



# World Health Organization

**COVID-19 virtual press conference - 27 April, 2020**

**Speaker key:**

TJ Tarik Jasarevic  
TAG Dr Tedros Adhanom Ghebreyesus  
JA Jamil  
MR Dr Michael Ryan  
MK Dr Maria Van Kerkhove  
AN Antonio  
SS Dr Soumya Swaminathan  
DA Dawn  
KA Kamran  
DE Dennis  
AK Ankit  
TA Tania

TJ Hello, everyone, from WHO headquarters here in Geneva. My name is Tarik and I welcome you to this regular press conference on COVID-19. Today we have Dr Tedros, WHO Director-General; we also have Dr Maria Van Kerkhove and Dr Mike Ryan. For journalists who are following us on Zoom, we remind you that there is a simultaneous interpretation available and as of today we are proud to announce that we also have Portuguese in addition to six UN languages; Russian, English, French, Spanish, Arabic and Chinese. If you are on Zoom please look for interpretation and switch to the channel you want and you are welcome to ask a question in one of those languages if it's more suitable for you.

Also for the first time today we have captioning of the press briefing. That's not on Zoom; that's on a social media platform so for people who have hearing impairment or would otherwise like to have captioning this is now available. I will give the floor to Dr Tedros for his opening remarks before we go to questions.

TAG Thank you. Thank you, Tarik. Good morning, good afternoon and good evening. First of all we're pleased to have interpretation services available in Portuguese today and I would like to welcome all Portuguese-speaking journalists to join. The next will be Swahili and Hindi and we will continue as WHO to invest in multilingualism because our beauty is our

diversity. WHO remains committed to providing access to as much information as possible in as many languages as possible and reach every corner of our world.

I have said since the beginning that the most important resource in the fight against COVID-19 is solidarity; solidarity, solidarity, solidarity. The launch of the Access to COVID-19 Tools accelerator on Friday was a powerful demonstration of that solidarity. WHO is deeply grateful to the many world leaders and partners who have come together to ensure no-one misses out on life-saving vaccines, diagnostics or therapeutics.

We look forward to more countries and stakeholders supporting this global collaboration, this global movement. This initiative is a vital investment in the response both for the short term and the long term. Diagnostics are helping us now to find cases and ensure people are isolated and get the right care and we're hopeful that the Solidarity trial will shortly help us to understand which therapeutics are the most safe and effective for treating patients.

00:03:42

But ultimately we will need a vaccine to control this virus. The success in developing effective drugs and vaccines for Ebola reminds us of the enormous value of these tools and the enormous power of national and international collaboration to develop them. WHO played a key role in the development of the Ebola vaccine and we're doing the same for COVID-19.

Developing a COVID-19 vaccine has been accelerated because of previous work WHO and partners have done over several years on vaccines for other coronaviruses including SARS and MERS. Although COVID-19 is taking a heavy toll WHO is deeply concerned about the impact the pandemic will have on other health services, especially for children. Children may be at relatively low risk from severe disease and death from COVID-19 but can be at high risk from other diseases that can be prevented with vaccines.

This week is World Immunisation Week. Immunisation is one of the greatest success stories in the history of global health. More than 20 diseases can be prevented with vaccines. Every year more than 116 million infants are vaccinated or 86% of all children born globally but there are still more than 13 million children around the world who miss out on vaccination.

00:05:33

We know that the number will increase because of COVID-19. Already polio vaccination campaigns have been put on hold and in some countries routine immunisation services are being scaled back or shut down. With the start of the southern hemisphere's flu season it's vital that everyone gets their seasonal flu vaccine.

Even when services are operating some parents and care-givers are avoiding taking their children to be vaccinated because of concerns about COVID-19 and myth and information about vaccines are adding fuel to the fire, putting vulnerable people at risk. When vaccination coverage goes down more outbreaks will occur, including of life-threatening diseases like measles and polio.

GAVI, the vaccine alliance, has estimated that at least 21 low and middle-income countries are already reporting vaccine shortages as a result of border closures and disruptions to travel.

So far 14 vaccination campaigns supported by the GAVI against polio, measles, cholera, human papilloma virus, yellow fever and meningitis have been postponed, which would have immunised more than 13 million people.

The tragic reality is that children will die as a result. Since 2000 GAVI and partners including WHO have helped vaccinate more than 760 million children in the world's poorest countries, preventing more than 13 million deaths. GAVI has set an ambitious goal to immunise 300 million more children with 18 vaccines by 2025. To reach this goal GAVI will require US\$7.4 billion in its upcoming replenishment.

00:07:53

We call on the global community to ensure GAVI is fully funded for this life-saving work. This is not a cost. It's an investment that pays a rich dividend in lives saved, especially in our children. Just as immunisation has been disrupted in some countries so have services for many other diseases that afflict the poorest and most vulnerable people including malaria.

As you know, Saturday was World Malaria Day and a new modelling analysis published last week estimates the potential disruption to malaria services from COVID-19 in 41 countries in sub-Saharan Africa. In the worst-case scenario the number of malaria diseases in sub-Saharan Africa could double but that doesn't have to happen and we're working with countries and partners to support them to put measures in place to ensure that services for malaria continue even as COVID-19 spreads.

As lock-downs in Europe ease with declining numbers of new cases we continue to urge countries to find, isolate, test and treat all cases and trace every contact to ensure these declining trends continue. But the pandemic is far from over; I repeat, the pandemic is far from over. WHO continues to be concerned about the increasing trends in Africa, eastern Europe, Latin America and some Asian countries.

As in all regions cases and deaths are under-reported in many countries in these regions because of low testing capacity. We're continuing to support these countries with technical assistance through our regional and country offices and with supplies through Solidarity flights. In the past week we have delivered supplies to more than 40 countries in Africa and more are planned.

00:10:23

Globally WHO has shipped millions of items of personal protective equipment to 105 countries and lab supplies to more than 127 countries and we will ship many millions more in the weeks ahead and we're preparing aggressively. Later this week WHO will launch its second strategic preparedness and response plan with an estimate of the resources needed for the next phase of the global response.

I would like to thank the People's Republic of China, Portugal and Vietnam for their recent contributions to WHO's strategic preparedness and response plan. We're also grateful to the more than 280,000 individuals, corporations and foundations who have contributed to the Solidarity Response Fund, which has now generated more than US\$200 million and I thank Flu Lab specially for its contribution of US\$10 million.

We have a long road ahead of us and a lot of work to do. WHO is committed to doing everything we can to support all countries but political leadership is also essential, including the vital role of parliaments. As a former parliamentarian I fully recognise the big role that parliamentarians can play. Tomorrow I'll be participating in a webinar for parliamentarians hosted by WHO, the Inter-Parliamentary Union and the United Nations Office for Disaster Risk Reduction to discuss the role parliaments can play to reduce risks, strengthen emergency preparedness and increase resilience.

I continue to call for the world to come together in solidarity and national unity to confront this pandemic but also to prevent the next one and to build a healthier, safer, fairer world for everyone, everywhere.

00:12:46

But I repeat, national unity is the foundation for global solidarity. Solidarity, solidarity, solidarity; that's what we will say every single day. This virus will not be defeated if we're not united. If we're not united the virus will exploit the cracks between us and continue to create havoc. Lives will be lost and every single life is very precious.

We can only defeat this virus through unity at the national level and through solidarity, genuine solidarity at the global level. I thank you.

TJ Thank you very much, Dr Tedros, for the opening remarks. We are joined also by Dr Soumya Swaminathan, WHO Chief Scientist, who may also answer some of the questions. I will remind journalists online that if you're on Zoom you have the option of simultaneous interpretation in six UN languages and Portuguese so you're welcome to ask a question in your language. Please be short and one question per journalist so we can try to get as many as possible today.

I would like also to thank all the interpreters who are here with us making sure that our message goes out in different languages, if we may start, let's start with Jamil Chada, covering Brazilian media, a Geneva-based correspondent. Jamil, please. Do we have Jamil on the line?

00:14:43

JA Yes, I'm here.

TJ Please go ahead, Jamil.

JA Dr Tedros, I'm going to ask in Portuguese - hi before - so we can inaugurate the service.

TJ Please go ahead.

JA [Portuguese language].

TJ Thank you very much, Jamil. The question's about easing lock-downs in Brazil.

MR I can't speak to the specific situation in Brazil. I know that over the last week there's been an overall increase in reported cases, about a 50 to 60% increase of reported cases but that situation may reflect different epidemiology in different states. Brazil is a very, very large country.

I think we need to look at trajectory, at the direction of travel of the epi curve because the amount of testing is varying. Some countries for example brought on extra testing in the last number of weeks and their cases have gone up temporarily and now their cases are starting to drop; that's absolutely true.

00:16:40

If countries reduce the intensity of testing then clearly the number of cases will go down so when there's a stable amount of testing or an increased amount of testing and the number of confirmed cases goes down I think you can be sure that that trajectory is downwards. We would like to see that as a sustained downward trajectory of cases. We would also like to see the reproductive number, the number of people that one person may infect, be one or less. There are all kinds of other parameters that need to be looked at.

Each country has to look at its own context; I think we've said that a number of times. Each country has to balance lives against livelihoods but at the same time in doing that be assured that in making that calculation that if the calculation is made and then restrictions are eased too early you may be back in a situation where lock-downs have to be reimposed and that again has an increased impact and potentially even greater impact on livelihoods.

So I think they're the real, difficult decisions that all governments are faced with right now and there are no easy answers and I think we have to recognise that. Each government is dealing with a very different context of epidemiology, of expectations of communities, of the epidemiologic context.

What we want to see is countries taking a step-by-step, data-driven approach that allows a country to move steadily towards a new normal, towards a new way of living that allows lives and livelihoods to return but at the same time not doing it so quickly that there's a rebound in cases which results in further lock-downs, which may be even more damaging to those lives and livelihoods that governments are trying to protect.

00:18:37

MK If I might supplement what Mike has said, as he articulated, the lifting of any of these public health and social measures is not based on one factor alone of course. It cannot only be based on the number of cases and deaths reported and I think it's worth saying that at this point in the pandemic I think all countries are struggling right now to identify cases and all countries are struggling to report the deaths associated with COVID-19.

That is to be expected because it is very challenging to identify all of them as you are dealing with a pandemic, as you are dealing with intense transmission in many countries. But in addition to the transmission that may be happening in the country and the numbers of cases and deaths that are identified, there're a number of other factors that must be considered, which include the ability of the country to identify the virus.

Whether it's a workforce of contact tracers to help find the virus, whether it's the workforce in your healthcare facilities, in your front-line facilities to be able to deal with patients, looking at the number of beds available in hospitals for mild patients, for severe patients; what does that look like in terms of your ability to handle an increased burden if case numbers increase again?

Making sure that if workplaces are open, if schools are open those places are ready, ready to receive students again, ready to receive people back at work where you can still manage physical distancing, where you can still manage the ability to keep people physically separated but let them work.

00:20:16

It requires having the entire population engaged and informed to understand that this needs to happen in a slow, measured and controlled way and as the DG has said and has said repeatedly, this will take some time and this is nowhere near over. We need everyone to be mentally prepared that we have some more to go and that may require being more patient and having to deal with some of these measures that are difficult to deal with.

So it isn't just case numbers and deaths alone; it's a combination of factors that need to be looked at so that a risk-based approach is taken to lift some of these measures.

TAG Yes, thank you. I would like to say a few words. On countries following WHO's advice, we can only give advice to countries but one thing should be clear; we don't have any mandate to force countries to implement what we advise them. It's up to the countries to take our advice or reject it but we give our advice based on the best science and evidence.

Maybe one example is, as you remember, on January 30<sup>th</sup> we declared the highest level of emergency, global emergency, on COVID-19. Based on the International Health Regulations WHO can declare the highest level of global emergency and we did that on January 30<sup>th</sup>. During that time, as you may remember, there were only 82 cases outside China; no cases in Latin America actually; no cases in Africa; only ten cases in Europe; no deaths in the rest of the world; nothing.

00:22:38

So the world should have listened to WHO then carefully because global emergency, the highest level of emergency, was triggered on January 30<sup>th</sup> when we only had 82 cases and no deaths in the rest of the world and every country could have triggered all its public health measures possible. I think that suffices... the importance of listening to WHO's advice.

Then we advised the whole world to implement a comprehensive public health approach and we said, find, test, isolate and do contact tracing and so on. You can check for yourselves; countries who followed that are in a better position than others. This is fact. So again I will come back - I can give you many examples but I don't want to take much of this time because there are many people who want to ask additional questions.

But one thing I would like to repeat is, I assure you that WHO gives the best advice we can based on science and evidence. It's up to the countries to reject or accept but from our

experience so far what we have seen is some countries accept, some may not; at the end of the day each country takes its own responsibility.

I repeat, we don't have any power or force to enforce our advice except the willingness of the countries to accept or reject. I hope that's very clear for any country but one thing I would like to assure you is we will continue to give advice based on science and evidence and then it will be up to the countries whether to take it or not. Thank you.

TJ Thank you very much. The next question is from Antonio from EFE news agency. Antonio, can you hear us? Just to remind everyone, you need to unmute yourself to be heard here so, Antonio, if you can unmute yourself and then ask the question.

AN [Spanish language].

TJ Thank you very much, Antonio. The question is about vaccine initiative and absence of some countries.

TAG Yes, thank you. The absence of some countries; we haven't invited all countries. We have invited countries who have some regional leadership. For instance we have invited Saudi Arabia because it holds the G20 Presidency and we have invited Germany because it's going to take over in June the leadership of the EU Council.

We have invited Malaysia because it's the Chair of ASEAN. We have invited South Africa because it's the current Chair of the African Union; and on and on. Of course there are some exceptions like France and the UK. That's because they were in the initial negotiations and these were countries who started the discussion at its infancy and also because of the leadership they have given until the launch of the initiative.

But if you take the countries I have just mentioned, they were invited based on their roles in their respective regions because we cannot bring all countries so China didn't participate, or others, because of the same reason. Thank you.

00:28:20

SS If I can just add to what the DG has just said, WHO works with a number of... through our expert networks and groups and our expert networks have been working since the beginning of January on diagnostics, on therapeutics, on vaccines for COVID-19 and these experts come from all over the world.

We have almost 1,000 experts today coming from all of these countries that are working on things like animal models, standardisation of assays, what are the ideal characteristics for a new vaccine, the design of clinical trials for both drugs and vaccines. As you know, the Solidarity trial is now enrolling in 11 countries but we have over 100 countries that have expressed an interest and are in some process of joining and this shows that this is really a global trial.

We have 1,600 patients already enrolled and we hope to now recruit patients in many countries very, very rapidly. As new vaccine candidates are developed we hope that the same global collaboration will continue in the development, in the testing and most importantly in the access to these vaccines; doesn't matter where in the world it's developed.

There are over 100 candidates currently which are at some stage of preclinical development. Sven candidates have gone into human testing. We hope that of these 100 at least a few will prove to be safe and efficacious against COVID and it's in the interests of all countries to collaborate today because we don't know which vaccine is going to be successful and we have to ensure that people everywhere in all countries have access to the vaccine. Thank you.

TJ Thank you very much, Dr Tedros and Dr Swaminathan. We will go to the next question and again I will ask when I call on the journalists that they unmute themselves. It's Dawn Kopecki from NBC. Dawn, can you hear us?

00:30:34

DA Yes, thank you. Can you hear me?

TJ Yes, please go ahead.

DA Thank you for taking my question. Dr Tedros, a few weeks ago you said that America was doing a great job in fighting the coronavirus. On Thursday President Trump asked whether or not injecting disinfectants into the body would help kill it. There are states that are reopening services even though there's no contact tracing in virtually any state in the United States and we're about to hit a million cases.

Can you tell me if you still think the United States is doing a great job and if so what is it that the US is doing well and what is it that we're not doing so well?

TJ Thank you very much for this question, Dawn.

MR Thank you. I think the United States is dealing, as it has been for a while, with what is a complex situation. This is a very large county with 50 states, each one with different populations, with different levels of urbanisation and the epidemic at different levels of development and evolution in each of those. I believe the Federal Government and the system of Governors are working together to move America and its people through this very difficult situation with public health and other scientific leaders adding and inputting their advice into the system.

00:32:06

As such, as the DG just said, WHO advises our member states on what we believe to be rational policies but the governments themselves, especially in the United States with its superb public health, health, science and policy infrastructure, is well positioned to manage its own transition from public health and social measures and has to balance, as I said before, the health issues associated with COVID and the lives and livelihood issues.

What we can say is that it's important. I think there is a national plan that has been very clearly laid out, a phased plan for a stepwise reduction in public health and social measures. That plan is driven by certain parameters of data; as I mentioned before, downward trajectory of cases, the availability of capacity in the health system and many others.



As Maria said, it's a multifaceted decision-making process and that framework exists. Obviously if that framework is being advised by top scientists at a federal level then obviously it is a discussion with the state system as to how best to introduce that. But we believe that the overarching federal plan seems to be very much based on science to the extent possible and with all of the adaptations that are needed as we move forward we hope that the US Government and its people can move through that plan, work through day-to-day how to do that and will find a successful solution that reduces the impact on people's lives and also on their livelihoods.

00:33:57

TJ Thank you very much, Dr Ryan. We go now to Azerbaijan, to Kamran Kasimo from Royal TV. Kamran, unmute yourself, please, and ask the question.

KA Can you hear me?

TJ Yes, please go ahead.

KA Okay. Greetings from Azerbaijan, from Royal TV. Thank you, Mr Tarik. Azerbaijan follows exactly the advice of WHO and some of the special quarantine regimes' restrictions have been lifted since 27<sup>th</sup> April in Azerbaijan - today, I mean - and some places, photo studios and other mini [?] shops are now open but big malls and other places like cinemas, theatres, schools are not open at this time.

Many experts talk about a second wave of coronavirus in Azerbaijan. What do you think about that? If it's possible, Mr Tedros, I want your answer to my question.

TJ Thank you, Kamran. I think it has been touched upon but Dr Ryan will..

MR Yes. I know that the epidemiologic situation in Azerbaijan is reasonably stable; I think you have 1,600 or so cases and 21 deaths reported at this point and the increase from last week is about 18% so the epidemiologic situation, at least from where we sit, is stable. As governments around the world in a stable situation are looking to see how they can open up there is always the risk that as we move away from these public health and social measures...

00:35:59

Remember, as the Director-General has said, these measures had to be put in place in order to suppress what was very, very rapidly developing and deteriorating situation in many countries and it's to the credit of governments and their peoples that they've managed to successfully suppress the worst parts of the pandemic in their countries.

The challenge now is how to unlock, how to have an exit strategy that doesn't result in the disease bouncing back and that bounce-back can happen in another wave. That wave can happen now or it can happen in a month or it can happen in two months. We don't know what's going to happen in two, three, four, five months when we may see a re-emergence of the disease.

We don't know what's going to happen but what we do know is that if countries release those measures, if you release the pressure - and in a sense the public health and social measures, the lock-downs have created huge pressure on the virus; they've prevented the virus finding new victims. In doing that you're putting that pressure on the virus' capacity to survive and I think it's fairly logical that if you lift that pressure too quickly the virus can jump back.

We don't know how quickly and we don't know for sure which are the measures that will result in a successful exit strategy. We do know for example - and I think everyone agrees - that large-scale mass gatherings are not a good thing but what all governments are really grappling with now is, can we open the schools or part of our school system at the moment, can we open part of our economy - essential workers, construction, transport systems.

00:37:46

Each country is having to look at the potential positive impact on the economy of doing certain opening but also the potential negative impact in the disease bouncing back. That to an extent is determined by the context; what is the urban population versus the rural population, where are the highly vulnerable populations within a given society?

So we can't prescribe from Geneva or from WHO exactly what each country can do. What we need to see countries doing is taking a measured, stepwise approach based on the data and replacing public health and social measures. I would like to emphasise this; those measures need to be replaced by a new social contract with citizens around physical distancing, around personal hygiene, around community participation with strong public health measures such as surveillance, case finding, contact tracing, quarantining; as the DG said, detect, isolate, treat and trace.

And also with a strong investment in the healthcare system so if the disease does come back the healthcare system will not come under the same pressure it may have come under before. So there are requirements that allow you to ease the lock-downs without having a tremendous danger of a negative outcome but nothing is certain at this point. That's why we're watching very closely each and every country to see what lessons are being learnt and we will ensure that those lessons are shared between countries.

00:39:20

Just a few days ago the DG with all of our member states; we had six of our member states presenting on the lessons they've learned; very different contexts, very different countries, doing sometimes very different things; listening to each other to see, this I what we've done, here are the outcomes; this is what we've done, here are the outcomes. It's that exchange of knowledge, it's that exchange of learning that I think is going to help us get through this successfully.

TAG Thank you, Mike. I would just like to add a few words to that. The second wave, as Mike said, is in our hands. If we implement the right intervention we can prevent it from happening; and focus on public health interventions of course and the details that he has said.

But when we do this, not just the national interventions, having the regional and also coherence in the global interventions and global solidarity is very important. If we take Azerbaijan, I remember the recent regional gathering that Azerbaijan hosted and I had the

opportunity to join and when the countries in the region decided to work together to fight this virus. That's very important.

Not only that; Azerbaijan also contributed US\$5 million to the global response so I see strong commitment starting from the President, the national responses and the President also working with neighbouring countries to have the united regional response and then contributing to the global response even financially and through other means.

So I would like to use this opportunity to express my respect and appreciation to the leadership of His Excellency, the President, considering all the three levels that he's trying to be involved in and support.

00:41:33

Today also we got another commitment to global solidarity and Latvia has contributed financially to the global response. I'd like to use this opportunity again to appreciate the commitment from Latvia and also I would like to inform you that Latvia's response is also very, very strong to the COVID and what's happening at the national level is something that really is bringing results in Latvia but at the same time their contribution to the global response is much appreciated. Thank you so much, Latvia, for that. Thank you.

MK One additional point I wanted to add to what Mike and DG have said is about this question around the second wave. As the Director-General has just said, it's in our hands but we are learning about this virus every day and one of the important things that we are starting to learn now is the extent of infection in countries. Some of this comes from the surveillance which is detected through the PCR testing but there's an additional tool that we have which is gathering information about the extent of infection through seroepidemiology, which is measuring the extent of infection in people who may have been missed through surveillance.

We detect the antibody levels in those individuals and while I don't have specific details about Azerbaijan we are learning from a number of countries that early results suggest that a large proportion of the population remain susceptible and that's an important feature because that means that there still are people that this virus can infect.

00:43:20

So in addition to how we intensify the measures to increase the so-called lock-down measures as well as lifting those in a controlled and steady way it's really important that we remain vigilant to identify cases very, very quickly through all the systems that we have been describing. That early action again; even if countries have been successful in suppressing transmission it's important to remain vigilant to detect those quickly and stamp it out right away.

So these seroepidemiology studies have been very important. Even though they're early, even though there are some limitations with the studies that have come out so far it's important that we understand at this point in time, four months into a global pandemic, a large proportion of the population still remains susceptible.

TJ Thank you very much. This was in answer to Kamran Kasimo from Azerbaijan. Now we will go to South Africa; it's Dennis from Network 24 TV. Dennis, can you hear us?

DE Yes, I can hear you.

TJ Please, Dennis, go ahead.

DE My question is for the Director-General of the WHO. Director-General, I would like to know, what is the stance of the WHO on South Africa and how South Africa is handling this pandemic? Thank you.

00:44:52

TJ Thank you, Dennis.

MR I can begin and I'm sure the DG will want to supplement. Actually, as it happens, we were discussing this earlier today. I think there are a number of things. One is, I think South Africa has used its initial lock-down very well and put in place a four-point plan for preparedness and response. I think the deployment of 39 mobile laboratories all over South Africa has been a huge innovation; the training of up to 30,000 community health workers for doing contact tracing, testing and other things.

I also believe South Africa is tracking closely the HIV-positive population and actively looking to see if there's any differential impact on that population, which I think is very prudent and shows a very caring approach for a vulnerable population. Obviously, as in any country...

South Africa's a large country, extremely diverse and the disease has not yet reached the whole population and there are large numbers of vulnerable people in South Africa so South Africa, like every country, is not out of the woods. But South Africa was the first country in Africa to develop its own capacity to do laboratory testing and also has given that gift to the rest of Africa through the training it has run with the Senegalese Institut Pasteur lab and others.

00:46:19

So South Africa is a net contributor to capacity-building in Africa and also because South Africa is entering or will enter into the influenza season fairly soon with countries like Argentina, like Chile, like Australia, it's really important that we support countries in the southern hemisphere who do experience yearly influenza cycles to ensure that they have the capacity to manage and monitor both influenza and COVID-19 at the same time.

I believe the lessons that are learnt in the experience those countries will have with potentially both diseases circulating at the same time will not only benefit their countries but will greatly benefit countries in the northern hemisphere who may face the same situation in six months' time.

So we have a huge benefit to gain from investing in the capacities, the scientific, epidemiologic and other capacities in South Africa, which have been demonstrated already to be very strong but I'm sure, as I said, that every country faces its own challenges and I'm sure the lock-downs have not been easy for communities, particularly those in poor and vulnerable settings.

But I hope I can say this without fear of contradiction; I think South Africa has really shown the way in Africa and it's showing the way globally for how a country that is facing its own economic and other difficulties has clearly demonstrated a very strong public-health-led response to this pandemic. But still nobody is out of the woods yet.

TAG Thank you. I have been following developments in South Africa and one thing that we need to underline is its community-based approach and the deployment of community health workers; that's one.

00:48:21

The other is on the risk-adjusted strategy on COVID-19. I got the information that there are now 69,600 emails received from citizens; their comments, their inputs. I think this type of listening to communities, listening to their concerns, listening to their inputs can really help. To defeat COVID-19 the solution is making it everybody's business.

That's why as WHO we have always been saying, please break the barrier across party lines, come together whether you're in the left, right or middle. This is about saving the lives of your people so just unite as one. No party lines should really divide you. Listen to your communities, listen to the citizens, get their input on how to fight this outbreak or this pandemic. That's the solution.

Truly this kind of consultation with the community that South Africa is doing is very, very important so please continue doing that, listening to your people, getting input from them, understanding their concerns and all political leaders joining hands, working together to defeat this virus.

It's not an easy thing. I'm not saying it will be easy for South Africa but the community-based approach, listening to the community and getting input from the community will help, whether it's getting emails like the 69,000 emails or other ways of inputting, getting advice from the communities is very important. Our communities know the problems, know the root causes of the problems. They also know the solutions. Let's listen to our citizens, let's listen to our people, let's make this fight truly community-based.

00:50:47

TJ Thank you very much. The next question is from Ankit Kumar from India Today. Ankit, can you hear us?

AK Yes, I can hear you. Good evening. My name is Ankit Kumar. I represent India Today. My question is, in India scientists from two institutions have claimed that the high fatality rate in some of the cities could possibly be linked to an N-type strain of the virus. Is there any evidence to show that the fatality rate is higher in this particular N-type strain? If you could please talk about that, thank you.

MK Thank you for that question. We're working with a global network of virologists and laboratorians across the world who are looking specifically at the sequences of the viruses that are circulating around the world. There are more than 10,000 full genome sequences

available. I don't even have the last count but at least 10,000 full genome sequences are available and we're looking at the changes in the virus to see if any of those changes mean that the virus has mutated and it changes in terms of its transmissibility or its ability to infect people or its ability to cause severe disease.

So far this virus is relatively stable. There are changes in the virus which are expected in RNA viruses but these changes are within the expected range and there aren't any differences in the viruses that have been found in different countries that suggest that it behaves differently in terms of its ability to transmit or its ability to cause severe disease in people.

00:52:26

TJ Thank you very much, Dr Van Kerkhove. Now we go to Tania Valbuena, N plus 1, online science magazine for Latin America and Spain. Tania, can you hear us? Maybe you need to unmute yourself; Tania Valbuena.

TA Hola.

TJ Hola. Please go ahead.

TA [Spanish language].

TJ Thank you very much, Tania. The question is about immunity passports.

MK I'll start and then perhaps Mike or DG would like to supplement. Yes, there are some countries that are considering the use of a passport or certificate which would indicate that somebody has been infected with COVID-19 and has developed some immunity. What we're working is working with labs to understand how these serologic assays are being used in individuals and what an antibody response - which is what those tests measure - means in terms of immunity and protection.

00:54:00

There are a number of studies that are underway to look at the tests themselves to see if they actually do what they say they do and what we're finding is that in individuals who develop an antibody response it's developed about a week or two after infection. We're trying to better understand what that antibody response means. Right now there are no studies that evaluate the antibody response as it relates to immunity so we can't say that an antibody response means that someone is immune.

Having said that, there are a number of studies underway and this is a very active area of research. We expect people that are infected with COVID-19 to develop a response that has some level of protection. What we don't know right now is how strong that protection is and if that's seen in everybody that is infected and for how long that lasts.

So right now at the present time, four months into this pandemic we're not able to say that an antibody response means someone is immune. Saying that there's no evidence in this area doesn't mean that there's no immunity. It just means that these studies haven't been done yet so we're working with scientists all over the world, with our partners to really understand

what this means for people who have mild disease, for people who have severe disease and what the antibody response means in terms of protection.

MR If I could just add to that, the serologic tests are the blood tests that test whether you've had the infection. To a greater lesser or accuracy it can say, you've had this infection. It's a very different question to say, are you protected from another infection. One tells you, yes, you've had the infection. The scientific question is, to what extent does having had that infection offer you protection against another infection. That is the question that still needs to be addressed.

00:55:56

Empirically we assume some level of protection from having had an infection. If you are a healthy individual that fully clears the virus from your system, you recover, you develop antibodies. In most cases you would expect those antibodies to provide you with protection for a period of time. The question is, it is unknown what that period of time is and it is unknown what the extent of protection is and that needs to be studied.

Just to be clear, countries are considering different kinds of documentation. One is documentation for someone who's leaving hospital as they go back into their communities that allows that person to say, I've been in hospital and I've completed the treatment course and I have now tested negative. Those kinds of documentation can be very helpful for reintegrating people back into their communities because sometimes there can be distrust.

We've seen this with other diseases so when a hospital issues a discharge letter or a note to a person to say, you have completed the treatment, you are no longer sick and we've tested you negative for the virus, that can be a helpful document for anyone going home and reintegrating with their family and friends.

I think that's different to the concept of an immunity passport or a document that says you've been previously infected. I think there needs to be a very detailed debate on all of this documentation, what it's for and what is the purpose of the documentation and what it's going to be used for going forward.

00:57:32

I believe that debate is ongoing. It's a healthy debate, it needs to be had but again it must be driven by science. If this gets distorted then it could be very misleading so we need to have a scientifically-informed debate on what the use of such documentation and such testing will be. I hope that happens immediately, sooner rather than later and we can all get the answers that we need.

TJ Thank you very much, Dr Ryan. I think we have an issue with the links but I will ask one final question that I received via email. It's from Monique al-Faisi from France 24. The question is about the importance of global solidarity in developing vaccine and the possible impact of the US acting alone. I think we already touched upon the question but maybe Dr Swaminathan wants to add on the importance of global solidarity in developing vaccine.

If the question has been answered and we have technical issues then we will conclude this press briefing here. We will have an audio file available. We apologise to all journalists who

have not been able to ask a question but we will see you again on Wednesday. Thanks to all the interpreters who are with us today, for six UN languages plus Portuguese. Have a nice evening.

TAG Okay, thank you. Thank you, Tarik. See you on Wednesday. Thank you for joining us.

00:59:37