



World Health Organization

COVID-19 - virtual press conference - 01 April 2020

Speaker key:

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MR	Dr Michael Ryan
MVK	Dr Maria Van Kerkhove
JA	Jameel
ST	Stephanie
MI	Michael
KO	Kesia Ortis
BE	Booyar Evitia
AK	Ankit Kumar
AN	Anthony Numnun
AG	Anna Getkina
KW	Karen Wolfson
IA	Innocent Annetta
LO	Loriann

TJ Hello everyone from Geneva, we do apologise for this delay. Thank you very much for watching us on many WHO social media platforms. Tonight we are for the regular press briefing on COVID-19 with Dr Tedros, Dr Maria Van Kerkhove, and Dr Mike Ryan. Before I give the floor to Dr Ryan, just to remind you that we will have audio file from this press briefing immediately available with a couple of links to news that have been issued by different WHO offices, as well as advisories for media briefings that will be held by our regional offices. So you will get that after the briefing. Now I give the floor to Dr Tedros.

00:00:49

TG Thank you. Thank you, Tarik. And I would like to join Tarik in apologising for the delay. Good morning, good afternoon, and good evening wherever you are. As we enter the fourth month since the start of the COVID-19 pandemic I'm deeply concerned about the rapid escalation and global spread of infection. Over the past 5 weeks we have witnessed a near exponential growth in the number of new cases, reaching almost every country, territory, and area.

The number of deaths has more than doubled in the past week. In the next few days we will reach one million confirmed cases, and 50,000 deaths. While relatively lower numbers of confirmed cases have been reported from Africa and from Central and South America, we realise that COVID-19 could have serious social, economic, and political consequences for these regions. It's critical that we ensure these countries are well equipped to detect, test, isolate and treat cases, and identify contacts.

I am encouraged to see that this is occurring in many countries, despite limited resources. Many countries are asking people to stay at home, and shutting down population movement, which can help to limit transmission of the virus, but can have unintended consequences for the poorest and most vulnerable people. I have called on governments to put in place social welfare measures to ensure vulnerable people have food and other life essentials during this crisis.

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In India, for example, Prime Minister Modi has announced a \$24 billion US dollars package, including free food rations for 800 million disadvantaged people, cash transfers to 204 million poor women, and free cooking gas for 80 million households for the next 3 months. Many developing countries will struggle to implement social welfare programmes of this nature. For those countries debt relief is essential to enable them to take care of their people and avoid economic collapse. This is a call from the WHO, the World Bank, and IMF debt relief for developing countries.

Three months ago we knew almost nothing about this virus. Collectively we have learnt an enormous amount, and every day we learn more. WHO is committed to serving all people, everywhere, with the best evidence to protect their health. WHO develops guidance based on the totality of evidence collected from around the world. Every day our staff talk to thousands of experts around the world to collect and distil the evidence and experience. We constantly review and update our guidance as we learn more, and we're working to adapt it for specific contexts.

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For example, we recommend hand washing and physical distancing, but we also recognise this can be a practical challenge for those who lack access to clean water, or who live in cramped conditions. Together with UNICEF and the International Federation of the Red Cross, we have published new guidance for improving access to hand washing. The guidance recommends that countries set up hand-washing stations at the entrance to public buildings, offices, bus stops, and train stations. And many countries are doing it.

We're also working hard with researchers all over the world to generate the evidence about which medicines are most effective for treating COVID-19. There has been an extraordinary response to our call for countries to join the Solidarity Trial, which is comparing 4 drugs and drug combinations. So far 74 countries have either joined the trial or are in the process of joining. As of this morning, more than 200 patients had been randomly assigned to one of the study arms.

Each new patient who joins the trial gets us one step closer to knowing which drugs work. We're also continuing to study the evidence about the use of masks. WHO's priority is that

frontline health workers are able to access essential personal protective equipment, including medical masks and respirators. That's why we're continuing to work with governments and manufacturers to step up the production and distribution of personal protective equipment, including masks.

There is an ongoing debate about the use of masks at the community level. WHO recommends the use of medical masks for people who are sick, and those caring for them. However, in these circumstances masks are only effective when combined with other protective measures. WHO continues to gather all available evidence, and continues to evaluate the potential use of masks more broadly to control COVID-19 transmission at the community level. This is still a very new virus, and we're learning all the time.

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As the pandemic evolves, so does the evidence, and so does our advice. But what doesn't change is WHO's commitment to protecting the health of all people, based on the best science, without fear or favour. I thank you.

TJ Thank you very much, Dr Tedros. We will now open the floor for questions. I will just remind you that we will try to keep one question per person, so we try to get as many as possible. As we were late we will not be able to stay very long. So let's start first from Italy. Doolio [?] from RAI [?]. Doolio, can you hear us? Can we try one more time? Italy, Doolio Jamaria [?]. Okay, we don't have Doolio online. We may try to come back to him. Let's try to Jameel from Brazilian Media. Jameel, can you hear us?

JA Yes, can you hear me, Tarik?

TJ Yes, Jameel, please go ahead.

JA Perfect. Dr Tedros, thank you for taking my question. Yesterday especially President Bolsonaro has misused your words to justify his policy in Brazil. My question to you, what is your message to the Brazilian people, and to the Brazilian leadership? Thank you.

00:09:27

MR I think the message that WHO is giving to all countries is that we need a comprehensive strategy to respond to this disease. We need, in addition to any measures around lockdown, we need to put in place a comprehensive strategy based on surveillance, on public health intervention, case detection, testing, isolation, quarantine. And strengthening our health systems to absorb the blow, and the blow that many health systems around the world have had to bear over the last number of weeks, which has been a tragedy for all those caught up in it.

It's really, really important that all countries take this seriously, get ready, prepare their health system, strengthen their public health architecture, engage their communities, educate communities, and bring communities onboard and leave no one behind. And I think this is advice we're giving to all countries, not just Brazil.

TJ Thank you very much, Dr Ryan. We will try one more time with Doolio from Italy. He was on mute, apparently. Doolio, are you available now? Doolio Jamaria, can you unmute

yourself? Apparently it is not working so we will move on. We'll move to Stephanie from Reuters. Stephanie, can you hear me?

ST Thank you, yes. Can you hear me?

TJ Yes, please go ahead.

ST Thank you very much. Perhaps a question, a data question, perhaps for Mike. China has now disclosed that it's, you know, the number of asymptomatic cases, and that they're not counting it in their statistics that they're reporting as confirmed cases. I wonder if you could comment for that for us please, and put it in some context. Today, for example, they said there were about 130 asymptomatic cases which they're excluding from their figures. Can you help us understand that? South China Morning Post has said that according to classified data there's 43,000 cases. So how does that tally as a ratio with, you know, 80,000 confirmed cases? And are you getting an accurate reading of the situation, giving you an accurate picture? Thank you.

00:12:06

MR Hi, Stephanie. Great to hear your voice again. I'm going to pass to Maria on this because Maria has been tracking this one.

MVK Thanks, Stephanie. So with regards to the reporting of cases, our case definitions include laboratory confirmed cases regardless of the development of symptoms. Because we know that there are individuals who are followed up through contact tracing, and they're identified very quickly. And some of those individuals who are identified have not yet developed symptoms. And so it's important for us to capture those individuals as part of case detection, as part of surveillance.

Because from data that we've seen from China, in particular, we know that individuals who are identified, who are listed as asymptomatic, about 75% of those actually go on to develop symptoms. So when we look at our language and we look at what proportion of the reported cases are asymptomatic, it's important to classify those as no symptoms and PCR positive, and then do not go on to develop symptoms.

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Those individuals who are identified as asymptomatic at the time of reporting and go on to develop symptoms, so 75% of those, are actually pre-symptomatic. They're in that pre-symptomatic phase. And then of course most of the people that are identified are symptomatic. And we know that through transmission, the transmission of this virus is driven by people who are asymptomatic. But it is important for us to capture that full spectrum of illness, that full spectrum of detection through surveillance. So again, our case definition includes laboratory confirmed cases regardless of the development of symptoms.

TJ Thank you very much. We will go to Michael, contributor to CNN. Michael, can you hear us?

MI I can hear you, can you hear me?

TJ Yes, please go ahead.

MI Okay, thank you for taking my call. I'm dialling in from British Columbia today. In a little around three weeks from now the holy month of Ramadan will commence. Of course hundreds of millions of faithful will be partaking in this. Breaking their fast, eating together, sharing food. There's the tradition, as you know, of Ramadan tents where large numbers gather. I know Director-General, as a former years (unclear) as spokesperson in that region, it's very important to get unambiguous and clear public health messaging out early if behaviours are to be changed in any way. What would be your message right now to religious leaders, to governments in the region, in order to prevent a further outbreak during this very special time of the year? Thank you.

00:14:53

TG Yes, thank you. Thank you so much. In this response, and in the fight against this pandemic, the role of political leaders is central. The role of business leaders is very, very important and central too. And the role of religious leaders and community leaders is very, very important. And we're reaching out to government leaders, political leaders, business leaders, religious leaders, and community leaders, and other influencers. It's through those leaders that we can reach out to all communities to take part in the fight.

Then having said this with regard to Ramadan, as you have been following, countries in the Middle East have been doing everything they can to limit the spread of the virus. And we will continue to engage them. And I know that we will have an amicable solution on this one too. We're very close, and closely working, and our cooperation so far is very, very successful, and we hope that will continue in that spirit.

By the way, not only something they're doing for their own region, we're getting a lot of financial support from the Middle East, and from the, you know, Arab League members. And I would like to use this opportunity actually to thank them, not only for taking serious measures in their respective countries, but for their solidarity, to support countries who need support. And the recent pledge, as you remember, is from Saudi Arabia, which I have said a few days ago, and yesterday from Kuwait. Big financial support.

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And we will keep in touch, we will work with them closely, and I know they will continue to protect their own people, but at the same time support countries and communities who need their support.

TJ Thank you very much Dr Tedros. We go to Guatemala now, to Kesia Ortis [?], Diego Deliorga [?]. Can you please ask your question?

KO Thank you so much, can you hear me?

TJ Yes, please.

KO Thank you. How do you see the situation for COVID-19 in Central America and what are your recommendations for the governments?

TJ Thank you very much, Kesia.

MR I think the countries of Central America are sort of at the beginning, or the upcycle of the epidemic. There are different capacities in different countries, and different risks and different threats. There are lots of vulnerable people, migrants and others, who are scattered throughout the sub-region, and there are many other communities who may be left behind as well. So Central America is dealing with the challenge, its own challenges. Certainly the small island nations of the Caribbean equally have different challenges.

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So each country has a different combination of economic challenge, social challenge, its vulnerable populations, its public health system, its healthcare system, and how all this is put together. And it's really important that each country, and I am glad to report that almost every country in Central and South America now has a national action plan that is being supported by the international community, in many cases by humanitarian partners in the UN system and NGO partners.

And some countries do need that external assistance. It's also important that countries in the Americas and Central America and the Caribbean and South America are coordinating amongst each other to align their strategies and to align their policies, so we don't see massive differentials in action and pushing people from one side to the other. We have people moving throughout the Americas and we need to be sensitive to those who have least, and we need to be sensitive to those who are most vulnerable.

But it is important that Central America, like all sub-regions, scales up its public health response, scales up its community engagement, scales up its healthcare preparedness, and has, as the Director General has said so many times, an all of government approach to this. This is serious, this is a deadly virus. People will get through it. Countries will get through it, but we must build the architecture of public health, the architecture of our health system, if we're going to get out of an interminable cycle of economically punishing lockdowns and shutdowns. We must get back to be able to control this virus, live with this virus, develop the vaccines that we need to finally eradicate this virus. So, as I said, the message to Central America is very similar to that to the rest of the world.

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MVK If I could just add. So we have within our guidance materials, what we've done is we've, in addition to putting out general guidance around infection prevention and control and clinical management, we've put out a series of guidance documents relating to the four Cs. You know, these no cases, clusters of cases, community transmission. So that there's specific actions associated with what needs to be done, with whatever transmission scenario you're in, but also to prepare for other scenarios that you could eventually be in.

And get your systems ready, and just activate those systems now. We've seen how this virus behaves in a number of countries and we need to prepare for that. That may happen in your country. So there's some practical guidance that we have on our website related to clinical operations and getting your hospitals ready. Finding locations where you can treat mild patients versus severe patients. Readyng your workforce so that you can have people who

can identify cases and help with case finding and contact tracing. To help find where you can quarantine your contacts.

So there is some practical information that's online, that's there to help you tailor that approach. And what Mike said around this, comprehensive measures to get yourselves ready and activate those systems now.

TJ Thank you very much. We will try now to connect to Mr Booyar Evitia [?] from Gazette Tashnet [?]. That's Kosovo based outlet. Mr Booyar, can you hear us?

00:22:23

BE Can you...?

TJ Yes, please go ahead.

BE Thank you. From February 1st until today over 20,000 people have entered Kosovo from abroad. May [sound slip] Italy, Germany and Switzerland. The first case was confirmed on March 9. We are now in the fourth week of the epidemic with 112 cases, and 1,300 people have been tested. What is the best recommendation for Kosovo considering these numbers? Do you recommend [sound slip], thanks so much.

MR Okay. Kosovo is a country that has obviously emerged from a very difficult time, has had to rebuild its health service, and [unclear] everybody in Kosovo has spent many months in Kosovo helping to stabilise the health system in the aftermath of the great difficulties there. And I know, and deeply, the vulnerabilities and the challenges the health system in Kosovo and the people of Kosovo have faced over the years.

And the health system in Kosovo is still vulnerable. It has many excellent professionals within it, it has a hugely committed workforce, but we do need to ensure that we have in place good surveillance. Kosovo has had and built an early warning system that's syndromic. It needs to build on that. Kosovo needs to have an active system of detecting cases. We need to have the testing in place, and we need to invest in building the community's response and having community-based surveillance, and strengthening the healthcare system so that you can deal with infected cases.

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Albania and Kosovo are only across the water from Italy. You are very, very close to some of the most intense epidemics in the world right now, and it is really important that health systems in the Balkans in general, but in Kosovo specifically, need to be rapidly strengthened, and be able to cope with this disease as it may accelerate. So again, my warmest greetings to all my friends in Kosovo.

TJ Thank you very much. We have more questions from the Balkans. We may come back to them later. Let's go now to India. Do we have someone from India Today?

AK Hi. My name is Ankit Kumar. I represent India Today.

TJ Yes, Ankit, please go ahead.

AK My question is, has the World Health Organization been tracking the developments in India? How will you comment on the progress made by India in the first week of lockdown, and how do you assess the results so far? Thank you.

MR I think it's a little early to assess the results of the lockdown, but I think we need to step back and assess the results of the response in general. Lockdowns and shutdowns are really just, should just be part of an overall comprehensive strategy. And what we need to be able to do as societies, and with the leadership of an all of government approach is to be able to implement a consistent policy for a period of time, and then see where that takes us. And then measure and see what we need to do next.

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We need to be very careful not to knee-jerk. We need to be very careful not to be changing policies every single day, because people on the frontline need certainty in their days. People, communities need some certainty. So it's really important that we are very consistent in our communication with communities and our frontline workers about what we do. And we need to give clear messages about what we do for the next week or the next two weeks.

And we need to then be clear when we're going to evaluate the impact of that period of intervention. And then if we have to change, we change, and we communicate that clearly. And then we do it again for another two or three weeks. And then we see how that works. And then we gather the information and we consult with our frontline workers. And then if we have to adjust or change. This is about adapt, adjust, implement, measure, do it again. And you just have to keep doing that over and over and over again until you control the disease.

I would love to say that there's an easy way to do this. I would love to say that there's a way out of this without that kind of hard work, but there isn't. We have to be comprehensive, we have to measure everything we do. We have to measure it below the national level. And then, if we have to use lockdown, if we have to use shutdowns, we do them as part of an overall comprehensive strategy. I would say India, and as the Director-General has said in his speech, has made a really huge attempt to limit the impact of the shutdowns on the people who are most at risk, and people who are most vulnerable in India, and that's a great thing to see.

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We see increases in testing. We're seeing an increase in surveillance, and we're seeing investment in the healthcare system to be able to deal with more cases. But it is certainly too early for anyone to determine the impact of the shutdown or lockdown measures on disease transmission at this point.

TG Thank you, Mike. I mean, the health issues are very important, as Mike said. I would like to add the other side. As you know, this is the first ever coronavirus pandemic in the world, meaning there are many unknowns. And whether we do shutdowns or take other measures, we have to understand that we're in a learning process. We have to constantly learn from our actions, and adjust, based on what we learn.

But I would like to again underline this is the first ever coronavirus pandemic, and its behaviour is still unknown. And that's why we should always be in a learning mode. The other part is, not only the public health measures during shutdown, but it should be the social and economic factors that we should consider. And what India is doing, as I said in my statement, is very, very important.

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During shutdowns, there will be economic consequences on the country at large. But more importantly, individuals who live on daily subsistence, who give their labour for their daily bread, could be affected the most. And that's why India is taking measures like the \$24 billion US dollars package. And not only that, this will cover 800 million individuals as food ration during the difficult times. And cash transfers to 204 million women. And, of course, 80 million households will also benefit for the next months, from getting free cooking gas.

That's the kind of support we said it should be given. So we should not see it from the public health part alone, but see it from the angle of what the consequences of these public health measures will be on the community, and try to support our citizens. And this should be seen during these difficult times, during the lockdowns, as so-called. And that's how we can get the best impact. But at the same time cooperation from our communities too, because if we understand and try to help them.

But there was another important element I mentioned in my presser today, because it's very important, I will repeat it. Many countries, many developing countries, cannot really support their society, especially during lockdown, especially on those community members who work for their daily breads. And that's why we called on the international community to have the debt relief to support those countries. But as you also know, debt relief processes are actually lengthy.

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But what we're proposing, together with the World Bank and IMF, is an expedited process to support countries so their economy will not be getting into crisis, and their communities will not be really getting into crisis. This is a time when we need solidarity. Not only for public health, but also to address the economic and social challenges that many countries are facing as we speak. I will repeat with what I started. This is a pandemic for the first time caused by a coronavirus, and whose behaviour is not really known. And we have to stand in unison to fight this unknown and dangerous virus.

MVK I just wanted to supplement with what Mike and Dr Tedros have said. And one of the things that we are working very hard on is to systematically assess the response actions that are being taken by countries. As Dr Tedros has just said, this is the first pandemic of a coronavirus, and it's important for us to critically look at what countries are doing so that we can assess these and see which actions have worked best, and which combination of these have worked best.

And, and there's a lot of factors that go into this, that relate to this comprehensive approach that we've been talking about. So, for example, you know, what are the testing strategies that countries are using, and what is the percent positive that they're seeing in terms of the

numbers of tests that they've done. What is their surveillance strategy, how are countries looking for cases? Are they looking at suspect cases and contacts?

Are they trying to identify additional cases through existing respiratory disease surveillance systems like their ILI or their SARI surveillance systems? How are the public measures being applied, and when and where? What movement restrictions are put in place, when and where and for how long? You know, how are governments and leaders communicating with their populations, with their people? What type of support is being provided to communities? And how are we innovating, and how are we conducting research to learn and feed that back into the response? All of those things need to be done at a national level, and at sub-national levels.

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To look and see which actions are the most effective. We have evidence from Asia in terms of a number of countries now that have broken this down to sub-national levels to look at what has been done where. And what we've been saying about aggressively looking for cases, testing suspect cases, finding contacts, quarantining contacts, isolating patients, and caring for them depending on their severity, those work.

But we also need to continually assess what is being done as this pandemic moves across the globe so that we can, we can build up that evidence base to show what works, and to make sure that countries have a tailored approach to their response.

TJ Thank you very much. From India we will move to Scotland. Anthony from The Gaudy. Anthony, can you hear us?

AN I can, can you hear me?

TJ Yes, please go ahead.

00:35:37

AN Great, so I'm Anthony Numnun [?] from The Gaudy Newspaper (unclear). Because of the pandemic millions of students around the world have had to put their studies on hold. Could you elaborate on what the WHO and national governments can do to aid students and educational institutions at this very difficult time? Thank you.

MR Well first of all, we thank all the medical, nursing, physiotherapy and other educational institutions around the world who've done such a fine job turning out such wonderful professionals who can come and help on the frontline in so many countries. Clearly we thank them, those institutions, and those individuals who are stepping forward to volunteer.

But we also have to be sure that those individuals are protected. That they're doing work that they're well-trained and qualified to do. They're well-supervised, and that they actually can assist and add to the value of the response. So we have a duty of care to them. And a duty of care to the patients to ensure that we're giving the best possible care, and we're using pre-qualified professionals in any part of the medical system, are doing work that they're capable of doing and supervised in doing.

It's also obviously very important that we, that at some point that these students, particularly the ones who are near final exams, have the opportunity to qualify and get into the system. And I'm sure that national medical nursing and other educational policies are being adjusted and adapted to see how that can be achieved. And I will pass to Maria, if she has any further points on this matter. But we will certainly be happy to work with national governments and with national medical nursing and other educational institutes to see if we can come up with rational policies to guide the completion of education for many particularly late stage students in the medical professions.

00:37:45

TJ Thank you very much, Dr Ryan. We will now go to Russia. Anna Getkina [?] from Russia-24. Anna, can you hear us?

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

TJ Yes. Please go ahead.

AG Yes. Hi, thank you very much for taking my question. Here in Russia we see a sharp rise in the local wholesale and retail prices of ginger. Could you please clarify whether ginger can really help to prevent or treat the new coronavirus, or is it just a myth?

MR I, I think we have to be careful from what we would consider to be the traditional remedies that people use for making themselves feel better during the common cold or the flu or any of this. We've all had illnesses, and some of us like to take a drink with honey, some like to take ginger. Some of us take special herbal teas. Anything that makes one feel better, anything that provides that reassurance, and anything that you believe can help your health, that's not dangerous, certainly has a positive impact on your health.

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But it's a different thing to say that something is effective in treating the disease. At this moment there is no therapy that has been proven to be effective in the treatment of COVID-19. We've explained, and the DG has explained actually earlier, about the Solidarity Trials, and many other trials that are testing many, many different compounds around the world, including the ones that are most promising.

So I would advise people that if you have your favourite remedy that you use, like honey, like lemon, like ginger, please continue to support yourself through the illness. But please, let us avoid making assumptions without evidence that certain things can cure COVID-19. At the moment there is no proven therapy for COVID-19. Maria?

TJ Thank you very much, that was Russia-24. Now we will go to Karen Wolfson from World Health Alert Crisis. Karen was with us almost every press conference, so we are happy to hear from her now. Karen, please go ahead.

KW Good afternoon, good morning, and good evening. I'd like to ask how can individuals be persuaded that COVID-19 is a real threat, and what each person does makes a difference. Some people still don't understand that if they fail to follow the physical distancing rules they

could be infecting other people that may lead to deaths further down the line. Or is it a case that some individuals need to be persuaded that what happens in their community as a whole is really important? And that a greater sense of local community needs to be established in order for them to take on physical distancing. That's my question.

TJ Thank you, Karen.

00:41:04

MVK Thank you for that question. I, I think you almost answered the question in your question, in the sense that COVID-19 is a real threat. It is a real threat to everyone on the planet. It's a new virus, which means everyone is susceptible to infection. It is a virus that causes disease in people, which range from some individuals will have mild disease, and a large proportion, 15%, will have severe disease. Another 5% will have critical disease. And some people will die.

So many individuals who will develop severe disease are older, but we have seen in a number of countries that younger people are dying. I'm looking at data from Italy here, and we have individuals in their 30s who are dying. We have individuals in their 40s, in their 50s, who are dying. This is a virus that can be very serious in individuals. And so it's a real threat. It not only has public health implications, but it has very strong social and economic implications.

And everyone needs to understand that they have a role to play. Every person has a role to play in this pandemic. And a sense of duty to ensure that they take every precaution that they can to protect themselves from getting infected. And we've listed a number of ways in which people can protect themselves through hand hygiene and respiratory etiquette. Through physical distancing. By removing opportunities for yourself to get infected.

If you can prevent yourself from getting infected you could prevent onward transmission to someone who may be more vulnerable, who could develop more severe disease and die. And that is a responsibility that you have to yourself, to protect yourself, to protect your family, and to protect your community and your loved ones. And that is something that everybody needs to understand. Every person on the planet has a role to play here. And they need to feel empowered to be able to do something about that, to protect themselves.

00:43:14

TJ Thank you very much for that. We have time really for one or two more questions, so we will go to Nigeria now. To Innocent Annetta [?] from MetroStar Newspaper in Nigeria. Innocent, can you hear us?

IA I can hear you, good evening, sirs.

TJ Please go ahead, we can hear you.

IA Okay. My question is this. We landed about 500 ventilators in Lagos, in Nigeria particularly. And there's a lockdown in Lagos, Abuja and Ogun states. Presently the people of Lagos are feeling the impact of the lockdown within two days and they are thinking of protests. What has WHO given to Nigerian government as a guideline to manage the situation

on the ground, especially now that we have a lockdown in Lagos, Abuja and Ogun states. Now we have less ventilators in this country. Thank you.

TJ The line wasn't the best, but my understanding that the question is how WHO is helping Nigeria in terms of medical supplies.

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MR We've been working very closely with Nigeria since the beginning, and particularly with the Ministry of Health, and the Nigeria CDC. In fact, the, the Director-General, myself, spoke with the Director of Nigeria CDC, latest it was this morning, with Chikwe Ihekweazu. And actually we were reviewing our support to Nigeria and what more we could do. We have been supporting lab diagnostics, we have been supporting with the creation of isolation facilities.

We have actually been in Nigeria supporting Chikwe and his teams and the Nigerian Ministry of Health for years, on Lassa control, on monkeypox control, on cholera control. We don't come to Nigeria. We don't arrive in Africa and, and on the continent. We are there. We are there every day of every week of every year working hand-in-hand with our colleagues of Ministry of Health and our other partners in the UN system.

We've been beefing up our support, strengthening our country office, and again supporting on clinical, medical and on laboratory science. In fact, Nigeria has developed a very strong public health approach in, in the last number of years. And the first country in Africa to establish a full Centre for Disease Control, which has been inaugurated by the government only last year.

So yes, there are challenges, and there are certainly challenges in a country as big as Nigeria, with the diversity of climate, the diversity of population, the diversity of contexts from the Northern Nigeria all the way through the tropical zones and South Nigeria, Southern Nigeria, to the massive cities of Lagos. So there are challenges, but there are great capacities in Nigeria. We will continue to scale up our support, particularly on laboratory diagnosis, and we spoke to Dr Chikwe about that this morning.

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We will continue to ramp up our support around medical protective gear, and certainly Dr Chikwe was very clear on what he needed more from WHO, and we are determined to deliver that in the interests of the people of Nigeria.

TJ Thank you very much. We will go to our last question for tonight and I will apologise to all those who wanted to ask a question but were not able. We are trying, as you can see, to get questions from as different places, as different outlets as possible. So last question, we go back here to Switzerland, to Lorian [?] from RTS. Lorian, can you hear us please?

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

TJ Yes, please go ahead.

LO Yes, thank you for taking my question. So we've learnt that China is now counting asymptomatic cases. In this light, how can the public trust the previous numbers that have been given by China, and if the World Health Organization agrees that numbers are important in this fight against the pandemic. What can be done to keep countries like China accountable and transparent, lest there can be some perceptions by the public that the World Health Organization itself is being manipulated or taken for a ride in this crisis. Thank you.

00:47:46

MR I think Maria addressed the issue of asymptomatic infection before, so I, I hope you were able to listen to that answer. I won't dare to offer to repeat it. You can certainly listen to the transcript. With regard to the issues of transparency and working with countries, we work with all countries. And, in fact, if you look at the amount of data that's been put out by many countries, and if you look at the number of peer review publications that have been made by colleagues from Korea, from Japan, from Singapore, from China, from other parts of China like Hong Kong, there's been a deluge of fantastic scientifically-based, evidence-based publications coming out on a daily basis from colleagues in all of those situations.

There have been... I think we had 27, you were saying this morning, Maria, different teleconferences going on today with experts all over the world sharing real-time information with each other. And they all include colleagues from China and colleagues from Asia. So I think we need to be very careful also to, not to be profiling certain parts of the world as being uncooperative or non-transparent.

And we need to look at transparency across the board. We need to look at solidarity across the board. We need to look at contributions across the board. We need to compare apples with apples and oranges with oranges. We need to look at the epidemic in Switzerland. That's a population-based epidemic, and the population, and, and the epidemic in Italy. We need to look at what are countries, and if one country is only sampling cases over a certain age and with certain symptoms, are they being non-transparent or are they preserving maybe a very precious diagnostic resource and they don't have the capacity to test?

00:49:32

So sometimes we attribute lack of transparency to what our natural limitations in a response, or natural limitations in the lack of availability of information. Are we saying maybe that the lack of precise information from Italy and the condition of patients is because of lack of transparency, or because we have a system overwhelmed with thousands of patients coming in every day, and doctors and nurses struggling just to provide basic care?

Are we saying they're lacking in transparency in not sending WHO the data every day? No. We need to look at the context here, and I think we need to show a little bit more balance. We need to be critical, and we will be, and we will work with every single country to ensure that we're getting the best possible data from them. But at the same time, we need to be balanced in that, and we need to recognise that systems under pressure find it hard to share everything on a minute to minute basis, and I hope I'm not being too strident in my response, but frankly at times I think we get over-focused on this issue.

MVK I just want to add something, that in this era of this new virus there's so many unknowns, there's so many questions that we have, which have been identified through our

research and development meeting that we had in February. But there are a lot of questions that we still have. And all of these teleconferences that we're having, people are sharing their experiences with not only WHO, but sharing their experiences with other countries.

And as an evidence-based organisation, we rely on that data, we rely on that evidence. And in countries that are overwhelmed right now, they may not be able, as Mike just said, they may not be able to capture that and report that and conduct those studies that need to be done. But other countries that aren't as overwhelmed, or that have higher levels of capacity, there's certain research that can be done right now, that could answer critical questions around virus shedding, around modes of transmission. Around many different things. Natural history.

00:51:30

And so it's almost like a call to action here in this solidarity that we have for this virus, to try to better capture the data and the results from studies where we can, so that it can feed and it can help other countries that may be overwhelmed at the present time. So we are seeing that. We are seeing countries that are doing studies, that are sharing results. And we hope that that will continue. We know that that will continue. And we're very happy to collaborate with a large number of groups regularly through teleconferences and reading those papers.

I have to say, it's even hard for us to keep up with the papers, but we have large numbers of teams that are going through those publications, and we thank groups that are sharing their publications, pre-publication materials with us, because it's all reviewed and it's all fed into our evidence.

TG I would like to add to that. I earlier said this is the first ever pandemic caused by a coronavirus. But to that I will also add, it's a new virus too. So two things here. One, it's a new virus. And second, it's the first ever pandemic by a coronavirus, two unknowns. Two new things, meaning there are many unknowns. And that's why some of the things we didn't know may come today as known, including the asymptomatic cases that you said. So let's, you know, accept things with open mind. And trust what's coming. But, of course, at the same time ready to verify too.

00:53:14

MR Maybe I could just give a specific example, because I've been sitting here all afternoon poring over data with Maria, and we were just looking at some of the viral shedding studies that are going on all over the world, and the information that's been provided. We have information on viral shedding study in Germany, one, Singapore, one, the United States, one, and China, four. That's what I was looking at this afternoon.

We thank all of those countries for sharing that early data with us on viral shedding because this is helping us form policies on everything from the use of masks to the length of infection to many of the other risk factors with this disease. We thank all countries for sharing this preliminary, early information with us. But we also understand that some countries are in the middle of the fight of their lives and they can't necessarily collect this data at this moment in time.

TG And to add to that, actually we agree with many experts who are saying that there is better global cooperation now than previously because of the experience we had some, you

know, epidemics and pandemics that wreaked havoc before. So I think we should continue in that direction. Better global cooperation is needed. That's what we're seeing. But it's not enough. We need to continue to really do more in terms of cooperation. But we're at a better stage now in terms of cooperation.

00:54:44

TJ Thank you very much, I think this was a very important message to give to the world. We will conclude here. Audio file will be available very soon, transcript, as always, probably sometime tomorrow, tonight. We will send you a number of links of the documents produced by our regional or country offices that give some more detail about work the WHO is doing in different parts of the world. There will be also advisories for press conferences of our regional offices, so please have a look at that. I will wish you a very pleasant evening or day to everyone.

TG And in addition to the three of us on Friday there will be a special guest surprise. So see you on Friday.

TJ See you on Friday.

00:55:36