



World Health Organization

COVID-19

Speaker key:

TJ	Tarik Jasarevic
TAG	Dr Tedros Adhanom Ghebreyesus
JA	Jamil
MK	Dr Maria Van Kerkhove
GA	Gabriela
MR	Dr Michael Ryan
AD	Adrian
MA	Maryam
AN	Andi
UM	Unidentified male speakers
AT	Antonio
PM	Paul Molinaro
CR	Christophe

TJ Good afternoon, everyone. Thank you very much for watching this regular press conference on COVID-19 whether you watch it on our Twitter, Facebook or YouTube channel or you have dialled in or you are watching through Zoom. Today we have Dr Tedros, our director-general; we have Dr Maria Van Kerkhove and we have Paul Molinaro who's our chief for operation support and logistics. We also have Dr Mike Ryan on the phone, who will be able to answer some questions.

Before I give the floor to Dr Tedros just two small announcements; WHO has activated its business continuity plan and this is in order to adhere to good public health guidance as well as to deliver on its mandate. From today all staff are performing their functions through teleworking arrangements. Only staff whose critical functions can only performed on this site will have access to this campus. Therefore there will be no media presence on the WHO campus as of today.

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The WHO media team will continue to provide normal services through Skype, email and phone. Our regular briefings will be virtual press conferences and our audiovisual team will

continue to provide necessary support so from now on we will not have journalists in the room and we will inform you if that changes.

The second piece of information is that we already sent you the media advisory for tomorrow. WHO European office will convene an online meeting tomorrow, 17th March, about COVID-19 of representatives from the health ministries of the 53 member states of the WHO European region. After the meeting WHO regional director for Europe, Dr Hans Kluge, and emergency experts will brief the press on the current situation in the region and they will be answering journalists' questions on COVID-19. That press conference will be at 2:00 Central European Time and in the media advisory you have details of how to access this press conference, again tomorrow at 2:00, the WHO office for Europe. I will give the floor to Dr Tedros for his opening remarks.

00:02:17

Thank you, Tarik, and good afternoon, everyone. In the past week we have seen a rapid escalation of cases of COVID-19. More cases and deaths have now been reported in the rest of the world than in China. We have also seen a rapid escalation in social distancing measures like closing schools and cancelling sporting events and other gatherings but we have not seen an urgent enough escalation in testing, isolation and contact tracing, which is the backbone of the response.

Social distancing measures can help to reduce transmission and enable health systems to cope. Hand-washing and coughing into your elbow can reduce the risk for yourself and others but on their own they're not enough to extinguish this epidemic. It's the combination that makes the difference.

As I keep saying, all countries must take a comprehensive approach but the most effective way to prevent infections and save lives is breaking the chains of transmission and to do that you must test and isolate. You cannot fight a fire blindfolded and we cannot stop this pandemic if we don't know who is infected. We have a simple message for all countries; test, test, test.

Test every suspected case. If they test positive isolate them and find out who they have been in close contact with up to two days before they developed symptoms and test those people to. Every day more tests are being produced to meet the global demand. WHO has shipped almost 1.5 million tests to 120 countries. We're working with companies to increase the availability of tests for those most in need.

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WHO advises that all confirmed cases, even mild cases, should be isolated in health facilities to prevent transmission and provide adequate care. But we recognise that many countries have already exceeded their capacity to care for mild cases in dedicated health facilities. In that situation countries should prioritise older patients and those with underlying conditions.

Some countries have expended their capacity by using stadiums and gyms to care for mild cases with severe and critical cases cared for in hospitals. Another option is for patients with

mild disease to be isolated and cared for at home. Caring for infected people at home may put others in the same household at risk so it's critical that caregivers follow WHO's guidance on how to provide care as safely as possible.

For example both the patient and their caregivers should wear a medical mask when they are together in the same room. The patient should sleep in a separate bedroom to others and use a different bathroom. Assign one person to care for the patient, ideally someone who is in good health and has no underlying conditions. The caregiver should wash their hands after any contact with their patient or their immediate environment.

People infected with COVID-19 can still infect others after they stop feeling sick so these measures should continue for at least two weeks after symptoms disappear. Visitors should not be allowed until the end of this period. There are more details in WHO's guidance. Once again, our key message is test, test, test. This is a serious disease. Although the evidence we have suggests that those over 60 are at highest risk young people including children have died.

00:07:22

WHO has issued new clinical guidance with specific details on how to care for children, older people and pregnant women. So far we have seen epidemics in countries with advanced health systems but even they have struggled to cope. As the virus moves to low-income countries we're deeply concerned about the impact it could have among populations with high HIV prevalence or among malnourished children.

That's why we're calling on every country and every individual to do everything they can to stop transmission. Washing your hands will help reduce your risk of infection but it's also an act of solidarity because it reduces the risk you will infect others in your community and around the world. Do it for yourself, do it for others.

We also ask people to express their solidarity by refraining from hoarding essential items including medicines. Hoarding can create shortages of medicines and other essential products, which can exacerbate suffering.

We're grateful to everyone who has contributed to the COVID-19 Solidarity Response Fund. Since we launched it on Friday more than 110,000 people have contributed almost US\$19 million. These funds will help to buy diagnostics tests, supplies for health workers and support research and development. If you would like to contribute please go to [who.int](https://www.who.int) and click on the orange Donate button at the top of the page.

00:09:28

We're also grateful for the way different sectors of society are coming together. This started with the Safe Hands Challenge, which has started celebrities, world leaders and people everywhere demonstrating how to wash their hands. This afternoon WHO and the International Chamber of Commerce issued a joint call to action to the global business community. The ICC will send regular advice to its network of more than 45 million businesses to protect their workers, customers and local communities and to support the production and distribution of essential supplies.

I would like to thank Paul Poleman, Agile Banga [?] and John Denton for their support and collaboration. WHO is also working with Global Citizen to launch the Solidarity Sessions, a series of virtual concerts with leading musicians from around the world. This is the defining global health crisis of our time. The days, weeks and months ahead will be a test of our resolve, a test of our trust in science and a test of solidarity.

Crises like this tend to bring out the best and worst in humanity. Like me, I'm sure you have been touched by the videos of people applauding health workers from their balconies or the stories of people offering to do grocery shopping for older people in their community. This amazing spirit of human solidarity must become even more infectious than the virus itself.

Although we may have to be physically apart from each other for a while we can come together in ways we never have before. We're all in this together and we can only succeed together so the rule of the game is together. I thank you.

00:12:02

TJ Thank you very much, Dr Tedros, for these remarks. I will remind journalists who are dialling in by phone, it's * 9; those who are watching through Zoom it's clicking raise hand. If it's possible to have one question per journalist so we can get as many questions as possible for different people. We will start with Jamil Chade from Brazil. Jamil, can you hear us?

JA Yes, perfectly, thank you, Tarik. Hello, Mr Tedros [sic]. My question is about Brazil and about the fact that President Bolsonaro yesterday, on the weekend, not only helped to call a mass protest in several cities of the country but also took part himself in one of them. How do you see this as helping or not to fight the virus and what are your suggestions on street protests, in this case specifically as we are [?]? Thank you very much, sir.

MK Thank you for the question. What we know that will be helpful during this time of COVID-19 in terms of what the DG just said is everything that we can do to reduce the possibility of transmission between people and one of the ways that countries are doing this is to stop gatherings-together and some countries have taken different decisions based on the numbers of people where they've restricted those gatherings.

So it's important that people do restrict themselves to go to [sic] gatherings where there are large numbers of people and in doing so that will reduce the possibility that people who come in close contact with one another can potentially transmit the virus to one another. So taken together with testing and aggressive case and contact finding it's important that we limit our participation in mass-gathering events.

00:14:14

TJ Thank you very much. Just to remind, Dr Mike Ryan is on the phone. Dr Ryan, if at any time you would like to add something just unmute your phone and start talking. We will go for our next question to Gabriela. Do you hear Gabriela, do we have her online?

GA Yes, hello.

TJ Hi, Gabriela. Please go ahead.

GA Hi, thank you. I'm Gabriela Sotomayor, Mexico Proceso. My question is regarding Mexico. There are 53 cases and 170 suspected cases right now so looking at the fatality rate with older people and people with diabetes for example, in Mexico there are 12 million people over 60 years old and around eight million with diabetes. With this scenario what measures should Mexico be taking at the moment? Thank you very much.

MK I can start with this and perhaps Dr Tedros and Mike would like to supplement. The measures that we would advise for Mexico are the same measures that we would advise for all countries and what we are aiming to do in our advice is reducing transmission for individuals, reducing transmission for young, healthy people but also reducing the possibility that we are potentially infecting vulnerable populations.

We have adequate data now from a number of countries which have shown that people of older age, people above the age of 60, of 70, of 80 years old are at a higher risk of death. We have seen evidence from multiple countries that people with underlying conditions such as diabetes, as you just mentioned, such as cardiovascular disease, such as underlying chronic respiratory disease are at a higher risk of death.

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By reducing the possibility of transmission of yourself you're reducing the possibility to reach transmission to vulnerable populations so the measures that we recommend are the same; these are fundamental public health measures. It's testing, as Dr Tedros mentioned in his speech; it's finding all cases and testing cases, making sure that they are isolated and that they are cared for in medical facility and if that's not possible to make sure that they are adequately cared for at home and preventing transmission to loved ones in their household.

It's making sure that we have adequate numbers of labs that can test individuals and have testing kits that are available in all countries. It's using the basics; hand hygiene, respiratory etiquette, sneezing into your elbow or coughing into your elbow; coughing into a tissue and then putting that into a closed bin and washing your hands. It's practising social distancing, making sure that you remain separated from individuals especially if there are sick individuals.

It's staying home if you are unwell, it's working from home if possible, it's mobilising your populations; all of the same measures that we've been saying every day are the same measures that we would recommend for Mexico, as we would recommend for every government across the globe.

00:17:33

TAG Thank you. Maria has already said it but the only thing I would like to do is stress some of the issues. For any country one of the most important things is the political commitment at the highest level because this pandemic is not about the health sector alone; it touches almost all sectors of the government and the whole-of-government approach involving all sectors and led by the principal is very crucial.

That whole-government approach should also be able to mobilise a whole society and make sure that this response becomes everybody's business; anyone in Mexico. This is something that can only succeed if all Mexicans are actually involved. This is not just for Mexico but the

whole world. It's everybody's business and that's what we're suggesting to the whole world and it will be the same for Mexico and we hope to see progress in the whole-of-government approach, whole-of-society approach and making sure that this is everybody's business. That's how we can stop this virus.

TJ Thank you very much. Dr Ryan, would you like to add something?

MR No, Tarik. I think Dr Tedros said it right on the spot.

TJ Thank you very much. Please jump in any time you want. I will go now to a question from Norway that we received via text; it's Henrietta Haynes and I'm sorry if I don't pronounce that well. The question is for Maria and it says, would Maria be able to comment on the new aerosol study and various surface studies or possibly provide a general update on what you know today. That's from Henrietta Haynes from Norway, NTB and The Journal.

00:19:45

MK Henrietta, thank you for that question that highlights the evidence-based nature of our organisation and what we are trying to do in terms of making guidance for all countries. We try to pull together all available evidence on different topics.

This one that you've mentioned about the role of virus persistence on surfaces and the potential for the virus to remain in the air; we are aware of several studies that have been published, that are in the process of being published and that are currently underway in labs in a number of countries that have looked at different environmental conditions in which the virus could persist, looking at maybe different humidity or different temperature, UV lights and that have looked at different surfaces such as steel, hard surfaces and looking at the new COVID-19 virus as it compares to other coronaviruses like SARS or like MERS or the common cold coronaviruses that are circulating.

There is a recent study that came out that looked at the role of aerosol-generating procedures; how would those viruses...? As you know, this is a virus that's transmitted through droplets so these are little pieces of liquid that come out of people's noses and mouths if they cough or they sneeze and they talk. What we know about droplet transmission is that when they come out of an infected person, an individual is they go a certain distance but then they settle so that's why we have the distance of one to 2m apart from individuals.

But when you do an aerosol-generating procedure as in a medical care facility you have the possibility to what we call aerosolise these particles which means they can stay in the air a little bit longer and in that situation, in healthcare facilities it's very important that healthcare workers take additional precautions when they're working on patients and doing those procedures.

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But for the everyday person it's the talking and the sneezing and the coughing, which is why we want the respiratory etiquette. I think I'm speaking too long but these studies are looking at how long these viruses can persist in the air and the one study that came out looked at the aerosol-generating procedure and said that when you do those these particles could stay in the air longer than they would if you were just normally talking to someone.

So we use this information to make sure that our guidance is appropriate and so far from the available studies that we have seen we are confident that the guidance that we have is appropriate, which is that people who are in the communities don't wear a medical mask unless they themselves are sick because this prevents them from infecting someone else.

But in healthcare facilities we make sure that healthcare workers use standard droplet precautions with the exception of when they are doing an aerosol-generating procedure and then we recommend airborne precautions.

TJ Thank you very much. I think this is very important, to provide to our journalists information on what we know. Let's go to the next question; Adrian from Romania. Adrian, can you hear us?

00:22:56

AD Yes, hello, [inaudible] Romania. Authorities in China and South Korea have decided to isolate the areas affected by coronavirus and have managed to reduce the number of infections but the European Union supports keeping the borders open. What is the best solution recommended by the World Health Organisation?

MK I can start with that. We recommend that all cases and all contacts are followed so with the aggressive case finding and testing of cases we will know where the virus is. It is important for countries to know where the virus is circulating within their countries and who is infected and who is not infected. By finding all cases and isolating them, providing adequate care for them, by following all of their contacts and testing those contacts to ensure that we find any possibility of onward human-to-human transmission; by doing so you can effectively stop transmission between people.

In addition to that rapid testing, immediate isolation of individuals so that you're taking them away from other individuals that they can infect. This is the most effective way that we can limit human-to-human transmission. In addition is what the DG said is high levels of political support, making sure that there's an all-of-government approach. It's not just the health sector; it's involving all different sectors of the government to repurpose themselves to fight this virus.

It's ensuring that every single person in the country - in China, in Korea, in every single country - knows what their role is; how can I protect myself, how can I protect my family, what role do I have to play in actually preventing onward transmission? Some of this does involve self-isolation; some of this does involve making some sacrifices that you don't participate in social engagement.

00:24:56

We've said this before; this is going to be difficult for a while but this will be temporary and it's important that we all play a role in this.

TAG Yes, thank you. I have spoken to many ministers from Europe especially and of course other regions. One of the areas we have discussed is about testing and our recommendation from WHO was very, very clear; that all countries should be able to test all

suspected cases. They cannot fight these pandemics blindfolded. They should know where the cases are and everything about the cases and that's how they can take decisions.

If they know the cases then they move into following up with contacts and also isolating the cases and the contacts would be positive and not only that, specific to taking care of the specific cases or the positive cases or the contacts but that can help them also on how they can design their strategy to fight the pandemics.

That was my message to many of the ministers I have spoken to, to invest in testing and that was my speech also today. Going forward our recommendation is that they have to be able to test all suspected cases and then do everything that should be done starting from the testing or the cases they identify.

In addition to that we have also discussed the containment strategy. Of course we said last week that the situation is already of pandemic proportion but at the same time we have said that the containment strategy still holds as the best strategy.

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This is because of what we have seen in countries who have made progress; this is in China, South Korea, Singapore. It's the containment strategy that's showing a result and which we hope can also help other countries to make progress so we advise countries to stick to testing and from there of course all the steps that they need to do and we advise countries to stick to the containment strategy because we believe that these epidemics, these pandemics or this virus is controllable and the result or the outcome is in our hands.

TJ Thank you very much. Let's go to Tehran.

MR Hi, this is Mike. Could I just add something?

TJ Go ahead.

MR Obviously Dr Tedros has spoken to those high-level contacts and the importance of them. We've consistently said that travel measures, particularly draconian travel measures, are only part of a comprehensive strategy and countries who rely on travel measures as a way of blocking the virus are just not going to succeed. Rational measures based on risk assessment that restrict travel and particularly for sick individuals or [unclear] screening and various measures that can reduce the spread of disease are appropriate in the context of a comprehensive strategy.

00:29:06

Many countries have implemented lock-downs and other measures. These are an attempt to try and slow down the spread of the virus but within the zones that are locked down that has no impact and we go back to the same public health measures of trying to suppress infection within a zone.

So what can deal with infection within a given zone and then what can slow down infection spreading between zones are different types of measures but relying purely on static travel measures as a means of protecting populations is not enough. It may be useful in certain

circumstances, it may have an impact but it will not have any impact without the implementation of comprehensive approaches.

Just one clarification; when we speak about testing all suspect cases, that's extremely important and when we have identified those that are contacts we also need to test any contacts who are symptomatic. Just to be clear, we're not advising that every contact of every case can or should be tested. We really need to focus on ensuring that when we identify cases we exhaustively follow their contacts and if any contacts are showing any symptoms of disease they should be immediately tested as well. Thank you.

TJ Thank you very much, Dr Ryan. Dr Ryan is in Ireland, calling us from there. Let's go to Tehran; Tehran Times International Daily. Maryam, can you hear us?

00:30:36

MA Yes. Can you hear me?

TJ Yes, please go ahead.

MA I have two questions. Some believe that the number of new cases and deaths reported every day for a country are not real and some countries might be under-reporting intentionally or some might not test all the patients, especially those with mild symptoms. So is it possible that the number of cases is much higher and therefore the death rate is lower?

I would also like to know if WHO has assessed the effectiveness of traditional medicine in treating or relieving the symptoms of COVID-19.

TJ Thank you very much, Maryam. We agreed that we'll have one question per person. There are lots of questions. I have to apologise right now to journalists that not everyone will be able to ask a question. Maybe, Maria, you want to start.

MK Yes, and then maybe Dr Tedros might want to supplement. Yes, there's no doubt that we are missing cases. I think we need to be realistic about this. The reason that we are so aggressive in our statements about finding all cases and testing cases is because we need to know where this virus is but it is possible that we are missing cases that are on the more mild end of the spectrum. That's normal in an outbreak, it's normal for respiratory disease especially because certainly in the beginning of outbreaks you're focusing on people who seek care so that's where people will show up and they have a higher likelihood of actually being tested for COVID-19 or for any emerging pathogen.

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So it is certainly possible and is highly likely that we're missing cases. What's important is that there are measures, there are processes in place that countries can take to find those cases and it's important that we don't give up and we move to a measure to say, we're just going to let this happen and we're going to hope for the best.

Absolutely we need to be finding all of these cases so that we can effectively isolate them and thus reduce the chances of onward transmission but ways in which countries are trying to improve that ability to test are increasing their lab capacity so not only making sure that they

have additional kits and tests in their countries but making sure that they're increasing the numbers of labs that can test in individual countries whether it's at the national level or the subnational level or the use of private labs so making sure that we have more testing capacity in addition to testing kits.

The other question as it relates to traditional medicine; indeed, there are a number of clinical trials that are currently underway - in fact it's more than 200 clinical trials; it may be even more than 300 at the last count - and some of those clinical trials are indeed looking at traditional medicine, if it can relieve symptoms of COVID-19 infection.

TJ Thank you very much. We will go to our next question and please let's stick to one. Andi Copsa, can you hear us? Andi was trying to place his question...

00:33:42

AN Yes.

TJ Please go ahead.

AN Yes, hi, can you hear me?

TJ Yes, please go ahead.

AN Great, thank you. My question is about contact tracing and it's going back to mid-February and the Westerdam cruise ship that docked and disembarked people in Cambodia. There're conflicting reports here in the US for people that were returning for that ship that there was an actual false positive and that all of those ship's passengers were tested. Can anybody confirm this? We're not getting any answers about whether or not that one person that tested positive was in fact a false positive. Thank you.

TJ We have to mute you. Thank you for your question.

MK I can't answer to that specific question about that one individual case but what we can say is that there is the possibility for testing that you may have a false positive or you may have a false negative and so what we work with across the globe is laboratorians and virologists and clinicians to look at what are the most appropriate biological samples and when in the course of illness, in the course of a contact should people be tested.

00:35:12

It's important, whether these are upper respiratory samples or lower respiratory samples, the timing in which samples are collected and then of course the lab test itself. There's always the possibility of a false negative or a false positive, which is why we recommend repeat testing where possible. We know that that's difficult to do because there's a shortage of tests in some countries but especially for people with epidemiologic links to confirmed cases it's important that if you have a high suspicion that they are a case...

TJ Apologies, we have an issue here. Can you please...? We are not able to mute you, Andi. Can you mute yourself, please?

[Asides]

TJ I think we're okay now.

MK Just to say that if you have a strong suspicion amongst a contact who has an epidemiologic link - which means they've had direct contact with a confirmed case - you do a repeat sample and so you have increased your chances of truly detecting if that person is a case or not.

TJ Thank you very much. Can we go to Xinhua right now? Who do we have from Xinhua agency?

UM Hi, it's [Unclear] from Xinhua. Can you hear me?

00:36:41

TJ Yes, please go ahead.

UM The question is, the US Trump administration has announced a plan to cut deep its global health funds in its 2021 budget proposals, slashing more than US\$ in overall programmes including parts of its annual funding to WHO. How does the WHO think that will help combat COVID-19 and could you also give us an idea of how the US has contributed to the global response to COVID-19 so far? Thank you.

MK Would you like to take that?

TJ Thank you very much.

MR Do you want me to take this, Maria?

MK Yes, or Dr Tedros.

TAG He wants to take it? You want me to take it, Mike?

MR No, [inaudible] and I'll go after you, boss.

TAG Thank you. I think the support we're getting for COVID-19, the response is really encouraging. At the initial stage we were a bit worried but now we're getting almost close to the funding we asked for and we expect more support. The announcement from the US is really significant and we will expect more countries to contribute but we're almost close to the funding we asked based on the SBRP.

00:38:17

Of course the initial focus was on governments and we appreciate all governments who have contributed. Now we have already moved to asking contributions from the private sector and all citizens and, as I said in my speech, more than 19 million has been secured in a couple of days from the private sector and the global citizens at large and this is in two days.

We expect that there will be a significant contribution for the private sector and the global citizens at large. We have proposed for each country to use a whole-of-government and all-of-society approach. We're using the same thing globally to mobilise all governments to contribute and also all citizens to contribute and the contribution so far is significant and encouraging and I know we will get the amount of funding we need.

But I would like to use this opportunity - because you have identified the US specifically - to thank the US government, other governments, the private sector and all global citizens for their commitment. We're all in this together. It's a common enemy and it's our unity that will break this virus.

In the last few days I have seen how the human spirit is so amazing and how it shows us that the spirit can break the virus so it's not just the funding, by the way. It's the human spirit which we see, the human spirit that's fighting this virus, which is coming more and more or stronger, that can help us to fight it. When there is unity and solidarity of spirit then the resources and other things can come.

00:40:57

So I'm really encouraged, especially in the last week or so, with the level of solidarity that I see.

TJ Please go ahead, Mike.

MR I just want to add, the US public health service is one of the finest in the world and not only has served the US well but over the last 50 years has helped to train and develop public health systems all over the world through epidemiology training programmes, laboratory networks and others. The National Institutes of Health is an amazing platform for primary research, for clinical trials and the FDA has been hugely helpful to WHO over the years with regulatory aspects of developing new medicines and we thank again all of those institutions, Tony Gauci, [Inaudible] Redfield and all of our colleagues at the HHS for their technical and operational support to us and to the world over many, many years, including in this response.

Clearly we all need to invest more in global public health, in national public health. We're paying a price for underinvestment now but we need, as the DG said, to come together. Now is not the time to look at that, now is the time to work together but we are going to in future have to look at how we are investing in public health systems around the world and whether we're actually investing enough. Thank you.

00:42:31

MK Just to add, an additional contribution from the US is their scientists and their clinicians who are communicating with us regularly, on the front lines with us in terms of our gathering of information and evidence and sharing of experiences so we have American scientists and clinicians and public health professionals who are involved in every single one of our technical networks so we're very grateful for them as well as clinicians and public health professionals and scientists from all over the world, who are sharing their experiences with us as we learn more about this virus and as that evidence is fed back into our response.

TJ Thank you very much. We're receiving a really huge volume of questions so we'll try to go to those technical ones maybe because I think this is important. Lara Pierre is asking, do we know anything more about children and COVID-19?

MK This is a good question. We have a lot of questions about children. What we know from the evidence to date is that children are susceptible to infection and that children can be infected with this virus. They seem to be infected - in terms of symptomatic infection, in terms of detection through reporting systems - at a lower rate than adults, which is different to what we would see with influenza.

From the evidence that we're seeing we're not seeing transmission in settings like schools where we would worry about amplification of transmission. In many countries schools have closed and so that is an important thing to take into consideration. We do know that children tend to have more mild infection, have more mild disease but we have seen children die from this infection so we can't say universally that it's mild in children so it's important that we protect children as a vulnerable population.

00:44:21

What we don't know right now because we don't have serologic tests yet and we don't have the results of these population-based serosurveys is we don't know the extent of subclinical or asymptomatic infection in children and so we're waiting for the results of those, which will help us really understand what role children are playing in this.

Just to summarise, we know that children can be infected; we know that they tend to have mild disease but they can die from this infection so it's important that we protect them.

TJ Another technical one, maybe for you, Maria; it's Stefan from Switzerland, from [Unclear]. He's asking, what do you think about the possibility of short-lived immunity and the risk of having a massive wave of COVID-19 next fall?

MK The question of immunity is also a good one. These are the same questions we're asking so these are the right questions. There are some initial studies that are looking at an immune response in individuals. We've seen some studies that have come out that have looked at immune response in non-human primates. The data is very early and what we're looking for is whether or not we see a robust response in people and for how long that will last.

We're still 11, 12 weeks into this outbreak and we do have some serologic assays that have been developed in a number of countries and so we don't have a full answer to this yet but it is something that is very important, to see what level of response individuals have in terms of an antibody response, whether this will provide protection and for how long.

00:46:01

TJ Thank you very much. Let's try to get someone online; our friend Antonio from [Unclear]. Antonio, can you hear us?

AT Yes, Tarik. Can you hear me?

TJ Yes, please go ahead. One question.

AT Spain has declared a lock-down to prevent the spread of coronavirus but today we are still seeing images of overcrowded public transport in cities like Madrid. Do you think societies have to take more seriously the threat of COVID-19? How can we really convince the population to stay at home?

TAG To convince the public... First of all I would like to commend the very courageous and bold action that the Spanish Government has taken. I had a chance to speak to the Prime Minister, Pedro Sanchez, and his commitment, I believe, is really, really strong to fight this virus. But the political commitment at the highest level alone will not be enough. There should be the co-operation of all citizens of Spain.

It's the co-operation from all citizens that will make the response complete and I said it many times; this should be everybody's business, each and every individual should do everything to protect himself or herself and to protect others and should listen to the advice of the national authorities.

00:47:57

So my advice is that this virus will not be stopped without the co-operation of the government, the whole society and the citizens. This is everybody's business and I repeat, this is everybody's response and responsibility and that's how we can stop this virus. I encourage everybody in Spain to follow the advice of the authorities. Muchas gracias and my name is Pedrito, my other name. Thank you.

TJ Thank you very much. I would just ask Paul now to give us an update on where we are with the supply chain and PPE as we have been getting some questions, although we didn't get it right now but a couple of emails came earlier this morning.

PM Yes, thank you. As people are aware, we have been facing for several weeks now extreme shortages in the provision and availability of personal protective equipment for clinical workers and healthcare staff. Also with the demand for greater testing, greater availability of testing this also puts under pressure the market to supply these tests.

The third area which we're taking a closer look at and where we see signals of severe market constraint is around some of the more sophisticated equipment for clinical management. We see definitely, as we've been saying consistently, that continuing to test, continuing to trace contacts is giving a window of time for the clinical system. We start now to see a lot of demand for equipment to manage the wave of patients coming into that hospital system.

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Is this a challenge? It is. Is it easy? No, it's not. Is there a chance we can get availability and provide this equipment? We remain optimistic. Certainly what we've seen now is a lot of contact being made from Dr Tedros to the highest levels of government and to CEOs and we're certainly looking at a large degree of goodwill from companies and from governments coming forward to unblock the situation.

It will however take change in mindset. It's certainly not business as usual; it's very unusual and if you imagine 1,000 hands with tangled string, it doesn't work to untangle it by competition; it doesn't work to untangle it by oneself; it really needs to take a step back and work together. I think certainly what we've seen over the last three or four days is the goodwill to untangle it is there. We are making efforts to increase availability in all three critical product lines.

In lab we are looking at testing and validating different samples for new reagents from new suppliers to independently validate those. When we have those validated and quality-assured we'll move forward and expand the availability of those test kits so we continue to move forward in that spirit. Thank you.

TJ Thank you, Paul. There was a question from Jason Bobien from NPR and he was asking something along those lines; how can we expect countries to test, test, test, especially those with weaker health systems, if even some countries with more developed systems cannot do that?

00:52:07

PM Again it's increasing the number of sources. If one imagines the work that's been done up to this time has been quite impressive, it's a new virus with a new genome that then needs to be shared, needs to be analysed and it needs to be researched so the fact that we've managed to get the testing availability that we do have in a number of countries is testament to that will.

That's a beginning. We have to now seriously scale it up. It needs to become industrialised to a degree again with respect and quality assurance, quality standards and making sure we are providing the right test for what we need to do.

MK If I can add to that, if you don't mind, there're two parts to that question and Paul has eloquently described this. One is about increasing the capacity to test and in increasing your capacity to test there're three things.

There's making sure that you have the labs that are there that can actually do the PCR testing and, as we've said in the past, we are building on existing systems in many countries and these are building on influenza systems, the national influenza centres that exist in many countries across the globe, making sure that at least one if not more labs can do PCR testing for COVID-19 and then within a country making sure we look for more labs that can do that testing whether these are public labs or private labs that can do so.

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The second is the availability of test kits and really we can't emphasise enough how quickly this has come together on a global scale in terms of sharing the full genome sequence very early on in January and having the rapid development of assays by a number of labs across the globe which has enabled a number of companies, a number of labs to develop PCR tests that are now being shared globally and developed globally.

The third is increasing the people who can actually run those tests in those labs. What we've seen in some countries is that - we've mentioned this before - you don't have a uniform

outbreak in each country. You may need to move people around your country to support where that need is most and some of that is increasing your lab capacity workforce to be able to run those tests.

But the other part to that question is about the willingness and the efforts to actually go out and aggressively find all of your cases and test your suspect cases and test your symptomatic contacts. It's important that when we say test, test, test this is what we mean; we mean test all of your suspect cases, we mean test for symptomatic contacts and in doing so you can drive that transmission down.

TJ Thank you very much. Mike, Dr Ryan, would you like to add something to that?

MR No, Tarik, I think Paul and Maria have given very good answers.

00:55:06

TJ Okay, then we will move to the next question; GG Press. Who do we have from GG Press?

UM Hello, can you hear me?

TJ Yes, please, go ahead.

UM Thank you. My question is regarding Europe as a whole.

TAG Regarding what, did you say?

UM Regarding Europe, the situation of Europe. I think many people are wondering why in Europe, where the health system is very well advanced, people are suffering from the virus much worse than in Asian countries which are much closer to China. Is it just because of the lack of tests which you just mentioned or is it because of free movement across borders? How can you explain the contrast between Europe and other regions? Thank you.

TJ Thank you very much. Mike also wants to... Yes, please.

MR Tarik, I think it's very important to look at epidemics around the world being in very different phases at very different stages. The epidemic in China began, most likely, in early December, the first confirmed cases and it developed over weeks, it accelerated, the Government had to react to a very bad situation in Wuhan and had to take extreme measures to try and push the virus back.

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I think in the context of Europe that is a very similar sort of scenario. I think we have to look at the epidemics as... While we call this a pandemic the fact is that the epidemics in different countries are at different stages of development. Europe is an open, multi-country partnership and they have focused on strengthening their health systems and focused on trying to improve surveillance and doing all of the same things that China has done.

I think now you see countries like Italy and others really pushing back and fighting back against the virus in the same way that the Chinese provinces did over time. So let us see how this develops but I think, as we've said previously, it's very, very inappropriate to make direct comparisons between epidemics which really are at different stages of development. Let's talk about solidarity, let's talk about how countries can work together and not necessarily compare them, other than to learn lessons and transfer those lessons.

Many of the lessons that have been learnt in China, learnt in Korea, learnt in Singapore, learnt in Japan are now being transferred to the responses in Europe and let's hope we can accelerate that in the coming days and weeks.

TAG Yes. By the way, some time ago I tweeted a message saying countries, even high-income countries should expect surprise. This virus is new and there are many things that we don't know about. That's why I said even rich countries should expect surprises and that was also a warning call saying if you would have some surprises then you should be ready for any eventualities, you should prepare yourself so that's one.

00:58:56

But the second thing or the other thing which we said from WHO's side before which I remember fully is the health system in developed countries or in high-income countries is lean and mean. They have been investing in efficiency for many years and it runs at more than 95% of efficiency. When emergency comes expanding it to accommodate the new norm is very difficult. That's why many countries have struggled and I think we will learn a lesson from this.

Efficiency is good during normal times, efficiency is good when things are predictable but efficiency will not really work for surprises and that's why well in advance we have to prepare the system while assuring efficiency to expand as quickly as possible when there are eventualities.

One thing that was a surprise to me was many countries have actually struggled to expand quickly because the expansion part due to emergencies was not getting attention. I may be wrong but that's what I feel is happening, especially in high-income countries.

So the best thing now is, how can we learn from this pandemic and how can we prepare our system. WHO has been advocating for investing in preparedness and that's why in our transformation agenda we have established a new division for preparedness and we had actually a plan last mid-March - this March actually, now - which was planned well in advance, to have a meeting specifically on preparedness that brings foreign ministers, health ministers, parliamentarians, finance ministers together to discuss preparedness.

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Because globally we have a very, very serious weakness in terms of preparedness and WHO has been talking about this for some time now, our vulnerability and how the world is really at risk. We're seeing that now globally, be it in low-income countries, middle-income countries or high-income countries so our take is, while doing our best to suppress and control this pandemic, at the same time we have to think about planning for the future, for the long term, improving our preparedness, making sure that the world is better prepared and

identifying our Achilles heel and really focusing on our weaknesses to improve our overall preparedness as a global community.

Because, as we always say, we're as strong as the weakest link; we're as strong as the Achilles and we have to really be prepared now. It's time to commit to invest in our weaknesses and minimise our risk as a global community. No country can develop or strengthen its system and protect itself from outbreaks, epidemics or pandemics.

The world is intertwined more than ever before. Globalisation cannot be reversed. It's a globalised world. Whether we like it or not we have to learn to live with globalisation. The rule of the game now is how to live with globalisation and make sure that we act in unison to build the global preparedness and the global resistance. Thank you.

TJ Thank you very much, Dr Tedros. Maybe one last question from Kigali, Rwanda. Christophe, can you hear us?

01:04:18

CR Yes, I can hear you. Thank you very much. Let me come on to PPE. People are very, very scared of disease and it has created panic and they're doing everything just to protect themselves. They're now wearing gloves and gloves are not in the recommended safety kit. What can you say about the role of gloves or the impact of these in preventing the spread of the disease? Thank you.

MK Let me start with that. First let me acknowledge the point that you've made that people are scared. I think it's really important that we do recognise that this is scary, that people are scared and that's normal. What we need to make sure that people have is reliable information about what is this virus, how does it spread, how do we protect ourselves and our loved ones and what role do each of us have to play in this fight against this pandemic.

I think that that's really, really important; know where you can get reliable information. You can always come to WHO, our website and these press conferences and your leaders and national guidance on that so it's important that you get accurate information. There's a lot of false information that's out there and we've been working very hard to ensure that we try to correct any false statements that are out there and any myths particularly that can harm people.

01:05:59

But being scared is normal. What we need to do is channel that energy into something positive and making sure that you know what you can do to protect yourselves. What we do know works in terms of your hands and what you need to do is washing your hands. We say this all the time and it may not be the most exciting thing but it's the most important thing that you can do to protect yourselves.

We have this hand-washing challenge that's online just now of getting you to show us how you actually wash your hands and I think this is a wonderful, positive way to enforce this. Every single person that washes their hands is protecting themselves and is protecting others so make sure you do this appropriately with soap and water or use an alcohol-based rub but

post those videos online because we would really, really love to see them from everybody and get your family members to do that too.

The use of gloves is important in healthcare settings, making sure that healthcare workers are using them when they're caring for patients. We have guidance around the use of personal protective equipment for healthcare providers in healthcare settings or in home care. Really wash your hands as much as you possibly can and please send us those videos.

TJ That is #safehands to see the video. Dr Ryan, would you like to add something before we close?

MR No. Just to emphasis Maria's point, we must prioritise protective equipment for front-line health workers who are going to be taking care of our sick and we also need to re-emphasise the point that Paul made; we need to be sure that health workers all over the world have access to that equipment and we need to see equity in access according to risk and we are pushing very, very hard for that. Yes, we need to support our communities and teach and communicate with people how to avoid infection but protective equipment is not necessary to protect yourself or necessarily to protect others.

01:08:11

What we do need to protect are front-line health workers. They are the ones that are taking the highest risk and the ones we need to take care of our loved ones should they fall sick. Over.

TAG With regard to PPE, as you know, there is a market failure and we're working with the private sector to increase production because when there is a supply/demand mismatch I think improving the supply side will be important and I was very much encouraged by the commitment from the private sector to increase production but at the same time ensure equity. This is very important.

TJ Thank you very much, Dr Ryan, Dr Tedros, Dr Van Kerkhove and our chief operation support and logistics, Paul Molinaro. Thanks, everyone, for watching us. The opening remarks of Dr Tedros have been already posted if you go to our website and you go the page of the director-general you will find it under speeches but we will send it in any case with the audio file very soon and hopefully a transcript will be available tomorrow. We hope to see you again on Wednesday. Have a nice evening, everyone.

01:09:20