COVID-19 virtual press conference - 29 April, 2020

Speaker key:

TJ Tarik Jasarevic
TAG Dr Tedros Adhanom Ghebreyesus
JA Janat
MR Dr Michael Ryan
BI Bianca
SI Simon
SH Shoko
MK Dr Maria Van Kerkhove
ST Stephanie
GU Gunila
AJ Ajit
JI Jim
IM Imogen

TJ Hello to everyone from WHO headquarters here in Geneva. My name is Tarik and we welcome you for our regular press briefing on COVID-19. Today, as we had on previous days, we have simultaneous interpretation into six UN languages plus Portuguese and I would like to take this opportunity to thank interpreters who are here with us and who will help, have the information interpreted into those languages. We also have sent a number of documents from our regional offices as well as invitations to press briefings from our regional colleagues which you may wish to follow.

Today we have Dr Tedros, WHO Director-General, Dr Maria Van Kerkhove and Dr Mike Ryan with us. I will give the floor immediately to Dr Tedros before we open the floor to questions. Dr Tedros, please.

00:01:11

TAG Ty, Tarik. Good morning, good afternoon and good evening. As of tomorrow it will be three months since I declared a Public Health Emergency of International Concern over the outbreak of novel coronavirus. Today I would like to take a few moments to look back at the period preceding that announcement to be clear about what WHO knew and what we did, which could help the country to understand the three months.

On 31st December WHO's epidemic intelligence system picked up a report about a cluster of cases of pneumonia of unknown cause in Wuhan, China. The following day, New Year's Day, WHO asked China for more information under the International Health Regulations and activated our incident management support team to co-ordinate the response across headquarters and our regional and country offices.

On 2nd January WHO informed the Global Outbreak Alert and Response Network or GOARN, which includes more than 260 institutions in more than 70 countries. Yesterday was GOARN's 20th birthday and I would like to use this opportunity to say, happy birthday to GOARN and thank you and congratulations to every single GOARN member for their commitment in responding to the COVID-19 pandemic and many other emergencies. We're really proud to work with you.

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On 3rd January China provided information to WHO through a face-to-face meeting in Beijing and through WHO's event information system, established under the International Health Regulations. On 4th January WHO reported the cluster of cases on Twitter. At that stage no deaths were reported.

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

On the same day WHO also issued its first public disease outbreak news, publishing technical information for the scientific and public health communities as well as the world's media. On 10th and 11th January WHO published a comprehensive package of guidance on how to detect, test for and manage cases and protect health workers from potential human-to-human transmission based on our previous experience with coronaviruses.

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We also published a readiness checklist to help countries assess their capacities and gaps for detection and response. Because Wuhan is a major domestic and international transport hub WHO also advised that the risk of cases being reported from outside Wuhan was increased. On 11th January China shared the genetic sequence of the virus for countries to use in developing testing kits.

On the same day China reported the first death from the new coronavirus. On 13th January the first case was reported outside China, in Thailand. That day, working with partners, WHO published the first instructions for how to make PCR-based diagnostic test kits, enabling the world to find cases. I would like to use this opportunity to thank Germany.

On 14th January WHO tweeted reports from China that preliminary investigations by Chinese authorities had found no clear evidence that human-to-human transmission was occurring. This is in line with our practice of reporting to the world information that countries report to us. We post countries' reports, as is.

However earlier the same day WHO held a press briefing at which we said that based on our past experience with coronaviruses human-to-human transmission was likely. Our senior experts participated in that press conference and that news was carried by mainstream media.

On 20th and 21st January WHO staff visited Wuhan and on 22nd reported that the evidence suggested human-to-human transmission was occurring. On 22nd and 23rd January I convened the Emergency Committee, consisting of 15 independent experts from around the world. At the time 581 cases had been reported and only ten cases outside China. The emergency Committee was divided in its opinion and did not advise that I declare a Public Health Emergency of International Concern.

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The Committee asked to reconvene in ten days or less to allow time for more information and evidence to be collected and considered. On 27th January I travelled to Beijing with WHO's chief of emergencies, Dr Mike Ryan, and other senior WHO staff and met with President Xi Jinping and other leaders to learn more about the response and offer WHO's assistance.

We discussed the seriousness of the situation and agreed that an international team of scientists should travel to China to look into the outbreak and the response, including experts from China, Germany, Japan, the Republic of Korea, Nigeria, the Russian Federation, Singapore and the United States of America.

On 30th January I reconvened the Emergency Committee and after receiving their advice - because of the new information they gathered they had a consensus - I declared a global Public Health Emergency, WHO's highest level of alarm. At the time, as you may remember, there were fewer than 100 cases and no deaths outside China. To be specific, we had 82 cases outside China and no deaths when we declared the highest level of global emergency.

From the beginning WHO has acted quickly and decisively to respond and to warn the world. We sounded the alarm early and we sounded it often. We said repeatedly that the world had a window of opportunity to prepare and to prevent widespread community transmission. We started our early press conferences. People were saying the world would be tired of you if you had a press conference every day, but we didn't mind. We wanted to make sure that the world understands what we're saying.

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WHO is committed to transparency and accountability. In accordance with the International Health Regulations I will reconvene the Emergency Committee tomorrow because it's almost three months since we declared the highest emergency and that was what was suggested by the Emergency Committee, to reconvene three months after the declaration to evaluate the evolution of the pandemic and advise on updated recommendations.

In the three months since the Emergency Committee last met WHO has worked day in, day out to sound the alarm, support countries and save lives. We have worked with countries to help them prepare and respond. We have brought countries together to share experiences and lessons learned. We have brought together thousands of experts to analyse the evolving evidence and distil it into guidance.

We have convened researchers to identify priorities from all over the world. We have launched a large international trial to find answers fast about which drugs are the most effective. We have brought together a consortium of countries and partners to accelerate the development and equitable distribution of vaccines, diagnostics and therapeutics.

We have shipped millions of test kits and tons of protective gear all around the world, focusing on those countries who need our support most. We have trained more than two million health workers - to be exact, 2.3 million health workers around the world. We don't think that's enough. We will continue to train more.

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We have worked with tech companies to fight the infodemic. We have kept the world informed in multiple ways including these regular press conferences answering your questions. We have brought together entertainers to provide music and laughter even in these dark times. I use this opportunity to thank Hugh Evans, my friend from Global Citizen, and Lady Gaga for bringing the whole world together.

We have watched with admiration as the world has come together in solidarity to fight this common enemy. We share the grief and pain of so many people around the world and we share the hope that we will over come this pandemic together. There is one thing we haven't done; we haven't given up and we will not give up, we won't. Our commitment remains to serving all the people of the world with science, solidarity and solutions but above all with humility and respect to all people and nations.

WHO is now working to provide the critical strategies, solutions and supplies that countries will need in the coming weeks and months. One thing that we would ask is unity at the national level and solidarity at the global level. More than ever the human race, humanity should stand together to defeat this virus. I have said it before; this virus can wreak havoc. It's more than any terrorist attack; I've said it before.

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It can bring political, economic and social upheavals but the choice is ours and the choice should be unity at national level. The choice should be global solidarity; standing in unison. The choice should be humanity against this virus. I thank you.

TJ Thank you very much, Dr Tedros, for these opening remarks. Before we open the floor for questions, just to remind everyone, we have simultaneous interpretation into six UN languages - Russian, English, French, Chinese, Arabic... and we also have Portuguese. For journalists who are watching us on Zoom. You have to click on interpretation and then there is just one thing; that Arabic is under Korea. I don't really know why that is but if you want to listen in Arabic you have to click on Korea.

If that's okay we will ask everyone to be very short and have one question so we can try to take as many as possible. Also just to remind you, we cannot unmute you so if we call on you please unmute yourself and you will be able to ask a question. We will start with Kazakhstan, with Janat Ahmetova from TV channel Habag. Janat, can you hear us?

JA Yes, good evening. My name is Janat from [unclear] agency, Habag. My question is, in the framework of regional co-operation Kazakhstan has provided humanitarian assistance in the fight against the coronavirus pandemic to Kyrgyzstan and Tajikistan. Several countries provided such assistance to Kazakhstan. How is such a partnership in other regions of the world and how does this correlate with WHO's work in this direction? Thank you.

MR Thank you for the question and again thank you to Kazakhstan for the help you're providing in the region and the assistance we're getting from other. I think we've seen in this pandemic that very often it doesn't matter what level you're at; the most effective and welcome assistance comes from your neighbours. That may be the house next door but sometimes it's the country next door. Neighbouring countries share very often common peoples, common languages, common cultures, a common approach to the world and usually have very deep-rooted connection between countries.

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Those trusting relationships in situations like this can be relied upon to allow for assistance, support and solidarity to move between countries. I also believe it's a pathway through this pandemic as countries who are close to each other, have those historic links can begin to open and trade and work with each other in a careful and stepwise manner.

So having good neighbours is always a very positive thing. Also I believe across the whole subregion from Turkey all the way through Kazakhstan, Tajikistan, the Turkic-speaking nations have worked together very effectively in providing mutual support. Subregional and regional collaboration and co-ordination is very important. Director-General, Dr Tedros, has worked with our Regional Directors and so many of the regional collections of Ministers and governments, with ASEAN, with the African Union, with CARICOM, with so many other regional integration organisations which provide a basis for co-operation and support between countries.

So yes, I do think that local support in subregions, regional co-ordination, both in terms of aligning response strategies, aligning exit strategies from lock-down, aligning innovation strategies and working our way through this pandemic to reach a point where we have enough control to be able to resume our social and economic lives.

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TJ Thank you very much, Dr Ryan, for this answer for Habara TV news channel from Kazakhstan. The next question comes from Globo, Brazil; that's Bianca [Unclear]. Bianca, can you hear us, please?

BI Yes, Tarik. Can you hear me?

TJ Yes, please go ahead.

BI Thanks a lot. My question is a about Brazil and so I will ask in Portuguese. [Portuguese language].

TJ Bianca, can you please repeat the question? Dr Tedros was not able to hear everything so repeat slowly, please.

TAG Because I only know obrigado.

BI Do you prefer in English?

TJ Dr Tedros, it's channel number two. Please just repeat in Portuguese. It's okay. Thank you.

00:20:46

BI Okay. [Portuguese language].

TJ Thank you very much.

TAG Yes, thank you. There was a question asked from Brazil - when was it? - last Monday and I was informed that the newspapers in Brazil actually carried something I never said, maybe out of perspective. The response I had was a response on how all countries should do and, to be honest, even now from the information you're giving me I would not comment on what the President said without checking what he really said. That's what I would like to say.

We're talking to Brazil on a regular basis so if they have questions or they have issues they can talk to us and if there is any comment made we would like to hear it directly. Thank you.

TJ Thank you very much, Dr Tedros. Now we will go to Simon Ateba from Today News channel Africa. Simon, can you hear us?

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

TJ Yes, please go ahead.

SI Thank you for taking my question. My name is Simon Ateba from Today News Africa in Washington, DC. My question is on testing in Africa. Dr Tedros, as you know, in most parts of Africa testing remains extremely inadequate.

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For instance Nigeria has almost 200 million people but only 11,000 tests have been done so far and the trend seems to be the same in other countries in Africa. I was wondering if you could expound again on all the ongoing effort the WHO is making to expand testing in Africa.

If I might add quickly to Dr Maria, I know the DG mentioned recently that you were having a partnership with tech companies. I was wondering if you could clarify in detail what type of personal, private health information you are giving tech companies and how long can they store that private, personal information? Thank you.

MR The DG may want to respond on the broader capacities in Africa but in terms of laboratory testing capacity, I think, led by the Institut Pasteur in Senegal, the National Institute for Communicable Diseases in South Africa and working with ourselves and the

African Union and the Africa CDC the capacity for both the laboratory technicians to do the testing and the distribution of the tests has occurred across Africa.

I do agree with you, Simon, that the availability of tests is still a critical issue, as it is in many parts of the world and I can assure you that we have recently effected deliveries of personal protective equipment and more tests kits to 51 countries on the African continent. Those flights were just completed this week.

But over the coming few weeks there will be a huge scale-up in terms of automated tests, manual tests, swabs and media and all of the other material needed for testing right across low/middle-income countries and within about 140 priority countries. In fact I think all countries in sub-Saharan Africa are included as part of that priority list and we will be procuring and shipping over five million manual test kits for those countries. This is under the Supply Chain Taskforce that the director-general kicked off in the pest number weeks with the UN Secretary-General.

We've been working on supply chain management now for months but bringing together the architecture of identifying supplies in the global supply chain that's essentially broken, validating those test kits that were available, scaling up production of those test kits at the manufacturers, procuring those kits and arranging for them to be transported to countries along with PPE, along with the other supplies, along with the swabs and the media has been a challenge.

We'd like to thank our partners out there, those who've worked with us on procurement like UNICEF, like the Global Fund, like Unitaid and many, many others; the Gates Foundation; and those partners who are working with us on allocation and distribution like the World Food Programme. I forgot to mention our colleagues at the Clinton Health Access Initiative as well.

So we've seen a coming-together of a global consortium of institutions and organisations who are fundamentally focused on ensuring that we fill the gaps in the supply chain, especially in low and middle-income countries and especially in countries affected by fragility and conflict.

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We intend to fill a significant proportion of that gap in the coming weeks and months and be a reliable source of PPE, of testing capacity and equipment and supplies as well as other medical supplies and ventilators to countries and populations all over the world. We are doing and striving our best to identify the funding and the transport mechanisms and the way to guarantee those supplies, but, might I say, in the context of a very, very broken global supply chain where production, procurement, distribution is extremely difficult. I again would like to thank our partners for that.

We have a lot of collaboration with the private sector and with the IT sector on our work both to protect our systems here in Geneva and around the world but also on developing solutions for the field and developing solutions for public health. I can reassure you that there is no personal data being held by private sector companies on any of the elements to do with COVID-19 or anything else for that matter so just to reassure you, we are not passing personal data to private companies of any kind and especially to IT companies on this issue.

All of our data sharing is within our data protection and ethical considerations that pertain, just to reassure you on that.

TAG On our partnership with tech companies, the partnership we started is mainly to fight infodemics so it's because of the recent discussions and agreements we had with them. It's about fighting infodemics and not about sharing data but, as Mike said, we take private information very seriously. But the agreement we had recently is not about that, it's about fighting infodemics together and routing all those who have questions about coronavirus to the right site or to the right agency, meaning to WHO and other reliable agencies.

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They're doing that; Facebook is doing that, Google is doing that and other tech industries are doing that and directing any questions to the right institutions but at the same time when there is misinformation or fake news they remove it immediately. That's where we're focused now in our partnership with them.

TJ Thank you very much for this. Now we will go to NHK, Japanese news agency. Shoko, can you hear us, please?

SH Hi, Tarik. Can you hear me?

TJ Yes. Please go ahead.

SH Okay, thank you for taking my question. Some countries are reporting a possible link between COVID-19 and Kawasaki disease. What's the position of the WHO on this issue? Thank you.

MR Maria may supplement. Do you want to go? Please. Sorry, I thought you were just...

MK No. Yes, I'll start and maybe Mike would like to supplement. Yes, we are aware of this report which came out of the United Kingdom about a small number of cases amongst children with its inflammatory response. We're looking at this with our clinical network and in fact our clinical network had a teleconference yesterday which discussed this. If I can remind you, we have a global network of clinicians that are dealing directly with COVID-19 patients across the globe and they meet at least once a week if not more to exchange information and what they're doing is trying to better understand how this infection affects the body and the disease that it causes.

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We do know so far with regard to children that, continuing in our understanding of the data from this disease in children, they tend to have less severe disease so they tend to have overwhelmingly mild disease but there are some children who have developed severe disease and some children who have died.

There are some recent rare descriptions of children in some European countries that have had this inflammatory syndrome, which is similar to the Kawasaki syndrome, but it seems to be very rare. What we've asked for is for the global network of clinicians to be on alert for this and to ensure that they capture information on children systematically so that we can better

understand what is occurring in children and so that we can better improve our understanding and guide treatment.

But it seems to be very rare and only in maybe one or two countries so far and a number of additional countries they have not reported this yet but this is something that the clinical network is looking into specifically.

MR I just may supplement and emphasise for all parents out there that the vast, vast majority of children who get COVID-19 will have a mild infection and recover completely and Kawasaki syndrome is a syndrome that's been around for a long time; it's a rare condition, it happens.

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It usually resolves itself but it is associated with inflammatory processes in the blood vessels and we're very grateful to the clinicians who've observed this in children but they have said this is an atypical Kawasaki syndrome. They're describing something they have seen in children. It's a very important observation and it may reflect too, as we've seen in adults, the fact that the SARS-CoV-2 virus causing COVID-19 obviously is causing inflammation and attacks tissue other than lung tissue.

We are in a situation where clinicians are looking at what those other effects of having this coronavirus infection are and we've seen this in the past with many emerging diseases; they don't necessarily only attack one type of tissue; there can be multiple organs affected and many of you have seen the reports of other organs that have been affected with this disease.

So it's really important that this information is shared around the world. It's really important that paediatricians and clinicians get time to collect information and share that but again just to reassure parents out there, this is a rare complication and one should always be watchful in children who are experiencing infectious disease for any deterioration in their condition. But I think it's important that parents out there are reassured.

TJ Thank you for this. Now we will go to Reuters and Stephanie. Can you hear us? One more time, Stephanie from Reuters, can you hear us? You need to unmute yourself.

00:34:28

ST Yes, thank you. Sorry. I wondered if perhaps Mike could comment on some of these reports on remdesivir that have come out. There're some indications in The Lancet that it's not been effective. The company is saying that it's helped improve outcomes for patients and given some data that they say is encouraging. I wonder if you could help us on that. It's still all coming out of course.

MR Yes, thanks, Stephanie. No, I wouldn't like to make any specific comment on that because I haven't read those publications in detail and it's always very important that we consider all publications related and it can sometimes take a number of publications to determine what the ultimate impact of a drug is and clearly we have the randomised-control trials that are underway both in the UK and the US and the Solidarity trial with WHO. Remdesivir, I think, is one of the drugs under observation in many of those trials so I think a lot more data will come out.

We're all fervently hoping that one or more of the treatments currently under observation and under trial will result in altering clinical outcomes or improving clinical outcomes and ensuring that fewer people die or that fewer people have a severe course of illness but I wouldn't like to make any comment. Maria, you may have read the papers.

We like to look at papers not just as one paper; we like to look at a group of publications and then be able to compare and use our clinical networks in order to do a proper review. We have a scientific review process in-house where we do systematic reviews at various times on different aspects of the response, especially on drug efficacy and the efficacy of other interventions and we would like to look at that in the context of a broader look at the overall data regarding remdesivir. But we are hopeful that this drug and others may prove to be helpful in treating COVID-19.

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MK Yes, thanks, Mike. This is a great question and it's a good opportunity to explain a little bit about how we actually evaluate the evidence. There are studies that are coming out, particularly on therapeutics but in all aspects of this novel coronavirus, this new coronavirus causing this pandemic. It's something within the scientific community; what we try to do when we evaluate the evidence is we look at what we call the weight of the evidence where we pull together all available evidence, all available studies on any particular topic, whether these studies are conducted in a laboratory through experimental conditions, whether they're done in observational studies or epidemiologic studies in people, whether they're done through clinical trials.

What we do is we pull together every shred of evidence, every piece of evidence we can get our hands on and we review it and we critique it and in this particular pandemic we have a large volume of papers that are being shared with us prior to publication. These are the pre-publication materials and this is amazing, this is such a positive aspect to this pandemic and we thank all researchers who are willing to do that with us.

But it is an important process for papers to go through what we call the peer review process, which means they submit a paper to a journal and then they have top experts in that field really go through in detail and review that article. Then it goes back to the authors and they modify it and then they resubmit.

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So oftentimes when you submit a paper by the time it goes through the peer review process it looks a lot different when it actually gets published in a journal. For us, we're trying to digest all of the information that comes to us that is pre-publication and also the ones that are coming out in peer review journals.

Once we do that we look at all of the studies and we judge them in the sense of, this is a better study, this is more robust and this study has some significant limitations. Once we are able to take that collectively we can come away with some kind of a conclusion of, yes, we see an effect, no, we don't, yes, we know more about this disease in children or something about transmission or whatever the topic may be.

Then we go one step beyond that. Then we debate the results with our global expert networks and this is a healthy debate, it's a constructive debate where we actually look again and we say, what does this tell us and what does this mean in terms of our guidance to our member states, to all people all over the world.

That's a really important process to go through. That can be sped up, especially in emergencies when we need to do this very quickly but it doesn't change our willingness and our desire to do this very comprehensively.

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Right now what we are doing at WHO is we're working with our science division and we're working with partners at GOARN who are conducting living reviews for us so every day we are looking at the publications that come out in the peer-reviewed journals and the publications that are being sent to us before they reach the journals and we're conducting living reviews on about 30 topics right now so that we can stay in tune with what is coming out.

Typically you don't have one study come out that will be a game-changer. There could be; if it's a very well-designed study, if there are enough cases and controls it could really change our understanding and if that happens we will adjust our guidance. But there is a process for this to take place and we're really grateful for all of the scientists and experts that work with us to help us develop this guidance and understand all of this research that's coming out.

TJ Thank you very much, Dr Van Kerkhove. The next question is from Gunila Van Hall from Swedish media. Gunila, can you hear us?

GU Yes, can you hear me?

TJ Yes, please go ahead.

GU Thank you. My question is on Sweden. It's a country that's chosen a different road, strategy; basically no lock-down and an open society through the crisis. Could this mean that the population of Sweden and maybe other countries that have not had strict lock-downs have a chance to be better-protected in case of a second wave as they have been more exposed and have had a chance to develop possible herd immunity? Thank you.

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MR Thank you. I think two things here. I think there's a perception out there that Sweden has not put in place control measures and has just allowed the disease to spread. Nothing could be further from the truth. Sweden has put in place a very strong public health policy around physical distancing, around caring and protecting for people in long-term facilities and many other things.

What it has done differently is that it's very much relied on its relationship with its citizenry and the ability and willingness of citizens to implement physical distancing and to self-regulate, if we want to use that word. In that sense they've implemented public policy through that partnership with the population. They've been doing the testing, they've ramped up their

capacity to do intensive care quite significantly and their health system has always remained within its capacity to respond to the number of cases that they've been experiencing.

Like many other countries in Europe Sweden has experienced many, many clusters of disease in long-term care facilities but that's unfortunately and tragically not a unique event in Europe. Many countries across Europe have experienced the same tragedies over the last number of months and that's something that really needs to be looked at very carefully all over Europe even as the numbers go down.

Our elderly, our older citizens are still dying in large numbers in many nursing homes and long-term care facilities and more needs to be done to protect and stop those clusters and prevent disease spread in those settings.

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With regard to this concept of herd immunity, I think we'll wait. I believe seroprevalence studies are underway in Sweden as well as in many, many other countries and Maria can speak to that because WHO with our partners have done a large review of all of the seroepidemiologic studies that are underway and some of the results that are available.

But I would say that the general outcome; even in areas of fairly intense transmission the proportion of people who have seroconverted or who have antibodies in their blood is actually quite low, which is a concern because it does mean many, the vast majority of people remain susceptible. So the chance of the disease rebounding or returning is quite high, especially if control measures or lock-down-type measures are released too quickly without being replaced by case finding, contact tracing, testing and strong community compliance.

I think if we are to reach a new normal in many ways Sweden represents a future model of, if we wish to get back to a society in which we don't have lock-downs then society may need to adapt for a medium or potentially a longer period of time in which our physical and social relationships with each other will have to be modulated by the presence of the virus. We will have to be aware the virus is present and we will have to, as individuals and families and communities, do everything possible on a day-to-day basis to reduce the transmission of that virus.

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That may mean adjusting the way we live our lives and I think maybe in Sweden they're looking at how that is done in real time. So I think there may be lessons to be learned from our colleagues in Sweden but again I wanted just to emphasise, Sweden has not avoided controlling COVID-19. It's taken a very strong strategic approach to controlling COVID-19 across all of the elements of society.

What it has done differently is that it really, really has trusted its own communities to implement that physical distancing and that is something that remains to be seen, whether that will be fully successful or not.

TAG It could be a coincidence but I actually received a letter from His Excellency, the Prime Minister, Prime Minister Stefan Löfven, today and he shared with me the strong measures they're taking. Tack så mycket, Your Excellency.

MK To supplement what Mike said around the herd immunity, right now we're tracking over 90 seroepidemiologic studies that are in various stages of development, whether the countries are just starting the process to implement or whether they're implementing them now. There are some pre-publication papers that have come out that have suggested low seroprevalence, a low percentage of the people they tested that actually have antibodies.

If the tests that they have used are reliable this indicates that a large proportion of the population remains susceptible to COVID-19. That means the virus has more room to move and so it is important that we continue to adhere to these public health measures.

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I think we need to wait some time to have a better understanding of how well the serologic tests that are available work. For the countries that we are working with on seroepidemiology we've advised them to store their samples in -20 freezers right now until we can give a better indication of which serologic tests are performing well.
But we do hope will have more information about the extent of infection in a number of countries across the globe so we can really understand how far and wide this virus has spread.

TJ Thank you very much. We will now go to Morocco, where we have Abdullah calling us from Morocco Media. Abdullah, can you hear us? Please go ahead.

AB [Arabic language].

TJ Thank you, Abdullah.

TAG Yes, Shukran, Abdulla and as-Salaam Alaikum. Vaccine development is one of the areas we have been following up from the start and from the projections we have it could take 12 to 18 months. This was said two months ago so that means ten to 16 months from now. But as you also know, we have launched a new initiative last Friday, last week and the purpose of that initiative is to accelerate the development of vaccines so to have it even earlier than the projected dates but at the same time ensure access to the vaccine all over the world.

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So it has a combination of two objectives; one is accelerating development and the second is ensuring access so that everybody has access, the haves and the have-nots. As you may remember, governments and the private sector, all relevant agencies participated in that launching and there is a strong commitment from everybody to push this forward, to accelerate the development and also break the barriers to access and ensure access.

I hope and WHO hopes that the two objectives will be met but I know it will be very difficult. As WHO we know that it will be difficult but we don't believe that it's impossible. One of the important things we need to do to accelerate the development and ensure access is the financing part and as you may know, the European Union, the European Commission is hosting a pledging conference on May 4th. I would like to use this opportunity to do two things; one, to invite everybody to join in that pledging conference because we need funding to accelerate and ensure access.

But at the same time I would lie to use this opportunity to thank the European Commission in general and all its member states but at the same time and specifically to thank my sister, Dr Ursula Van Der Leyen, for her leadership in the pledging conference and I hope to see as many countries as possible, as many donors as possible, as many private-sectors as possible, as many citizens as possible to support the European Commission's initiative.

That will help the whole world. That is being done based on the principle of solidarity that we have been talking and and I'm glad that the European Commission is delivering based on the principle of solidarity. Thank you.

00:51:17

TJ Thank you very much. We have time for one or two more questions. The next one is Ajit from United News of India. Ajit, can you hear us?

AJ Yes, can you hear me?

TJ Yes, please go ahead.

AJ Thanks for taking my question. I just wanted to know; what is WHO's view regarding India's testing. Some people say that testing is below the level where it should be so what's WHO's view?

MK I can start and then perhaps Mike or DG would like to supplement. The question's specifically on India but I think we need to make very clear what our goal is for testing globally. Our goal for testing is to find the virus and it's to find people who have been infected with the virus and through the active case finding so aggressively looking for people who are suspected to have COVID-19 and we have case definitions that describe who those people might be.

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If we test those individuals and know if they have the virus then they can be isolated and cared for depending on the severity of disease that they have and that's very important, that we have early clinical care and early isolation of those individuals so that we prevent the onward transmission.

Testing also helps us to identify those cases and then their contacts so if we find contacts of the confirmed cases then we can quarantine them, we can isolate them as well away from individuals and prevent them from passing it to someone else. These are critical to the goal of suppressing transmission.

There's been confusion that when we have said test test test that means to test everyone in the population. That's never been what that meant. That meant to have aggressive case finding; test all suspect cases and test the contacts who develop symptoms. That's really important and we get a lot of questions saying, what does that mean, how many should we actually test?

It's difficult to say based on the population. It's based on the transmission scenario that a country is in. What we've tried to do to support countries is to provide a testing strategy and

to help you depending on where you are; if you have clusters of cases or community transmission how can you prioritise your testing should you have a limit in the number of tests you have or the supplies necessary to carry out that testing?

Just to be clear, we recommend that all countries test suspect cases and test the contacts who develop symptoms. Again that will depend on what's happening in your country, it depends on the transmission scenario that you're in at the lowest administrative level.

00:54:08

TJ Thank you. Let's go now to Jim Rupe from Westwood One. Jim, can you hear us? Jim, can you unmute yourself so that we will be able to hear you?

JI Yes, there we go. I apologise, sir.

TJ No problem. Please go ahead.

JI Thank you all very much. You guys are rock stars, not just you three but Tarik and Chris too are awesome for bringing this too us; thank you very much.

My question is on recovery numbers. We don't seem to get those. It's my understanding that if someone is considered no longer infectious they must have had a test so are not those who were positive and are now negative; aren't those numbers collected so that we know the legitimate number of recovered people?

MK I'll start with it. Jim, thank you for thanking others. I think you see the three of us up here every day but we represent a huge number of people and thanks for saying that publicly because we are very grateful for everybody at WHO and beyond who is working on this pandemic.

With regard to recoveries, this is a very important question. I'm surprised more people don't ask us about the recoveries because there are a large number of people who have recovered from this. I don't know the exact numbers but it's in the hundreds of thousands of people, if not over a million people so far that have recovered from infection.

00:55:41

When someone is discharged from hospital or discharged from home isolation typically there're different ways that that's done depending on the country. Our recommendation is that somebody has two negative PCR tests at least 24 hours apart and that they've clinically recovered, they have no more symptoms.

In situations where testing is limited what we recommend is that individuals who are either suspected to have it or who have tested positive at least once recover in terms of their clinical symptoms and they stay home an additional two weeks. What we're working on with our clinical network is following those individuals who have recovered to trace them over time and see how they're doing and see if there're any long-term effects from infection.

I think this is a really important aspect as we go through this pandemic. Just because you've has the disease and you've recovered; most people will recover and be totally fine but some

people will have some lingering effects and it's important for us to document this very carefully.

We're also following people over time to really understand the level of protection that they have from another infection. We've talked about this at other press conferences before but that will take some time because we need to follow individuals over weeks and months to measure the level of antibodies. This is part of the immune response the body has after infection and that will take us some time, to really understand, if they have protection, how strong that protection is and for how long that protection will last.

00:57:20

TJ Thank you very much and thank you, Jim, for the nice words. Maybe the last question for tonight; Imogen from the BBC. Imogen, can you hear us?

IM Yes, I can. I hope you can hear me.

TJ Yes, please go ahead.

IM It's coming back to the question of children and whether they can infect other people because we heard here in Switzerland - and I'm getting a lot of questions from people all over the world - that grandparents were advised this week, actually it's okay, you can hug your grandchildren if you want to. I just wonder, could you clarify the evidence about children being able to spread the virus or not?

MK Thanks for that question. I'm sure many grandparents around the world are dying to hug their grandchildren. This is one of the living reviews that we're currently working on. We're tracking all studies that are evaluating this infection in children and consistently what we're seeing across countries that are dealing with COVID-19 is that children seem to be less affected and, as Mike said earlier, overwhelmingly a majority of children who are infected and detected through surveillance systems have mild disease and recover and that's important.

00:58:37

We do know from some household transmission studies where you follow household members very carefully over a period of time and you test them that we've seen transmission from adults to children and we have also seen transmission to a much lesser extent from children to adults. There's no reason to think that children are less susceptible to infection if they're exposed and that they can transmit [sic].

So it's certainly possible but we're really not seeing this in the epidemiology. We need a lot more research and very detailed studies. It can't come from individual case reports, it has to come from studies that follow people over time to really better understand what role children are playing.

We will also learn from the seroepidemiology studies which include children if they are infected and they're not developing disease so that's something that we don't know yet but in those 90 studies that I mentioned many of those will be looking at seroprevalence in children.

MR Just to add on that - and I think Maria is spot-on there - I think we also need to look with children and if children are getting infected without developing clinical disease they may also be less infectious if they're not coughing and hacking and sneezing and also we need to look across this whole epidemic at infectious dose and we need to look at how people are infected because we're sometimes making assumptions that because someone is asymptomatic they're probably spreading all of the disease. That may not be the case.

We need to look at how people are symptomatic through the course of disease and how much virus they're potentially expelling through coughing, through sneezing, through contaminating their hands, the environment and other issues.

01:00:33

We also need to look at severity of disease in relation to the exposure dose. Does the type of exposure or the dose of exposure relate to severity of disease? There are a lot of issues that are going to have to be worked out as we continue to learn more about this virus.

TJ Thank you very much. Before we conclude this I think Dr Ryan would like to have a few words.

MR Yes, before we finish I just want to say happy birthday to the Global Outbreak Alert and Response Network, GOARN. I wear two lanyards every day of my working life, which seems to be every day now; my WHO one and my GOARN one. I say to my colleagues in GOARN, like you, I am GOARN; a group that came together 20 years ago in those room and agreed that no one institution in the world has all of the capacity to deal with epidemics, that we were stronger together and we could find solutions together.

GOARN was set up on 12 guiding principles, has never had a bureaucracy, a theocracy, a constitution or law to underpin it. What it has had is a tribe of committed, very different organisations; our colleagues at CDC in Atlanta, our colleagues at MSF, our colleagues at UNICEF, our colleagues in small and large scientific institutions; the Robert Koch Institute; Singapore, Korea, China; so many institutions from around the world with one thing in mind; to come together to serve humanity, to serve those communities who are facing the terror of epidemics.

01:02:15

So many people in this network have put their own lives on the line again and again in the service of humanity so happy birthday, GOARN. I'm proud to be GOARN.

TAG Yes, I would like to join Mike in saying happy birthday to GOARN and appreciation for all you're doing, all members of GOARN and my thanks especially to its chair, Dr Dale Fisher from Singapore, and all members of the committee and also all members of GOARN. I look forward to fighting this pandemic, to continuing the fight together to bring it to an end. Thank you and happy birthday, GOARN.

TJ Thank you very much, everyone.

TAG Okay, see you on Friday. Thank you. Thank you for joining.

TJ Thank you, DG. We will have an audio file sent to you soon and a transcript will be available tomorrow. We wish you a very nice evening, everyone, from Geneva.

01:03:30