



World Health Organization

WHO press conference on COVID-19

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TG	Dr Tedros Ghebreyesus
QU	Questioners
MR	Dr Michael Ryan
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TJ Good afternoon, everyone. Thank you very much for joining us today for our regular briefing regarding COVID-19. We have Dr Tedros, WHO director-general, Dr Mike Ryan, executive director of WHO health emergencies programme, and our technical lead, Dr Maria Van Kerkhove. For journalists dialling in by phone, it's star-9 to get in line for questions. Those who are joining us via Zoom, it's clicking on the raised hand. We also sent you today with our media advisory a few links to documents issued by our regional offices regarding COVID-19, so we invite you to read that. Following this press briefing, we will have an audio file and the transcript the next day. I give the floor immediately to Dr Tedros.

TG Thank you. Thank you, Tarik. Good afternoon to everyone online and in the room and hope you had a good weekend. The number of cases in China continues to decline and yesterday China reported 206 cases of COVID-19 to WHO, the lowest since 22nd January. Only eight cases were reported outside Hubei Province yesterday. Outside China, a total of 8,739 cases of COVID-19 have been reported to WHO from 61 countries with 127 deaths. In the last 24 hours there were almost nine times more cases reported outside China than inside China.

The epidemics in the Republic of Korea, Italy, Iran, and Japan are our greatest concern. I would also like to inform you that a WHO team have arrived in Iran this afternoon to deliver supplies and support the government in their response. I would like to use this opportunity to thank Crown Prince Sheikh Mohammed bin Zayed Al Nahyan of the United Arab Emirates for his support in making this mission possible. [Unclear], Crown Prince. A WHO staff member in our Iran country of course has now tested positive for COVID-19 and he has mild disease.

The Republic of Korea has now reported more than 4,200 cases and 22 deaths, meaning it has more than half of all cases outside China. However, the cases in the Republic of Korea appear to be coming mostly from suspected cases from the five known clusters rather than the community. That's important because it indicates that surveillance measures are working and Korea's epidemic can still be contained. Knowing and understanding your epidemic is the first step to defeating it.

Korea's situation also underlines that this is a unique virus with unique features. This virus is not influenza. We are in uncharted territory. We have never seen before a respiratory pathogen that's capable of community transmission but at the same time which can also be contained with the right measures. If this was an influenza epidemic, we would have expected to see widespread community transmission across the globe by now and efforts to slow it down or contain it would not be feasible, but containment of COVID-19 is feasible and must remain the top priority for all countries. With early aggressive measures, countries can stop transmission and save lives.

We appreciate that people are debating whether this is a pandemic or not. We're monitoring the situation every moment of every day and analysing the data. I have said it before and I'll say it again: WHO will not hesitate to describe this as a pandemic if that's what the evidence suggests, but we need to see this in perspective. Of the 88,913 cases reported globally so far, 90% are in China, mostly in one province. Of the 8,739 cases reported outside China, 81% are from four countries. Of the other 57 affected countries, 38 have reported ten cases or less. Nineteen have reported only one case and a good number of cases have already contained the virus and have not reported in the last two weeks.

We know people are afraid. We know they have many concerns and questions. Is the virus spreading in my community? Will my kids be okay? Will my parents be okay? Is it safe to hold an event? Should I travel? The answers to these questions will vary depending on where you live, how old you are, and how healthy you are. Individuals, families, and communities should follow the advice provided by local health authorities and local health professionals. WHO will continue to provide evidence-based guidance to help countries and individuals to assess and manage their risk and make decisions.

There is no one-size-fits-all approach. Different countries are in different scenarios. More than 130 countries have not detected any cases yet. Some just received their first cases yesterday. Some have clusters of cases with transmission between family members and other close contacts. Some have rapidly expanding epidemics with signs of community transmission and some have declining epidemics and have not reported a case for more than two weeks. I repeat this: and some have declining epidemics and have not reported a case for more than two weeks. Some countries have more than one of these scenarios at the same time. For example, China had community transmission in Wuhan but relatively small numbers of cases in other provinces. Other countries have a similar pattern.

WHO is advising countries on actions they can take for each of the three Cs scenarios: first case, first cluster, first evidence of community transmission. The basic actions in each scenario are the same, but the emphasis changes depending on which scenario a country is in. Our message to all countries is, this is not a one-way street. We can push this virus back. Your actions now will determine the course of the outbreak in your country. There is no choice but to act now. I thank you.

TJ Thank you very much, Dr Tedros. We will start first here in the room and then we will go online and I repeat again that we would like to have each journalist asking only one question. We will start with [unclear], please.

QU My name is [unclear] Broadcasting Corporation. The number of confirmed death cases has reached 3,000, total number in the world, and the coronavirus has spread now to 65 countries. Are we still in the phase where we can contain the virus? Thank you.

MR I think your question may have been formulated before the director-general spoke. I think he was very clear on where we are. The fact remains that for most countries, the vast majority of countries, we don't have community-level transmission or at least demonstrated in those countries. There is a very small number of countries in which we have demonstrated and established community transmission. That's not a good situation for those countries and it's certainly not a good situation in terms of the impact on the health systems and we've seen that and the very unfortunate, regrettable, and tragic deaths, but when we look at this at a global level and we look at the number of countries affected and, of them, the number of countries who have established community transmission, we are still hopeful that containment is the right first strategy but clearly containment with the purpose of slowing down the virus.

If we're lucky and if we do the job really well, we may get the opportunity. We just might get the opportunity to interrupt transmission, but at the very minimum, containment is allowing us to significantly slow down the spread of the virus, thereby giving an opportunity for health systems to prepare, for PPE to be made available, for training to take place, for laboratories to get reagents, for laboratory technicians to be trained. So we still firmly believe that the strategy of containment with slowing down spread with protecting the health system is still the best combination or blend of strategies right now.

TG I would like to add to that. In the statement I just made, I have tried to categorise the countries. You can have a look for yourselves, by the way. Why do we say containment works? One, a good number of countries – around eight – have actually not reported cases in the past two weeks, more than two weeks, although they had cases before that they have reported and then they were able to contain it, but in addition to that, if you see what's happening in China, it shows from the result so far that this outbreak can actually be contained even where there are many cases.

So it would be safe to assume that, especially in countries where they have less number of cases, it's even more possible to contain it. From the 62 countries who have reported cases, 38 of them have reported ten or less cases. Actually, 34 countries have reported less than ten cases and four countries, ten. So that makes it 38 less-or-equal-to-ten countries. These countries should really invest in containment and of course we're also saying at the same time, even if you have more cases – it could be thousands like, for instance, Korea or China or Italy – still containment is better.

By the way, in Italy we see that the Prime Minister is now coordinating the whole effort. The central government and also the local governments are aligned and we can see a very clear political commitment. Surveillance is now boosted. Of course, they were surprised, but they have strong institutions and they're bringing it together and we have confidence in Italy and we believe that they can also contain it. So that's what we're saying. Containment is possible in all countries that are affected and that should be number one. Then, of course, the other

strategies can also be applied and that's why also we are saying the comprehensive approach is very important.

So, okay. Giving the overall picture globally like saying, okay, we are close to 90,000 and we have more than 3,000 deaths and 65 countries are affected, is fine, but at the same time, let's go down and see what is the situation in each and every country. Like what I said, out of the 65 countries, 38 are equal to or less than ten cases. I can give you even those with more than between, for instance, 14 and 130 cases, which... if you take as the lowest, it's only... you have 20 countries. So if you add the 38 and 20 countries, already 58 countries have actually less than 130 cases. Those with more than 1,000 are only four or five countries. So that's why we are also saying a one-size-fits-all approach doesn't work. A blanket recommendation doesn't work. Each and every country should have its own risk assessment and have a tailored approach, but all countries, we believe, should start from containment strategy. Thank you.

TJ Thank you very much. Chen, please, and then right here.

QU [French]

TJ Thank you very much. So the question is that China has said that they will reinforce the cooperation with other countries in response to COVID. So what's your opinion on where this cooperation could be reinforced, especially in the light of the meeting we had a few weeks ago on research and development?

MK [Unclear]. So the experience that China has with COVID-19, the work that they are doing, and taking an evidence-based approach to this response is something that the world needs to learn from. We have been communicating and working with colleagues in China from the beginning. They have participated in all of our teleconferences across all of the different disciplines. They have participated in the research and development roadmap meeting that we had a few weeks ago. They're continuing to work with us. I've just returned from two weeks in China where we again discussed what they are doing in terms of building an evidence base and the world needs to learn from them.

So we are looking forward to continuing to collaborate with Chinese scientists and public health professionals across all of the different disciplines to better understand epidemiology and transmission, to better understand what they're doing around severity and understanding treatments. There are a number of clinical trials that are ongoing in China and we are awaiting those results. We are still only eight weeks into this outbreak. There are a number of clinical trials that are ongoing and we're hoping to learn of the results of those very soon. There are diagnostics in terms of molecular diagnostics and serologic assays that have been developed.

There are sero surveys that are being done. There's a number of research studies that are ongoing and we are working closely with them to better understand what we can anticipate in terms of results coming out and how that will impact our response going forward. So this is a feedback loop. Every evidence, all the evidence that is being gathered as part of this response is fed back into the response so that we can always be better and take another approach.

MR In addition, China has sent a technical team to support the response in Iran and has committed to supporting countries with weaker health systems with material supplies and

with teams in collaboration with WHO and that is very much in line with what many other countries are doing. So we very much appreciate that.

Specifically at the international level now with research, we absolutely need the data from the clinical trials that are ongoing for the existing therapeutics – some of that in the US, some of that in China – and we have strong commitments from our Chinese collaborators on sharing that information as soon as possible. We are establishing a global data safety monitoring board so we can create a centralised way of pooling data. We're working with the NIH in the US, with the European, and other institutions in China on a master protocol for clinical trials and for serology studies that will allow us to create common endpoints, common datasets that will allow us to add value and power to the data we're collecting and get answers for the world.

So the outcome of the meeting a month ago I think is now accelerating this collective approach, the standardized approach, but we really do need a... and I believe they're coming on stream now, but standardised, reliable serology testing is something we absolutely need at this point. We've just come out of a scientific advisory group meeting this morning with the group for the R&D blueprint. They're currently meeting as we speak and they're discussing the super-priorities like accelerating these specific aspects of the research in the coming days.

TJ Thank you very much. [Unclear], please.

QU Yes. Thank you very much. [Unclear] Dr Tedros, it is regarding the mission that you sent to Iran. Apart from the flight restrictions to Iran, were there any other difficulties that the mission was facing, for instance, to help Iran to tackle the coronavirus? Did the sanctions imposed against Iran affect the WHO mission?

MR [Unclear]. The DG may supplement, but certainly the team didn't just arrive today. The team arrived with capacity and reagents and supplies for over 100,000 diagnostic tests and with PPE that will supply over 15,000 health workers. So the team hasn't arrived without supplies. Clearly the recent announcements on the easing of sanctions regarding medicinal and medical products and supplies is something that we're very happy and hopeful will continue.

Certainly the health system in Iran needs to be supported. It is a very strong health system. Historically very strong. It has a proud history of responding to disasters like earthquakes, but clearly, all health systems come under pressure from this disease and we've seen that at a global level. It doesn't matter what country you're in. This disease will stretch your health system and therefore we fully support further support to Iran's medical system in order that Iran may contain this disease because containing this disease in Iran not only helps Iran. It helps the world.

TG Yes. I think Mike has already said it. I would like to commend actually the statement from the United States in support of Iran. I think we have a common enemy now and using health and especially fighting this virus as a bridge for peace is very important and UAE support is also another example of solidarity which we have been calling for some time now.

This is very encouraging, and we would like to actually thank the two countries but at the same time call on stressing the importance of solidarity at this time. This virus, these enemies are known. There is something known now but many unknowns and it's a common enemy.

We have to stand together in unison to fight it and these early signs are very encouraging and as humanity we should stand together. Thank you.

TJ Thank you very much. We will go online for a couple of questions from journalists watching us. We will start with National Geographic. I'm sorry if I mispronounce the name: [Unclear]. Can you hear us?

QU Yes. That was actually right on the mark in terms of my name, so thank you. I appreciate that.

TJ Please go ahead.

QU My question is about the clinical attack rate. I was wondering if you have an estimate for the clinical attack rate for Wuhan, for Hubei Province, or for China as a whole.

MK I'm looking at my cheat sheet. Yes. So as you know, we've just come back from two weeks in China and the... I was there two weeks, but the international mission was there for nine days and we've just published a very detailed report on the WHO website. It's in English and in Chinese it will be on the National Health Commission's website in China. So I do encourage you to read that in full. There's a lot of detail in there around what we've learned about transmission.

What we've seen in terms of attack rates... much has been published by the China CDC. There was a paper that came out in the China CDC weekly looking at attack rates by age and we do see varying levels of attack rates by age. I'm not going to quote what the percentage is from that paper, but we did see some variation in terms of attack rates. For example, we saw low attack rates in children and that is something that is important and warrants some further study. We do see higher attack rates in adults and what we've seen there is that transmission is occurring amongst close contacts. That is something that has been confirmed through the data that we've seen in China and that transmission is being driven by close contacts between families. So what we've seen is higher attack rates in adults than we've seen in children.

In terms of quantifying that specifically, it's still quite early days in terms of what we know. What we're finding are symptomatic contacts because this is what surveillance is focused on. What we need now are population-based serologic surveys and so these are looking at an age-stratified... looking at all different ages across... in the general community to really better understand what infection looks like at different age groups. This is being conducted now. These serosurveys are starting to be conducted now and we hope to have results... we hope to see some preliminary results of these in the coming weeks, maybe a few weeks before we actually get those, and then we will be able to determine what kind of attack rates we're seeing by age, but right now we can say, higher clinical attack rates in adults versus children.

MR Just to add, the operative word here would be the clinical attack rate because obviously, without a serology test, you can't tell how many people have actually overall been infected, but colleagues in Korea and other places as well as in China... certainly in family situations the secondary attack rate within a family is lower than we would have expected with a respiratory pathogen. The same amongst contacts: the number of contacts followed up now in China is in the hundreds and hundreds and hundreds of thousands. Again, the attack rate in that group is 1% to 5% and 5% to 10%, I think, in family contacts. They are relatively low in that sense and similar observations are now emerging in Korea and South Korea and

Republic of Korea. So, again, all of this is easy to say, but as Maria said, without a validated serology test there will always be the doubt that there is a larger proportion of subclinical or non-detected infection going on at community level.

TJ Thank you very much. Next question from Kai Kupferschmidt from Science. Kai, can you hear us?

QU Yes, Tarik. Thanks a lot. So I did actually read the report and I'm curious because the report basically makes the point that China managed with its very extreme measures to beat back this quite sizable epidemic in Wuhan. So the question for me is, what does it mean for the other countries that find themselves at the start of this? Because not every country will be able to implement these extreme measures. The question to me is, at what point do you recommend some of these measures being implemented? When you have a place where you have a few dozen cases, we know that that's a picture of what it was like a week ago maybe. So I'm curious what your recommendations are.

MR I think you need to look at the experience inside Hubei and the experience in the other 31 provincial municipality city regions and administrative regions. The measures certainly that were taken in Hubei were extremely aggressive, very very strong in the face of a massive... thousands of cases per day, if you cast your mind back; thousands of cases per day. If you look at the experience in the other provinces, the experience in the other provinces is probably more akin to what some countries are experiencing now outside. The measures that were put in place in those other provinces in China are nowhere close to as stringent as what was put in place in Hubei.

So I think we need to, again, when we look at China, not look at a country that has implemented the same measures everywhere. The measures have been very graduated against what was perceived as the transmission dynamics at any given time and those measures have changed over time and have been adapted to each provincial need. So I think matching those measures... but certainly it is clear in the likes of Singapore, for example, if you take another example outside in Hong Kong, that measures that have not involved walling off cities or completely banning travel have been very effective in both suppressing and driving transmission down over the last six weeks.

So I don't think we're talking necessarily about measures at the Hubei level because, quite frankly, other countries may not be capable in terms of their levels of social acceptance or resources to be able to sustain that type of effort for so long. That's a real question mark in our minds, but those measures don't necessarily have to be as aggressive or as robust. Maria may wish to comment on your observations in Guangdong and Sichuan and other places.

MK The point Mike is making about this approach that has been different and based on the intensity of transmission is true and what we've seen in China and what we're seeing in other countries... it's not just China. It's all countries that have been able to slow down this virus and there are examples of countries outside of China that have been able to slow this virus. They're really applying these fundamental principles of public health. These are public health measures at the core, and this involves identifying cases aggressively.

The earlier and the more action that takes place early on as cases are identified in countries, the better outcome you're going to have in your country. Finding those cases, finding those contacts, following and managing them over the incubation period, making sure that you

provide the right provisions to those individuals who are in hospital, providing adequate care, having social distancing, practicing hand hygiene and respiratory etiquette... these things work.

There have been some movement restrictions, but as Mike has said and as we have seen in Wuhan, there's been some very extreme use of these for temporary periods of time, but we are seeing that these have been successful and other countries can do this. All countries are able right now to talk to their communities. All of them are able to tell the population what they can do and what they should avoid. All hospitals can get ready. That is something that can be applied across the globe. All countries can be looking for cases right now. All countries can be aggressively finding those first cases and following those contacts over time and we can all help each other and look out for each other. So there's a lot of fundamental things that were done in China that can be done anywhere.

TJ Thank you very much. The next question is from [unclear] from Devex. [Unclear], can you hear us?

QU Yes. Thank you. In Dr Tedros's opening remarks, I think it was mentioned that there's never been a respiratory virus capable of community transmission. Could you clarify what that means? Is the flu not capable of community transmission? What are the implications of a respiratory virus capable of community transmission?

TG I think you have to include the second part. It's capable of community transmission, but at the same time it can be contained, the corona, but if you're talking about another respiratory infection like a flu, then it will not be... we're not able to contain it actually. So that's the contrast. That's what I meant to say, but, Mike or Maria, if you want to add...

MR I think with many respiratory pathogens and especially respiratory viral pathogens... we experience them every winter. We don't necessarily attempt to contain or stop them because we fundamentally believe they will spread unabated. We try to protect ourselves from that individual infection, but we don't have a principle of trying to stop the infection at a societal, global level. You don't see restrictions or any measures put in place with seasonal influenza. Yes, we want to protect individuals from seasonal influenza by vaccination or avoiding infection, but we don't implement specific measures at airports or we don't have thermal screening or any of those things because we have a disease for which we have a vaccine. We have treatments. We understand the transmission dynamics. We understand its patterns.

Here we have a disease for which we have no vaccine and no treatment. We don't fully understand transmission. We don't fully understand case fatality, but what we have been genuinely heartened by is that, unlike influenza, where countries have fought back, where they've put in place strong measures, we've remarkably seen that the virus is suppressed or at least the clinical appearance or the number of clinically apparent cases has been greatly suppressed. The hope in that is that this virus is... and the DG said it in the speech. It's not influenza and it's not behaving like influenza. It is behaving like COVID-19.

The problem is, we don't know exactly how COVID-19 behaves, but we know it's not transmitting in exactly the same way that influenza was and that offers us a glimmer, a chink of light that this virus can be suppressed and pushed and contained. At the very least, by doing that, we give all the health systems in the world a chance to prepare and potentially

develop therapeutics and vaccines to prevent it. This is about containment and buying time and in doing that, we can save a lot of lives.

MK And if I could just add to that... so what the DG said in his speech about these three Cs... you have cases, clusters, communities. What everyone expects is that you go from cases, you go to clusters, you go to communities, and that's it. What we are actually seeing is that we're seeing community transmission in some countries actually bring this back down to seeing clusters again and that is something that we need to learn from, and we are learning from.

That is the hope. That is where we can see that you can drive this down. You can bring it back. There is no eventuality here. We're planning for every type of scenario in every type of country, but just because you have clusters of cases doesn't mean you can't bring that down to individual cases. Just because you have community transmission doesn't mean that you can't bring that back down to clusters that you can follow and I think that's really important.

We are seeing positives here. We are seeing declines in cases. We're learning from that. That's why we're up here every day talking to you, being so aggressive in our language of saying, the time is to act now, the time is to act early, the time is to be aggressive. The earlier you act, the better chances you're going to have and all of that buys us time. As Mike has just said, this all buys us time to better prepare our systems, our hospitals, the development of medical interventions, vaccines.

TJ Thank you very much. We will take one more question from online. Then we will have a time for two more questions here in the room. [Unclear] from India from Down to Earth. Can you hear us?

QU Yes. I can hear you? Can you hear me?

TJ Yes. Please go ahead.

QU Hello. So, Mike, you gave a very detailed statement the other day differentiating between mitigation and containment. Dr Tedros, you also said Tuesday that all countries are capable of containing the virus. The European CDC in a statement issued today has said that in the event of established and widespread community transmission, current containment measures may no longer be effective. To have efficient use of resources, we have to move into the mitigation phase. So they are saying that containment is not possible in their jurisdiction. I would request you to comment on that. My second question is, Dr Tedros, you were saying that countries should ask themselves...

TG [Unclear], we said one question, please.

QU Just quickly, quick question... that we should have enough ventilators and enough oxygen, etc., vital equipment to ensure that we are able to provide good care. Can you define for us what is that enough? Because what is enough for a country like Finland may not be enough for a big country like India. If not in numbers, if you could just elaborate, what is that enough for us? Thank you so much.

MR On the issue, I don't believe the US have made... the ECDC or anyone have made...

QU European CDC...

MR I believe everyone is still very much committed to containment. I would hate to think that countries in Europe who currently have no cases are now moving to mitigation. They will find that quite difficult to explain to their citizens right now. So I do believe that when we speak at a regional level, it's very important that we're not saying that containment has no place in this. We can see the statement and see what it says. There is a point in any epidemic where you believe you can no longer contain the virus like if it was influenza and you have to shift your resources to saving lives, but in doing that, you're accepting that you can no longer affect the course of the disease. You can no longer change the shape of the epidemic and you're purely moving in that sense to save as many lives as you can.

Now, WHO does not believe that we're there yet based on what the director-general has presented to you today. We can have that argument. We can sit around the coffee tables all week long and for the next month and we can talk about who's right and we can talk about who's wrong or we can get on with it. That's the question. History will tell who was right or who was wrong. The real question is, we can't miss this opportunity to save lives and we can't miss this opportunity to protect our health systems. So let's just get on with it.

TG Yes. Earlier I have been saying, 38 countries with ten or less cases. If you take 11 to 100 cases, you have an additional 17 countries. So 17 plus 38 is 55 out of 62 with less than 100 cases. I think the figures can show us what kind of strategy actually countries should follow. They should start from containment. The number of countries reporting more than 1,000 cases is four countries and we're saying even those countries should actually... in their comprehensive package they should include containment.

Moving from containment to mitigation without testing the containment itself in all those countries I don't think is a wise decision. Even with more cases, more than 1,000, having a comprehensive approach is much better than having this strategy which moves into mitigation, which to us... and this, I hope, is clear: surrendering I don't think is right. So we have to give it our best using containment strategy irrespective of the number of cases, but this doesn't mean that we will not monitor the situation on a regular basis. We will and we will adjust our strategies based on that, but in terms of strategy, still whatever the announcement will be, whether it's pandemic or not, we will still go for a comprehensive approach, but in the strategy... the combination of strategies could vary based on the situation.

So that's what we're saying. This is coming from a proper analysis of what has happened in the last two to three months after the announcement or the declaration of this outbreak where we have seen success with containment strategy and which we believe that it's worthwhile to continue with that kind of strategy.

TJ There was a question on ventilators.

MK So the question about preparing hospitals for respiratory support and ventilators and oxygen is a good one. This is something that all countries need to be doing some assessments of in terms of what would be needed should they start to see cases. We do know in terms of the severity spectrum... we do know that 80% of those that are infected will have mild disease and recover. We do know that there's approximately 15% that will have severe and another 4% or 5% that will be critical, which will require oxygen support.

So there are some estimates that are coming from the clinical teleconferences which would give some indication of 30% or 40% of people who are hospitalised that would need oxygen support and those types of percentages are preliminary. Those types of percentages need to be more refined so that people can prepare for that and then you need to take that into an assessment of what would be required within your country based on your population, based on the demographics and the underlying conditions in your countries.

MR And just remember: most countries, even sophisticated health systems, have very limited intensive care capacity as an overall proportion of the number of clinical beds that they have. So this is not just an issue for the south or for weaker health systems. The careful planning and use of intensive care beds is not a straightforward process and the idea of just having ventilators, for example, needs trained technicians. ECMO and extracorporeal oxygenation is a process that requires very high levels of skill. It's not just the equipment.

So I do think that countries need to focus on basic levels of care, basic support to patients early in the course of the disease so that they don't develop the more severe forms of the disease, early use of oxygen to support people because most countries will struggle if they start to see large numbers of patients requiring intensive care. It's not a straightforward nor an easy process and we've also seen that people are spending many days – up to 20 or 24 days – in a critical care environment. That's occupying a lot of beds for a very long time. So, I think all countries are going to have to think very carefully about how they manage the critical care component of this disease.

TJ Thank you very much. We will come back to the room. Buddy [?] and then Gabriella.

QU Good evening. [Unclear] Hong Kong. Just to follow up my colleague from India, some countries probably in Europe have underestimated this epidemic and no transparency and probably ignored warnings to public. Do you have any comment? [Unclear] discrimination against Iranian or against Italians? Just give us some comments.

MR Yes. I think we've all been on that merry-go-round once before. We're not in the business of apportioning blame to countries nor to individual ethnic groups. All countries that have experienced this disease have been unfortunate victims who have been in the pathway of the disease. What Maria said before and the DG said before is, we don't believe that countries are being non-transparent. There's an issue in the beginning of any outbreak. When something starts, it's very hard sometimes to distinguish that from all of the other background of winter influenza and other things and sometimes it's difficult to pick up that signal of what's happening.

I've said it and written it myself in the past and I've done many outbreak responses. It's very easy to get caught unawares in an epidemic situation. It's very easy to get behind the curve, to get behind on the back foot and that happens almost invariably. It almost is a rule of epidemic response. The real question is how quickly you catch up. Do you realise the situation you're in and can you catch up quickly? What we're seeing is countries catching up quickly and countries really beginning to understand what they're fighting and beginning to take concrete actions towards doing that.

We want to push, promote, and support those countries who wish to take aggressive concrete action to control this disease, not to start criticising, apportioning blame, or doing all of the other negative things that help nobody. It helps nobody to do that and particularly when it

comes to ethnic profiling of people. It's not only unhelpful but it's abhorrent and we reject it entirely. The DG has been saying this: solidarity, solidarity, solidarity.

We can always... after this outbreak is over, we can sit down and we can see, where did we go wrong? Where could we do things better? Where can we increase transparency? Where can we improve systems? Where can we improve all the things we know now we would love to have stronger? But there's no point looking for something you don't have. You've got to build it now and make it work. Then we'll come back and see what we're prepared to invest in future.

And it is... the director-general has said it. We spend quantum more, thousands, millions times more preparing for every type of other security challenge except a public health one and we may be paying a heavy price for ignoring preparedness as one of the central measures of human security on this planet. I hope we don't pay too heavy a price with that, but we'll certainly learn the lessons and hopefully we've learnt our lesson this time.

TG Yes. Maybe to add to that, to be honest, it's so painful to see the level of stigma we are observing. Of course, we are human beings. We are not angels. We make mistakes, but at the same time, we can make rational decisions, too, and we can have the right attitude and behaviour. That's what we are calling for. We cannot be angels, but we can be rational human beings who can do the right things and avoid the wrong things.

I remember once...this is a long time ago and I was very young actually and there was a lot of destabilisation in the world and somebody was asking a question. When do human beings stand as one, was the question. Another one is responding – this is in school – when we have a common enemy from another planet. Why do we need another enemy from another planet to be one when we have in the same planet a common enemy that could affect us all equally? So that's what we're saying. There is a common enemy in this planet itself where we need to fight in unison. Stigma, to be honest, is more dangerous than the virus itself. Let's really underline that. A stigma is the most dangerous enemy. For me, it's more than the virus itself.

TJ We'll take Gabriella and then probably we'll have to conclude, Jamie. There will be another day.

QU Thank you, Tarik, for taking my question, Gabriella Sotomayor, Mexico Proceso. Dr Tedros, as you may know, COVID-19 just arrived in Mexico. We have five imported cases now, but people are a bit sceptical with a laidback attitude. Some say it's a [unclear]. They don't understand why there's so much exaggeration, isolation, containment. So they say that more people die from influenza in the world. So I understand that fear is not an option, but the other extreme is not the solution either. I know that you have been repeating and repeating the same message, but what can you say to them? And just a quick question: what about North Korea? Are you in contact with the health authorities? Thank you.

MR Yes. We are in touch with health authorities in North Korea and with our office there and have had multiple meetings here in Geneva with representatives of North Korea. We've sent equipment, supplies, and diagnostic equipment to the North and again subject to the same release and sanctions and under the proper resolutions. We know that the DPRK has stepped up its preparedness procedures. We're not aware of any cases there right now, I don't think. No. We're certainly ready to both strengthen our country office and send teams as

needed. I know that North Korea is also in contact with the South and also in contact with Chinese colleagues and officials as well.

The DG will speak to the issue of what you mentioned regarding this outbreak or this epidemic being like flu or not like flu or whatever. It's a difficult position for any individual or organisation or anyone to be in because if you say, we have a disease for which we don't know the full transmission dynamics, which on the face of it has a case fatality of 2% or possibly more in certain circumstances, we're up to... in some cases, 10% of people with underlying conditions can die who present clinically. Then, if someone is trying to tell me, we shouldn't be trying to stop that, we should just accept that as normal business, then I don't know why I'm doing this job, frankly.

Having said that, we have to be very careful and Dr Tedros has been very careful. Since the beginning of this event, we have tried at every possible opportunity to say to people, we don't know. We're hoping... we've said it today. Only 80,000 cases, only so many deaths around the world... we're not the ones trying to scaremonger here. We're trying to be realistic. We're trying to be balanced. We're trying to get across the right message. We're trying to tell people what they can do.

I'll ask you and others: what are you doing to balance that message on the international front? What's your responsibility in doing that? If we can all answer that question and go to sleep at night, then we will be better, but I do think that we have been trying to be balanced as many of you have been balanced in this. China has gone through a huge punch to its system. This isn't just a small little thing that passed over China. This has been a massive punch to the economy, to the social system, and to the health system in China.

We don't want the rest of the world to have to absorb that punch and we're trying to do our best to avoid that. As Dr Tedros said, we may not be able to, but we at the same time can prepare. We can get ready. We can spread this disease out over a longer period. We can reduce the impact on the health system and the capacity of the health system to absorb that and make this less impactful on society and on communities. We hope we can communicate the right level of risk.

We've said it again and again: society should go on. Communities should continue to work and thrive. We don't necessarily need the kinds of measures that have been put in place in Hubei because we're not there yet in most countries. The simplest and most straightforward of public health measures in countries, if applied aggressively and persistently over time, have shown in many countries that the disease can be brought under control. If we can apply those minimum measures for the maximum time, I think we'll make progress. I just hope we're not scaring people unnecessarily. That is certainly not our intention.

TG So what we have been saying repeatedly – Mike has said it already – is that fear and panic are dangerous, very dangerous. Concerns and worries are understandable. What we're saying is, it's fine to be concerned and worried, but let's calm down and do the right things. That's our message. That has been our message. From the start, when the number of cases in the rest of the world was so small... it was less than 100 when we declared a public health emergency of international concern, you remember.

It was actually two days after we have seen human-to-human transmission that we declared a public health emergency of international concern; less than 100 cases in the rest of the world

[unclear] actually. We had a window of opportunity and what we said then was, of course we can have concerns and worries, it's understandable, but let's really calm down and do the right things and use the window of opportunity to contain this outbreak.

So it's still the same message, but in some places we are not seeing the level of response that we expected and that's why we have been again saying to the world and reminding to the world that the window of opportunity is narrowing and that we have to still do our best to catch up. So it's still the same message, a comprehensive approach. Of course we can have concerns and worries, but calm down and do the right things.

There are positive signals. We are not saying this without any reason or facts. I cannot say, calm down, without seeing any good reason. The good reason is there are successes already in some countries where they have already contained the virus. I said it: 55 countries; less than 100 cases. I leave the question to you: can't that be contained? But we're saying, not even less than 100 cases... even if it's more, it can be contained. We have seen already examples starting from China. So the question now is, how hard can we continue to hit it? How committed are we to really hit hard? That's the question.

TJ Thank you very much, Dr Tedros. Thanks to everyone here in the room and everyone watching us. I'm sorry for all those in the room but also online who have not been able to ask their question, but we will see each other again. Audio files will be available immediately and a transcript hopefully tomorrow. Have a nice evening.

TG Okay. See you tomorrow.

TJ Thank you.