



# World Health Organization

## WHO Emergencies Coronavirus Press Conference

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**Speaker key:**

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MR Dr Michael Ryan  
TG Dr Tedros Ghebreyesus  
MVK Dr Maria Van Kerkhove

TJ Good afternoon everyone and apologies for this delay. We are just waiting for Dr Mike Ryan to join us. And then we will start our press briefing on COVID-19. While we wait for Dr Ryan, just to let you know that we are planning to, from now on, have three press conferences per week, Monday, Wednesday and Friday. So that will be a little change from what we've had so far. But obviously we have to remain flexible. This can change again. But for the time being, we are looking into Monday, Wednesday and Friday, more or less the same time from here, and I will give the floor immediately to Dr Tedros for his opening remarks.

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TG Thank you. Thank you, Tarik, and hope you had a very good weekend. Like to say good afternoon. First of all, I would like to start with a brief update on the Ebola epidemic in DRC. As you know we have two fronts. It's now three weeks since the last case was reported, and a week since the last survivor left the treatment centre. We are now in the countdown to end of the outbreak.

We continue to investigate alerts and vaccinate contacts every day, and the security situation in Northern Kivu remains fragile. In previous Ebola outbreaks we have seen flare-ups even after the end of the outbreak. So we're continuing to provide follow-up care for more than 1,100 survivors, and keeping teams on the ground to respond quickly to flare-ups if needed. The outbreak may be ending, but our determination is not. And nor is our commitment to combatting the COVID-19 epidemic.

As you know, over the weekend, we crossed 100,000 reported cases of COVID-19, in 100 cases. It's certainly troubling that so many people and countries have been affected so

quickly. Now that the virus has a foothold in so many countries, the threat of a pandemic has become very real. But it would be the first pandemic in history that could be controlled. The bottom line is, we are not at the mercy of the virus. The great advantage we have is that the decisions we all make, as governments, businesses, communities, families, and individuals, can influence the trajectory of this epidemic.

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We need to remember that with decisive, early action we can slow down the virus and prevent infections. Among those who are infected, most will recover. Of the 80,000 reported cases in China, more than 70% have recovered and have been discharged. It's also important to remember that looking only at the total number of reported cases, and the total number of countries, doesn't tell the full story, except the potential the virus has.

Of all the cases reported globally so far, 93% are from just four countries. This is uneven epidemic at the global level. Different countries are in different scenarios, requiring a tailored response. It's not about containment or mitigation, which is a false dichotomy. It is about both. Both containment and mitigation. All countries must take a comprehensive, blended strategy for controlling their epidemics and pushing this deadly virus back.

Countries that continue finding and testing cases and tracing their contacts not only protect their own people, they can also affect what happens in other countries, and globally. WHO has consolidated our guidance for countries in four categories. Those with no case, those with sporadic cases, those with clusters, and those with community transmission. For all countries, the aim is the same. Stop transmission and prevent the spread of the virus.

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For the first three categories, countries must focus on finding, testing, treating, and isolating individual cases. And following their contacts. In areas with community spread testing every suspected case and tracing their contacts becomes more challenging. Action must be taken to prevent transmission at the community level to reduce the epidemic to manageable clusters. Depending on their context, countries with community transmission could consider closing schools, cancelling mass gatherings, and other measures to reduce exposure.

The fundamental elements of the response are the same for all countries. Emergency response mechanisms, risk communications and public engagement, case finding and contact tracing, public health measures such as hand hygiene, respiratory etiquette, and social distancing. Laboratory testing, treating patients and hospital readiness. Infection prevention and control. And an all of society, all of government approach.

There are many examples of countries demonstrating that these measures work. China, Italy, Japan, the Republic of Korea, the United States of America, and many others have activated emergency measures. Singapore is a good example of an all of government approach. Prime Minister Lee Hsien Loong's regular videos are helping to explain the risks and reassure people.

The Republic of Korea have increased efforts to identify all cases and contacts, including drive-through temperature testing to widen the net and catch cases that might otherwise be missed. Nigeria, Senegal, and Ethiopia have strengthened surveillance and diagnostic

capacity to find cases quickly. Further details on specific actions countries should take in specific contexts are available on WHO's website. WHO is continuing to support countries in all four scenarios.

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We have shipped supplies of personal protective equipment to 57 countries. We're preparing to ship to a further 28. And we have shipped lab supplies to 120 countries. We're also working with our colleagues across the UN system to support countries to develop their preparedness and response plans according to the eight pillars. And we have set up a partners platform to match country needs with contributions from donors.

As you know, more funds are being made available for the response, and we're very grateful to all countries and partners who have contributed. Just since Friday Azerbaijan, China, the Republic of Korea, and the Kingdom of Saudi Arabia have announced contributions. Almost \$300 million US has now been pledged to WHO strategic preparedness and response plan. We are encouraged by these signs of global solidarity, and we continue to call on all countries to take early and aggressive action to protect their people and save lives.

For the moment, only a handful of countries have signs of sustained community transmission. Most countries still have sporadic cases or defined clusters. We must all take heart from that. As long as that's the case those countries have the opportunity to break the chains of transmission, prevent community transmission, and reduce the burden on their health systems. Of the four countries with the most cases, China is bringing its epidemic under control, and there is now a decline in new cases being reported from the Republic of Korea.

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Both these countries demonstrate that it's never too late to turn back the tide on the virus. The rule of the game is never give up. I'll repeat that. The rule of the game is never give up. We're encouraged that Italy is taking aggressive measures to contain its epidemic, and we hope that those measures prove effective in the coming days. Let hope be the antidote to fear. Let , I'll repeat this, hope be the antidote to fear. Let solidarity be the antidote to blame. Let our shared humanity be the antidote to our shared threat. I thank you.

TJ Thank you very much, Dr Tedros. So we will start with questions. I will repeat that those who are dialling through mobile phones should type star nine, and those who are watching us online should click raise hand. And we will stress one more time that it would be good to have only one question per person. And we will start, as always, with a couple of questions from the room, and then we will go to journalists watching us online. Shoko [?], please can you start?

SH Thank you, Tarik, for taking my question. Dr Tedros, you've just mentioned that the threat of a pandemic has become very real. But when you say pandemic, according to what criteria you say pandemic? Because I understand there is no criteria for the novel coronavirus. Thank you.

MR You're right, there is no accepted definition of pandemic of coronavirus or pandemics of anything really. I think the principle underlying pandemic is a principle that in some senses the disease has reached a point where its further spread from country to country cannot be

controlled. In other words, I said in the press conference here a number of weeks ago, if this was influenza we would have called a pandemic ages ago. Because we know something inherently about the transmission dynamics of influenza.

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So it's not an avoidance of the word. But the word is important because in many situations the word involves countries moving to a purely mitigation approach. And what we've seen is that moving to a purely mitigation approach is essentially saying the disease will spread uncontrolled, in an uncontrolled fashion. But we've seen other countries, like Singapore, like China, demonstrate real success in turning the disease around.

So this controllability versus being controlled or uncontrolled. So from our perspective, and as the Director-General has said, we are reaching that point. And when you reach a hundred countries, and when you reach 100,000 cases, it is time to step back and think. Two weeks ago there were 30 or 40 countries. So now it's a hundred countries. And that's not a quantitative measure, but it is a qualitative measure of what direction we're going in, and that's what the Director-General is saying. We're very close, because at that point many more countries may become involved, and at that point the virus will be everywhere.

The contradiction to that is unlike flu we can still push this back. We can still significantly slow down this virus. So the word for us is not a problem. The issue is what the reaction to the word will be. Will the reaction to the word be, let's fight? Let's push? Let's push this disease back? Or will the reaction to the word be, let's give up? And for me, I'm not worried about the word. I'm more concerned about what the world's reaction will be to that word. Will we use it as a call to action? Will we use it to fight? Or will we use that word to give up? And I think that's what the DG has been saying right the way through his speech.

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TG Thank you. As Mike said, whether it's pandemic or not, the rule of the game is the same. Never give up.

TJ Thank you very much. John, please.

JZ Yes, good afternoon. John Zaracosis [?] for France 24 and The Lancet. Director-General, you spoke eloquently about solidarity, but can you bring us up to speed how many countries have imposed export controls on personal protective equipment, and if you could give us an update on how many hospitals have infections, and how many health personnel are infected. Thank you.

MR On the export controls, we'll come back to you on that. Clearly a large number... Not a large number, but a number of producing countries have imposed restrictions on export of protective material, and we're currently tracking that, and trying to ensure that essential supplies to WHO obviously are preserved for provision to those third countries that we were describing earlier.

We've said consistently since the beginning of this that hoarding, gouging, price manipulation, and the requisition of material that doesn't allow that protective equipment to reach those who most need it is something we need to avoid. We can understand that

governments have a primary responsibility to their own healthcare workers, but healthcare workers are a global resource. Healthcare workers are a precious resource, and the life of a health worker in one country is certainly as valued as the life of a health worker in another.

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So we would like to see that word again. Solidarity. Distribution of whatever the commodity is, on the basis of need. On the basis of benefit. And when we look at that, our most exposed workers in the world right now to this virus are frontline health workers. And anything that blocks them getting the help they need, getting the assistance and protection they need, is not good. So we do call on countries to re-examine their decisions to requisition, and try and ensure that essential supplies of PPE are made available to health workers around the world.

MVK So I can touch upon the second part of that question with regards to healthcare worker infections.

JZ And health facilities infected as well.

MVK Health facilities. So as you are well aware we are... One of the big concerns that we have for any infectious disease, and particularly for respiratory pathogens, is the risk of transmission in healthcare facilities. Worried about there could potentially be amplifying events or super spreading events. We have not seen that be a hallmark of COVID-19, and so what we are doing in all countries is when we are... Cases are reported to us, we do follow up to find out if any of those infected individuals are healthcare workers.

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You are aware of the healthcare worker infections from China, that we've heard about, and what is very important for us to understand is where and how healthcare workers became infected. Was it through the treatment of patients? Was it when they were wearing PPE, putting on PPE, taking off PPE? Was the right PPE used, for example? What we've learnt from China is that many of the healthcare worker infections, some of them happened early on in the outbreak, amongst doctors who hadn't had experience with COVID-19. Experience with infectious diseases, for that matter.

And that decline in healthcare worker infections over time is really showing that healthcare workers can be protected. But every healthcare worker infected is one too many. And it's very important, as Mike talked about, with the PPE and making sure that we prioritise the use of PPE for our frontline workers is really critical. But we are following up in every country where there are healthcare worker infections and where there is transmission taking place in a healthcare facility.

But transmission in healthcare facilities and among healthcare workers has not been a major driver of transmission for this particular pathogen. And I think there's a lot more research that needs to be done to really understand why.

MR And just to be direct in the question. We don't have comprehensive numbers on the number of health facilities globally that have been associated with the epidemics. Because obviously when someone is in a health facility being managed for COVID-19 we don't consider that facility to be affected by COVID, as opposed to a facility that's received a case

inadvertently and had an outbreak. So breaking out those numbers is important. And again, one of our frustrations has been that it has been difficult to get comprehensive data from all countries.

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We understand why countries are under pressure, countries are struggling with getting the right information, but this week we're redesigning the data that we require from countries to ease the burden on them, but also to clarify exactly what data we need. And we certainly within the aggregate data, we're going to be asking countries foreign and real time, the number of health workers as a proportion of the overall cases will obviously be a major factor in that. And we will track that more comprehensively going forward.

But as I said, it's difficult to build a global picture in real time when you're not receiving real time data from everybody at all times. And it's something we're going to have to address now, but more importantly into the future.

TJ Thank you very much. Jamie, and then we will go online. One question, Jamie, thank you.

JA Hi, I'm Jamie. Dr Tedros, you mentioned the number of recovered in China. What is it elsewhere? What is the number elsewhere? Do you have any figures for that? And you've oftentimes talked about how you want to reduce panic. Telling people the number of people who have recovered could potentially be one way of helping people not panic. So why are you not saying that more often?

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MR I think the difficulty in that is that China and other countries are quite systematic in announcing numbers of patients discharged from hospitals. In other systems that's not announced systematically. It's not usually a reported number in all countries. So that's just a technical reason. Secondly, the word... You can see in China the number of recovered has accelerated in the last couple of weeks because that number lags even more than the death number.

So, for example, many countries in Europe, people haven't had a chance to recover. Remember, it takes anything up to six weeks to recover from this disease. So it might be quite leading to say that in a country that has 500 cases no one has recovered. Is that a good message either? So it can be a hopeful message, it can also be a disheartening message. So I think we need to look carefully at what recovered means in this case.

But we haven't been systematically gathering the recovered numbers, other than when countries tells us they're gathering it, and we do, and that's why we report the recovered number from China. But it's a good point in terms of, and I take your point, that as the epidemic goes on, maybe reflecting those numbers more systematically may be very helpful. So we look at that.

JA What is your definition of being recovered or not recovered?

MR Maria will give you the technical definition, but it's usually, I think, two negative PCR results within 24 hours means you're no longer carrying the virus. Recovered is a different issue because that's a very relative term. People who've suffered very severe illness can take months to recover from the illness. So there's a difference between recovering from the virus infection, and your body fully recovering from the impact of what can be a very severe infection.

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So there is no technical definition for being recovered. At some point in the course of your illness you will feel recovered, or your doctor will tell you, you have recovered, but our definition, I think, is the technical one, right?

MVK Yes. And it varies by when we get the number of recoverees, it depends on what the country is using as their definition of recovered. So it will be the two negative tests, 24 hours apart, but it will also be a clinical recovery where they have no more symptoms, respiratory symptoms. And China I believe they're also using a clear CT scan. But I would like to give you that number from China because it's more than 58,600 people who have recovered in China, and the DG has said that's more than 70% of the cases reported to date.

That is a very positive number, and I agree, we all agree, those numbers should be reported. But it does take some time for people to get to that point. 80% of the people who are infected with this will recover, and that is also an important message. But those that do develop severe disease, we need to make sure that they're cared for very carefully, and make sure that their chances of recovery are as high as possible, all over the world.

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TJ Thank you very much, we will go now online. We will start with MPR. Can you please introduce yourself?

UF Hi, this is [inaudible] from MPR. And along those lines, I want to ask if you could elaborate a little bit on what the term mild to moderate means because I've heard that it includes pneumonia. But I think when people hear that 80% of people get mild to moderate disease it seems like no big deal.

MVK That is a very good point. So we do say that 80% of people... Well, based on our information from China, let's stick with our facts here, 80% of the cases reported from China have had a mild or moderate infection. Mild or moderate disease. The moderate part of that definition does include pneumonia. A quote unquote mild version of pneumonia. So there are people that are developing disease, so we don't want to undermine that.

But it is important to know that this mild infection starts normally with a fever, although it may take a couple days to get a fever. You will have some respiratory symptoms, you'll have some aches and pains, you'll have a dry cough. This is what the majority of individuals will have. Some of those individuals will go on to develop a mild form of pneumonia. Some of them will go on to develop a more severe version of pneumonia where they'll require oxygen. Some will require ventilation. Some will require ECMO. And unfortunately some people will die. But in the mild/moderate category it does include a mild form of pneumonia for some individuals.

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TJ Thank you very much. I will read the question from Bloomberg because we owe them that from Friday. Corinne Gretler is asking, I think this is also for Maria, what have you learnt about the death rates for the elderly versus other age groups? Can you give any details on the mortality rate for people above 60 or 70, versus people in their 30s and 40s?

MVK So yes, I can. So we've talked a lot about mortality up here, and we've talked about the difficulties in calculating mortality, but we do know that there are some underlying conditions, some medical conditions, that will put people at a higher risk for death, and those include cardiovascular disease, they include chronic respiratory disease, they include cancer, and they include diabetes. I can give you a breakdown of what that is in China, but of course this depends on the information that we receive.

There are a lot of peer reviewed publications that are coming out right now that do have details of the risk of death based on underlying conditions from a subset of patients. So this is information we're trying to gather to get a more comprehensive picture. What I can tell you from China, and this is not data as of today but data from earlier, that mortality among people who are over 80 is highest. Amongst the age group. And the mortality is above 20%. There is higher mortality for people who underlying conditions, for example for those with cardiovascular disease, around 13%.

For those who have diabetes, around 9%. For those with chronic respiratory disease, around 8%, and for those with cancer, around 7.5%. Now these numbers are based on a subset of the total cases that have been reported to date, and it is important that not only... We talk about this quite a lot, and what our goals are are to reduce transmission. It's to reduce the number of people infected, not only among younger people and healthier people, but among people who have these risk factors. So we can prevent infection in people who have these risk factors.

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So we hope that we will receive more information about underlying conditions and the risk of death from a number of other countries, but that is some information that we need to see the consistency across countries.

MR I think those data that you presented, Maria, are publicly available data.

MVK Yes.

MR So this is not a surprise to countries. Countries making their pandemic plans are well aware of the numbers and estimates in China for many weeks now. And I think it's very important when we make the sometimes brutal calculations of herd immunity and delaying of spread and achieving herd immunity, and how maybe we should let the wave pass over us and then more people will be immune, and this will all go away, that there are many vulnerable people in our communities for this still will not go away.

And turning to face that fire is very important. Our elderly, our people with underlying conditions, people with cancer on chemotherapy and others, are precious members of our society, and the arithmetic of epidemiology, as I said, for me, in epidemiology we talk about



the n, the size of the population we're dealing with. We often say the n is the population of the country or the population of the world. So is n 7.8 billion? Well, for me, as a medical professional, n equals one. Every person matters.

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Every single person matters and every community matters. And every society matters, every country matters. So I think we have to balance what are the epidemiological calculations with what are the really tragic and difficult scenes of family members worrying about particularly their elderly relatives, or spouses worrying about their partners who have cancer or are on chemotherapy. This is a very personal story, and it's very easy to wrap it up in numbers and graphs and trends.

But in the end there are many, many people around the world who are concerned, and they're particularly concerned about those in their families and communities who were very vulnerable. It is the duty of us all, governments, communities alike, to do as much as we can to protect those communities. And particularly to protect those vulnerable people amongst us. n equals 1.

MVK The numbers I quoted were in the China mission report, just for those of you that want to check. Sorry, DG.

TG No, I think this particular issue, especially about our senior citizens or the elderly is very, very important. If anything is going to hurt the world, it's a moral decay. And not taking the death of the elderly or the senior citizens as a serious issue is one of the moral decays. And Mike has said it. Any individual, whatever age, any human being, matters. And it pains us to see, actually, in some places, when they want to move into mitigation, because the virus kills seniors or older people only.

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That's dangerous. Whether it kills a young person or an old person or a senior citizen, any country has an obligation to save that person. So that's why we're saying no white flag. We don't give up. We fight. To protect our children, to protect our senior citizens. At the end of the day, it's a human life. We cannot, I have said this many times by the way, we cannot say we care about millions when we don't care about an individual person who may be senior or junior. Who may be young or old.

So that's what WHO is saying. And for all countries, a comprehensive approach, a blended approach, an approach that can help contain this outbreak, is very important, because the death rate from this outbreak is high. We shouldn't categorise it by young or senior. Of course, to understand the epidemiology it's fine to do that. But for action I think every life matters. Every individual life matters. If we don't care about one individual, whether it's old or young, then we're not serious. And that's why we're saying this is a moral decay, if we try to categorise it that way. A moral decay of the society. Thank you.

TJ Thank you very much. This is a question from Corrine Gretler from Bloomberg, and I hope, Corrine, you got the answer. If Chris is okay we can move to our next question from online. New Scientist, Adam.

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AV Yes, hi. It's Adam Vaughan here from New Scientist. You said you welcome the aggressive measures on travel in Italy. I was interested in whether you think they will work to limit the spread of the virus and relieve the burden on healthcare systems.

MR I think two things. Obviously within the zone they're not going to help. There's two challenges here that Italy faces. One is dealing with the crisis within the zone in which disease is transmitting at community level, and clearly you've seen that the system there is under some pressure in terms of the healthcare provision system and others. So those, Lombardy and others, have got to face the difficulty now of dealing with quite an active epidemic in their zone.

So restriction of movement in and out of those zones doesn't necessarily help. This is very much similar to the China experience. But reducing the flow of potential infections into other areas may offer those zones the opportunity to prepare and potentially have a different outcome. And that's what we saw in China. We saw the provinces getting in an earlier warning. They were able to prepare. The number of likely infected people going to other provinces was reduced. It wasn't entirely blocked. It didn't stop it. But what it meant was the other provinces never reached the scale of transmission.

Can you imagine in China and Wuhan if every other province had become a Wuhan? China may not have coped. The reason China could cope was they only had one Wuhan. And they've managed to keep and every other province at not a minimum level, but at a manageable level. So the question for Italy is can they launch a large-scale epidemic response in the most affected areas, and can they limit the emergence of the epidemic in the other areas so they can focus on their intervention in the most affected zones.

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So this is a tactical move. It's not going to stop disease, necessarily, moving out of those zones. It will delay and reduce that spread, and hopefully allow authorities to focus their efforts in the most affected zones. That to me represents a reasonable tactical approach. It's not a guarantee, and certainly quarantine measures at a population level are never a guarantee of shutting down transmission out of a zone.

TJ Thank you very much, Dr Ryan. We'll go to the next question. It's Jon Cohen from Science. Jon, can you hear us? Hello, do we have Jon Cohen online? If not we will then see if there are any questions here in the room. Can you please press the...?

UM I'm [unclear] from [unclear] International. It's regarding the health worker. You said that you don't have comprehensive data regarding the death among them. But in [unclear] so far the official report says that there are more than ten health workers who've lost... Combatting COVID-19 lost their lives. The question, as I said, might seem a bit redundant, but is there any action plan to support health workers, and you admired them, who are at COVID-19 at the forefront. And especially in countries that equipments like PPE is not available, like in Iran, and do you support them? How do you do that?

MR Maybe Maria can add. There are two circumstances in which health workers are exposed to COVID-19. One is an unsuspecting health worker in a facility where, if we

imagine over the last few weeks, in an unaffected country, who is treating patients normally, and then inadvertently treats someone who has COVID. It's very hard to protect that worker.

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So training workers to have a high index of suspicion for a suspected case, so that they don't expose themselves. And we've seen a number of nosocomial events, or hospital transmissions, in China and outside, where that has happened. The disease has entered a healthcare facility and spread amongst patients or amongst healthcare workers who aren't in protective care. They're just working in their normal situation. That's one way we need to avoid those epidemics.

The second way in which a health worker is potentially exposed is if they are working in a COVID-19 ward, and they don't have appropriate protective gear, or they don't have the training to use that gear effectively. Or that they're working such long shifts, long hours, and under such stress that they're not able to maintain their performance, or maintain their behaviour to protect themselves. And I think this is something that people need to consider. It's not just the equipment.

I've spent many hours and days and weeks in protective equipment. It is very difficult to wear. It is hot, it is restrictive, it cuts you off from the world. Your goggles fog up, your hands just become totally unmanageable. It's very difficult. And you've seen those workers in China having to do eight hour shifts without even being able to go to the toilet because they couldn't... They had to work eight hour shifts straight through.

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So I think in those circumstances we owe a lot to those workers. The very minimum we can give those frontline workers is the PPE and the training. And the management arrangements so we can manage their stress and their fatigue. And I think most countries are moving to do that, and that's why we spoke earlier about this issue of requisitioning of PPE. The real tragedy, I think, in the coming days and weeks, will be the moral hazard and the dilemma health workers may face if they've got COVID-19 patients in front of them who need help, and they don't have the protective equipment to protect themselves.

Would you like to be that health worker? Would you like to be a doctor or a nurse having to treat a patient, knowing full well that you are not protected? That's an awful dilemma that no health worker in the world should have to face. And it's a massive responsibility of government at national level and at international level to have the solidarity to fix that. But having the equipment doesn't solve the problem. You also need training. And training is just as important as PPE. And Maria might want to comment on that. We have a lot of training material online, and there's a lot of support for countries to do training.

MVK We do. We have a detailed package of trainings and guidance that are online for healthcare workers in different types of settings, whether these are in clinics or whether these are through ICU. And I think that that, in reaching the right level, reaching the healthcare workers, making sure that that information gets to them in the appropriate way is really critical. So everything we have is online, they participate with us on teleconferences and what not.

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The only other thing to add from what Mike said is the support that we give healthcare workers at home. These are people. These are mothers, these are fathers, these are daughters, these are sons. And they have kids and they have parents. And unfortunately what we've seen in many healthcare workers is that they weren't infected in the healthcare setting, they were infected at home. Or outside of the healthcare setting.

And so what we've seen in some countries is that other members of the community have been helping healthcare workers with the rest of their lives. They've helped them do grocery shopping. They've helped them clean their homes. They've helped them look after their kids.

And that's beyond the technical of what WHO can provide, there's a humanity element, there's a solidarity element here that our frontline workers are putting themselves at risk. They always do. And we are eternally grateful to them for that but we can also help them at home. And so maybe not from WHO technical guidance here, but this is something that we can all do in helping them out.

TJ Thank you very much. Let's take a few more questions from journalists online. Do we have Jim Westwood?

JW Hi, it's Jim [sound slip], thank you very much. First of all, you have to know how much we appreciate how frustrating it must be for you to be in demand for answers about a virus you're learning about in real time, so please know that we really appreciate this. My question is really, is there a light at the end of the tunnel here at all? Do we see an end to this thing even now? We know that the fundamental measures that are put in place seem to work in controlling the spread, but do we see a light at the end of the tunnel?

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TJ Thank you, Jim, for this.

MR Maria may want to give a more technical answer than me, but right now I think we're still very much in the beginning or middle of the very maximum of this fight. The disease has not run its course by any means in most countries. In fact, most of the countries infected of the hundred have recently imported the disease. The spread of the virus now and its impact are more in the hands of us and society than they are due to the virus itself. There's a lot, and Maria has spoken to this, the DG has spoken to this, there's a lot we can do to slow it down. There's a lot we can do to turn this virus around.

And there are things that may happen with temperature change. Not that the virus will change because of the temperature, but certainly human behaviour changes according to seasons, and the way in which humans mix and distance socially changes with season. So we may see some natural changes in the incidence of the disease. But as I've said many times in the past, hope is not a strategy, and therefore when we look at this as being realistic we're still very much in the up-cycle of this epidemic, and there are still a number of miles to go.

The hope, and to be quite frank, the way in which China, Singapore, Korea, and Japan are at various points of turning a corner, gives me great hope. And in that sense, and as the

Director-General has spoken about, the very fact that there's an element of controllability, there's an element that this can be turned around, and we need to seize that opportunity.

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In that sense the Director-General has been talking about the window of opportunity closing, and the spectre of a pandemic rising. Well, at the same time, another window of opportunity may be opening. And that is the data and the experience in some Asian countries where there's clearly an indication that the application of measures across all of society, a systematic, government-led approach, using all tactics and all elements available, seems to be able to turn this disease around. Maria, you may have a more precise definition of where you think we are epidemiologically.

MVK One thing we never want to do is predict what will actually happen. It is in our hands. It is in the hands of how every country deals with this. I think in many countries it will get worse before it gets better, but in many others they only have one or two cases, or they haven't had cases yet, and that is an opportunity to stop something before it begins. We've talked a lot about the Cs, the four Cs, the no cases, cases, clusters, community transmission, when we think about transmission. And it's difficult to answer that question on a global scale.

But to break it down country by country, I think that's really important, and especially important for each country to do on its own. What is my risk? What is the risk of importation to my country? What is the risk of transmission in my country? What is our capacity to deal with this? Where do we have gaps? And how do we address those gaps? Those are really critical questions for every country to be asking themselves, if they haven't already.

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And if we look at a country like China that's had more than 80,000 cases, even within China you break it down where you have Wuhan, you have what happened in Wuhan, you have what happened in Hubei, you have what happened in all of the other provinces. And they have showed us that they've slowed this down tremendously, and in some countries have stopped. In some provinces have stopped transmission.

And we really can't forget that. We've seen Singapore take drastic action and reduce their transmission. We've seen some countries not have any onward transmission. So in terms of what may happen and the light at the end of the tunnel, absolutely, we can see a light at the end of the tunnel. Absolutely. But it will... How quickly we get there depends on what countries do.

The DG has been very consistent in his messaging. We've been very consistent in what we've been saying, that the aggressive measures will depend on what happens. Will dictate what happens in each country. But if we can see a country have more than 80,000 cases, now start to see a decline, that is more than hope. That is evidence of showing that this can be done.

And it's the fundamental public health measures that have been used across China and in many other countries that have shown that that transmission can be reduced. So it's a difficult question to answer. There isn't one global answer to that. But in each individual country we should be asking that question.

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TJ Thank you very much.

TG We can see the extent of the problem when we try to see what the situation looks like by a group of countries, for instance. Out of the more than one hundred countries now, how many? 110 countries who have reported? 43 countries have less than ten cases. So we're saying especially those countries, 43 countries with less than ten cases, moving into cutting this from the bud, and containing and blocking transmission or secondary transmission is possible.

Then if you take the additional 36 countries have 11 to 100 cases. The same. This could be they're in a better position again to follow the same strategy. So take those countries with less than one hundred cases. These are 79 countries out of 110. That's why we're saying let's not make a mistake by taking the more than 100,000 cases in more than one hundred countries just as a lumpsum without showing or without seeing into what it looks like when you categorise it by country.

So mind you, 79 countries less than a hundred cases. Each. And a good number of them, 43, actually less than ten cases. That's why each and every country has to assess its situation and do aggressive containment strategy to cut it from the bud. Then take the countries we have. Six countries more than one thousand. This is including China. And even then, when you have thousands of cases, we have seen from China and Korea that you can actually make a dent, and you can reverse the tide.

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So this is what we are saying. Less than a hundred cases, 79 countries probably better suited to have a successful containment strategy and ultimately stop the transmission. But even those with higher number of cases, more than one thousand, let's say six countries, still there is a possibility, because countries are showing that. So we're being pragmatic. We're being realistic in proposing as WHO that whether we call it pandemic or not, we really close now with a qualitative change of spreading into a hundred countries, but still the comprehensive approach or the blended approach of using the containment strategy and other strategies.

Containment and mitigation, all in one, is very important. So the message here is even if we call it a pandemic, still we can contain it and control it. That's what we are saying. It could be a matter of time, but if we give it our best it could be the first pandemic, I said it earlier, that we can make sure that we don't live with it. So pandemic doesn't mean that we say, okay, it's fine to live with it. We're saying, it could be a pandemic, but we shouldn't accept to live with it. We can contain it.

But there is pandemic like flu that we have agreed for several years now to live with it, even when we have vaccines and so on. But on this one it's very fatal by the way. Even if it affects the elderly. And we shouldn't choose to live with it. That's our message. And we should give it our best. And we can win this battle. That's what we're saying from WHO.

TJ Thank you very much. We have time for one last question because we promised it to Jon Cohen from Science. Jon, can you hear us this time?

00:53:51

JC Yes, I hear you. Can you hear me?

TJ Yes, please go ahead. This is the last question.

JC Thank you so much. I want to ask a pragmatic practical question about the elderly. Given that the mission report found 21.9% mortality in the over 80 group, my mother is 90, and I have a personal question that I think applies to a lot of people around the world. Should she stop meeting with her friends now? She lives in California. And there's virus spreading there. And I think she should stop her card games and her mah-jong games and start the social distancing earlier. And I wonder why WHO and CDC in my country don't explicitly tell this to the over 80 population, to start the social distancing early. What do you think?

TJ Thank you, Jon, for that question.

MR Thanks, Jon. Always the easy questions. Your point is very well made. We issue risk management advice to countries and we obviously want to leave it to countries to make specific recommendations to specific risk groups or specific age groups, depending on the risk profiles in those. And an 80-year-old in one country is very often not the same as an 80-year-old in another country. And depending on those population dynamics that can be different advice in different places.

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But given the fact that our elderly are very vulnerable I would definitely say that in terms of, for example, visiting long-term care facilities and nursing homes, that nursing homes should be making immediate arrangements to reduce the risk of introducing disease into those settings. I think certainly more elderly members of our community, particularly those with underlying conditions, should be.

And I think already that advice is pretty much out there. People have been... The advice has been to all people, and particularly to vulnerable people, to limit their contacts in crowded situations, to be exacting in their hand and other hygiene. But you are correct, maybe we do need to push forward and be more precise in our advice to that group in terms of attending gatherings, for example, travel, and other things. And we will definitely take a strong look at that in the coming days.

And again, we don't want to, as the DG has just said, there is this perception that mitigation as a measure is just about waiting for a long-term vaccine and trying to reduce mortality while that happens, and that mortality will happen in elderly people. The DG has made it clear what his views are on that. We have to move towards a strategy of control. It's not about mitigating the worst impact.

In a flu pandemic you are mitigating in the sense that you don't have an element of controllability. You can't stop the virus in any meaningful way. So you focus on reducing the impact of the virus. A control strategy says you have an element of control, and what you do is both seek to control the virus and reduce its impact at the same time. And I think we've had

this unfortunate emergence of camps around the containment camp, the mitigation camp, and different groups presenting and championing their view of the world.

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And frankly speaking, it's not helpful. I think we need to now look at the last eight to ten weeks, we need to look at what we've learnt about this virus, both negatively in terms of its concerns and positively around what can be done about the virus, and we need to put our heads together and evolve our strategy. Not to live on strategies of the past, and the past may be years ago, but the past right now with this virus is eight weeks ago.

What have we learnt? Has our strategy evolved? The DG has said a blended strategy that takes the learning of the previous eight to ten weeks and puts that into an evolved approach that allows every country to design a strategy for controlling this virus that's best adapted to their circumstance and to the global needs. And I think within that, going back to your question, Jon, we have to be within that very precise, and maybe increasingly precise in our advice to high risk groups.

TG By the way, my statement today, when I outline the fundamental elements of the response, I said all of them, actually the fundamental principles apply to all countries. And I have tried to outline them. And one of them is what you just said. I started with emergency response mechanisms, risk communications and public engagement, case finding and contact tracing. Then public health measures such as hand hygiene and social distancing.

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But the social distancing is not just for the elderly only. It's for the others too. So where we should apply, especially in countries where we have community transmission, then it has to apply to all. So it will not be just for the elderly only. So we need to have tailored interventions based on the four categories which I have already announced in my statement.

TJ Thank you very much. We will conclude with this for today. And I apologise to journalists online who were not able to ask questions such as Helen Bransvel [?], and then we have Zaha [?] from BuzzFeed, we have Banjo from Down Third [?], and the Kupse [?] and others. We will have another opportunity on Wednesday, so please stay with us. We are sending regularly news from our offices in other countries, when we send audio files, so have a look for that. Thanks everyone and have a nice evening.

01:00:13