don't think you've seen me doing too much complaining. I'm way too busy with putting teams out all over the world, quite frankly. The realities are that the organisation with regard to COVID-19 is moving forward with all of our projects apace around the world. You've seen what we're doing in terms of lab supplies to 122 countries; you've seen what we're doing with our surge teams in countries; you've seen what we're doing with the global supply chain mechanism and all of that so we're moving forward apace on that.

The pause on funding is to WHO's core funding and other projects, the actual funding that WHO receives in the normal cycle and I believe about one-quarter of that funding is core and about four-fifths of that funding from the US is for specific areas and the DG may wish to detail that; for immunising children, for eradicating polio and for some of the essential health services and trauma management in some of the most vulnerable populations in the world.

I've been on the phone in the last few days talking to colleagues in Syria, talking to colleagues in Iraq and other countries, not seeing how we deal with the impact of loss of funding there on COVID but how we actually deal with the fact that much of that funding that certainly comes to my programme - and it's very, very welcome and we have a huge relationship operationally, technically and financially with the USA and we're very grateful for that relationship.

01:16:40

But the reality is for my programme a lot of that funding is aimed at direct life-saving services to people in the most destitute circumstances in the world. That's really what I regret and, like yourself, I very much hope, as you say, that this is a 60-day stay on funding. That is my hope and that is why you don't see me complaining because we've just go to get on with it.

We have a very, very difficult job to do, as many countries have around the world. I want to focus on that and I want to focus my teams on that and I don't want to focus them on where their next pay cheque is coming from because quite frankly that's not what they're focused on.

We had one staff killed just two days ago and one of our other staff in a serious condition, transporting COVID-19 samples in Myanmar. I don't think their families are that concerned about the overall funding situation in WHO. We're concerned about our friends and our colleagues in the front line who risk their lives every day, every single day to deliver life-saving interventions to people around the world.

TAG Thank you, Mike. Whatever funding is coming to WHO is to save lives and, as Mike said, even WHO staff are risking their lives to save lives. The sad part this week is we have been remembering the death of Richard Mouzoko; it was the first anniversary on April 19<sup>th</sup>. He was fighting Ebola in an area, as you know, in eastern DRC where we have a security problem and he was killed.

01:18:39

Richard was killed while fighting Ebola and facing bullets at the same time. As Mike said, we lost another colleague this week in Myanmar. His name is Win Maung. He was collecting samples for COVID-19 actually; they were travelling to collect COVID-19 samples when they were attacked and one of them wounded and the other one killed.

So whatever penny comes to WHO is for a very, very important mission and one thing we would like to assure the world is that we will work day and night and we will not be deterred by any attack. As our colleagues actually say, attacks like this that even killed our colleagues only strengthen our resolve.

So I would like to assure the world that although we are mourning - it's the one-year anniversary of a colleague that we lost and another one yesterday - that will only strengthen our resolve.

In terms of resources I think the world should be proud that it's providing funding to this cause to save lives and to do it through WHO; WHO staff prepared to risk even our lives to save others'.

01:20:36

When it comes to the US, the US has been supporting WHO as its number-one donor and we value that, we appreciate that. As you know, I come from Ethiopia and I have seen first-hand at the country level the funding from the US making a big, big difference. Take PEPFAR; not only saving lives but at the same time building the health system.

In Ethiopia I was Minister of Health for eight years and the primary healthcare, the health extension programme that's known globally, was built by and large from US funding. Not only am I a living witness to appreciate the US support at the country level but as Director-General also a living witness to appreciate the support that the US gives and provides.

I hope the US believes that this is an important investment not just to help others but for the US to stay safe also. For the US to remain safe the investment in other countries is very

important. It's not just important for other countries. It is important for other countries that the US supports but it's important for the US itself. So I hope the freezing of the funding will be reconsidered and the US will once again support WHO's work and continue to save lives.

On the second issue, the resignation, I would like to ask you, Jamie, since you know the rules, I hope they will read the rules and you will help also be clarifying what the rules are. I don't have anything more to comment on that but one thing I am sure of is we have been working very hard for the last three years - almost three years - reforming WHO.

We got many good ideas from WHO staff that are truly transforming our organisation and we work day and night and we will continue to work day and night, I will continue to work day and night because this is a blessed work and responsibility, saving lives and I will focus on that; changing this organisation for good.

01:23:24

But not only that, especially now focusing on the pandemic and saving lives; that's my focus. There could be issues coming from left and right but I would like to focus with my colleagues on saving lives because even one life is precious and I don't have any extra energy to respond to this or that but I'm focused on saving lives and continuing this blessed work. Those who need our support; that's what they want and that's what we will give.

TJ Thank you. We will have to finish here. Dr Ryan has a conference call to go to; he's already late so we will apologise to all journalists online who were not able to ask questions. We will also thank all interpreters for their hard work today. Hopefully we will have one more language on Friday, as we said, but we will let you know on that. The audio file will be sent out very soon and the transcript of this press briefing will be available some time tomorrow. I wish you a very nice evening, afternoon or morning. Thank you.

01:24:42