



World Health Organization

COVID-19 – Virtual Press conference 18 March, 2020

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DI	Diego
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ST	Steven
EM	Emma
KA	Kai
MP	Mark Perkins
UM	Unidentified male speaker

TJ Hello, good afternoon, everyone. Apologies for this delay first. Welcome, everyone, to this regular press conference on COVID-19. We are today in the executive boardroom of the World Health Organization and this is basically to give us a little bit more space so we can all follow the good practice of physical distancing. We have our regular guests by now, Dr Tedros, Director-General, Dr Maria Van Kerkhove, who is our technical lead for COVID-19 response, and Dr Mike Ryan, Director of Emergencies. I understand that Dr Tedros may leave at some point but hopefully we will have questions for other guests.

Before I give the floor to Dr Tedros, just to remark, we had some technical issues with sending media advisories. We had some meetings just a few hours ago and hopefully this will be sorted and everyone who is on our list will be getting a note from WHO including media advisories, press releases and all the other notifications. We will have an audio file, as we always do, and hopefully a transcript will be available tomorrow. Dr Tedros, please.

00:01:18

TAG Thank you, Tarik, and good morning and good afternoon, everybody. It's now more than a month since the last case of Ebola in DRC. If it stays that way the outbreak will be declared over in less than a month's time. We would like to thank all our partners for their solidarity in staying the course in the service of the people of DRC and my special appreciation especially to the Government and people of the Democratic Republic of Congo.

That same spirit of solidarity must be at the centre of our efforts to defeat COVID-19. More than 200,000 cases of COVID-19 have been reported to WHO and more than 8,000 people have lost their lives and more than 80% of all cases are from two regions; the Western Pacific and Europe. We know that many countries now face escalating epidemics and are feeling overwhelmed. We hear you.

We know the tremendous difficulties you face and the enormous burden you're under. We understand the heart-wrenching choices you're having to make. We understand that different countries and communities are in different situations with different levels of transmission. Every day WHO is talking to ministers of health, heads of state, health workers, hospital managers, industry leaders, CEOs and more to help them prepare and prioritise according to their specific situation.

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Don't assume your community won't be affected. Prepare as if it will be. Don't assume you won't be infected. Prepare as if you will be. But there is hope. There are many things that all countries can do; physical distancing measures like cancelling sporting events, concerts and other large gatherings can help to slow transmission of the virus. They can reduce the burden on the health system and they can help to make epidemics manageable, allowing targeted and focused measures.

But to suppress and control the epidemics countries must isolate, test, treat and trace. If they don't transmission chains can continue at a low level, then resurge once physical distancing measures are lifted. WHO continues to recommend that isolating, testing and treating every suspected case and tracing every contact must be the backbone of the response in every country. This is the best hope of preventing widespread community transmission.

Most countries with sporadic cases or clusters of cases are still in the position to do this. Many countries are listening to our call and finding solutions to increase their ability to implement the full package of measures that have turned the tide in several countries. But we know that some countries are experiencing intense epidemics with extensive community transmission.

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We understand the effort required to suppress transmission in these situations but it can be done. A month ago the Republic of Korea was faced with accelerating community transmission but it didn't surrender. It educated, empowered and engaged communities. It developed an innovative testing strategy and expanded lab capacity. It rationed the use of masks. It did exhaustive contact tracing and testing in selected areas and it isolated suspected cases in these designated facilities rather than hospitals or at home.

As a result cases have been declining for weeks. At the peak there were more than 800 cases and yesterday the report was only 90 cases. WHO is working in solidarity with other countries with community transmission to apply the lessons learned in Korea and elsewhere and adapt them to the local context.

Likewise WHO continues to recommend that wherever possible confirmed mild cases should be isolated in health facilities where trained professionals can provide good medical care and prevent clinical progression and onward transmission. If that's not possible countries can use community facilities to isolate and care for mild cases and refer them for specialised care quickly if needed.

If health facilities are at risk of being overwhelmed people with mild disease can be cared for at home. Although this is not the ideal situation WHO has advise on our website for how home care can be provided as safely as possible. WHO continues to call on all countries to implement a comprehensive approach with the aim of slowing down transmission and flattening the curve.

00:07:43

This approach is saving lives and buying time for the development of vaccines and treatments. As you know, the first vaccine trial has begun, just 60 days after the genetic sequence of the virus was shared by China. This is an incredible achievement. We commend the researchers around the world who have come together to systematically evaluate experimental therapeutics.

Multiple small trials with different methodologies may not give us the clear, strong evidence we need about which treatments help to save lives. WHO and its partners are therefore organising a study in many countries in which some of these untested treatments are compared with each other. This large international study is designed to generate the robust data we need to show which treatments are the most effective.

We have called this study the Solidarity Trial. The Solidarity Trial provides simplified procedures to enable even hospitals that have been overloaded to participate. Many countries have already confirmed that they will join the Solidarity Trial and these countries are Argentina, Bahrain, Canada, France, Iran, Norway, South Africa, Spain, Switzerland and Thailand and I trust many more will join.

I continue to be inspired by the many demonstrations of solidarity from all over the world. The COVID-19 Solidarity Response Fund has now raised more than US\$43 million from more than 173,000 individuals and organisations, a few days since we launched it. I would especially like to thank FIFA for its contribution of US\$10 million. This and other efforts give me hope that together we can and will prevail.

00:10:23

This virus is presenting us with an unprecedented threat but it's also an unprecedented opportunity to come together as one against a common enemy, an enemy against humanity. I thank you.

TJ Thank you very much, Dr Tedros, for these remarks. We'll start questions. I would just remind once again, if it's possible, to have only one question per person so we can get as many questions as possible. If we're ready we can start with Pawel from Poland, from the outlet [overtalking].

PA Hello, can you hear me?

TJ Pawel, can you hear us?

PA Yes, can you hear me? Hello? Hello?

TJ Yes, we hear you. Go ahead, please, Pawel.

PA Okay, hello. Up to today Poland has run 9,000 tests on a population of 38 million, which many consider far too few. Do you have any recommendation for how much testing is advisable for a country in the containment phase such as Poland and when can we expect a cheaper version of the diagnostic test to be available in Europe? Thank you.

00:11:44

TJ If I understood well, the question is about how much testing should be done in a country the size of Poland.

PA Yes.

TJ And when the tests would be available in Poland.

PA No, when a cheaper version of the diagnostic test will be available in Europe.

TJ When cheaper tests will be available in Europe.

MR First of all the value of testing is clearly determined by the number of suspect cases that you have. I think the focus here is not how much testing needs to be done to reach a certain number. The real challenge is, are you testing every single suspect case? Every suspect case should be tested, their contacts identified. If those contacts are sick or showing symptoms they should be tested.

That requires a scale-up because many countries have not been systematically testing all suspect cases and it's one of the reasons why we're behind in this epidemic so we need that to happen.

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Secondly there are many manufacturers producing tests. WHO has contracted with a manufacturer, a producer of tests, mainly aimed at supporting developing countries. I am sure that Poland through the European Union and others has access to many companies who are producing tests either in the academic or in the private sector but if there is a need any country may contact WHO and we will either point them to a manufacturer or if needed provide them with emergency testing capacity.

TJ Thank you very much; hope this answers the question from Pawel. If we can go now to Simon Ateba from Today News Africa. Simon, can you hear us?

SI I can hear you, can you hear me?

TJ We will try to level up the sound a little bit. Please go ahead, Simon.

SI Okay, thank you for taking my question. My name is Simon Ateba from Today News Africa in Washington DC. I know the coronavirus is spreading in Africa and is now in over 30 countries and almost 600 people have been affected but there's a problem. You still have big gatherings, you still have big religious gatherings, you see there are big weddings.

For instance a popular pastor in Nigeria, the prophet [?] TB Joshua, has told his followers that the virus will be defeated on 27th March and he's not the only one. So my question is, do you think this is the time to stop big religious gatherings, big weddings and all the things that bring us together in Africa and believe in science for the first time?

00:14:48

TJ Thank you very much, Simon. The line was not the best but I will just repeat the question for everyone. The question is about big religious gatherings in Africa and if this is a risky thing for spreading the virus on the continent.

MR First of all congratulations to many of our member states in Africa who've reacted very quickly to put in place the necessary surveillance, the laboratory testing and other measures. Africa is a resilient continent with a resilient population who've dealt and deal with epidemics every day of every year unfortunately.

At the moment the incidence of COVID-19 in Africa is low. It may be higher due to lack of detection but within reason Africa still has a major opportunity to avoid some of the worst impacts of the epidemic and to prepare its public health system and its health system for this. With this in mind African countries are looking at all of the different options and I'm sure they're looking at the experience in Asia, the experience in Europe and looking at what options work best for them.

Certainly at this moment in time all countries that have disease inside their borders need to examine the appropriate measures to limit contact between individuals, particularly large mass gatherings that have the potential to amplify disease but we fully understand that depending on where countries are in the disease development during the evolution of the epidemic those decisions are based on different risk management factors.

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But in principle WHO's view at this moment is that all countries with community transmission or clusters of cases inside the country in order to avoid disease amplification should be seriously considering delaying or reducing mass gatherings that bring people together in an intense way and have the potential to amplify and spread disease, particularly large religious-type gatherings that bring people from very far away into very close contact.

TAG Maybe I'd like to add to what Mike said. As of today the number of cases reported from sub-Saharan Africa is 233 cases and four deaths. Actually in terms of confirmed cases it's the lowest region but, as Mike said, we cannot take this number as the number of cases we have in Africa. Probably we have undetected or unreported cases.

But in addition to that even if we take it that these 233 cases are true we have to prepare for the worst. In other countries we have seen how the virus actually accelerates after a certain tipping point so the best advice for Africa is to prepare for the worst and prepare today. It's actually better if these numbers are really true to cut it from the bud and that's why we're saying we have to do the testing, we have to do the contact tracing, we have to do the isolation and cut it from the bud.

With regard to mass gatherings and so on, it will help if we avoid that and WHO's recommendation is actually that mass gatherings should be avoided and we should do all we can to cut it from the bud, expecting that the worst could happen because we have seen how the virus really speeds up and accelerates in other continents or countries. So that's our advice and I think Africa should wake up, my continent should wake up. Thank you.

00:18:59

TJ Thank you very much, Dr Tedros and Dr Ryan. Let's try and get to Musa from [Unclear]. Musa, I understand... Musa, can you hear us?

MU [Foreign language]...

TJ [Foreign language].

MU Okay.

TJ Our friend Musa from [Unclear] is asking about the sanctions on Iran and how sanctions on Iran have impacted the capacity of the country to respond to this outbreak.

MR We've been working very closely with the authorities in Iran and with many, many countries around the world now who have worked with us to ensure that Iran gets the assistance and help that it needs. We've again said right the way through this epidemic that we want to avoid politicisation of these events and we thank those member states and there are a wide range of member states from different political persuasions and ideologies who have agreed to act in solidarity together to support Iran's situation.

We're focused as we have been on providing lab supplies and reagents, on supplying PPE and ensuring that Iran has access to the markets it needs to do that and we've been working at a very detailed level not only through the sanctions but through the banking system and others to free up the necessary resources and to free up and provide the necessary assurances to companies and others that they can with comfort and without fear of any consequence supply Iran with essential medical equipment and supplies for the purposes of the control of COVID-19.

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The DG may wish to speak on some of his political engagements that have successfully ensured that this circumstance has come to pass. We are in solidarity with our brothers and sisters in Iran and all over the world and will ensure that every citizen in every country has the opportunity to access global goods at this point in time. Tedros.

TAG No, thank you very much. The only thing I would like to add to that is we're already in contact with senior officials from Iran. I had spoken to the Minister of Health yesterday and also had a chance to speak to Secretary Pompeo yesterday and we have underlined the need for solidarity and I remind all of us of the statement that the United States and especially Secretary Pompeo issued some weeks ago.

We have discussed how best that can be implemented and, as Mike said, some of the process, especially with banking and so on but in emergency situations the sanctions can be addressed and this is already agreed from the US side and that's why we had the statement. We hope that we will have the needed solidarity to fight this enemy together.

At the same time I would like to use this opportunity to thank the Crown Prince. He sent the second round of support to Iran the day before yesterday; two chartered aircraft shipping materials needed and that's what we're calling for, for the whole world. For the time I think we're in the most important solution in fighting an enemy like this dangerous virus is solidarity and we hope this spirit will continue.

00:23:36

TJ Thank you very much. I'm really sorry, Musa; we'll try to take your second question next time. Just to say, we all miss our Geneva press corp. Speaking of, let's go to Jamie. We miss Jamie as well. Jamie, please go ahead and ask one question.

JA Can you hear me, Tarik?

TJ Yes, please go ahead.

JA Okay, great. Hi. This is Jamie from Associated Press. We're wondering, why might the death rates across Europe be so variable? Italy's death rate is at about 11% and they will soon overtake Hubei Province in terms of numbers of deaths while other countries like Germany, France, Spain and the UK have reported far lower death rates, closer to one to 2%. What might explain that discrepancy? Thanks.

MR Hi, Jamie, again. I almost miss you as well. It's a good question and there are a number of factors that might explain that but certainly one of them is testing. If you look at Germany - and we had some very good communication with Germany today - they've had a very aggressive testing process. They've tested and confirmed over 6,000 cases with just 13 deaths but that may reflect the fact that they're really aggressive in their testing strategy so the number of tests and the number of confirmed cases may be detecting more mild cases as a proportion of overall cases. That's an important determination.

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The second issue is the time of evolution in the outbreak. What we do see is a pattern of long hospital admission so Italy having experienced the first wave of major transmission much

earlier than other European countries is now experiencing those deaths because a lot of people reach a point where they can no longer be saved in the clinical system so therefore the deaths occur sometimes two to three to four weeks after the infections start so again you have to look at where each country is in the epidemic cycle.

The other factor may be to do with the age profile of populations. For example Italy has a much older age profile and has a higher proportion of people in the very elderly category and in some ways Italy has been a poster child for healthy people living into old age and we've always asked ourselves the question why Italians and people living in the Mediterranean are healthier and live longer lives.

But unfortunately in this case having that older population may mean that the fatality rate appears higher because of the actual age distribution of the population underneath. There may be technical reasons as well in terms of the ability to provide standard of care. We saw this in China, we saw this in Hubei. When you looked at the case fatalities inside Hubei and outside Hubei there were significant differences in case fatality and anyone who's ever worked in the front line of an emergency; when patient numbers begin to overwhelm it becomes a simple factor of your ability to provide adequate care and react to every change in the patient's condition in an intensive care environment.

00:27:00

So I think there are circumstances in which the standard of care cannot be maintained when patients are being overwhelmed and I point you to the tremendously courageous physicians, nurses and intensivists in Italy who haven't been dealing with one or two patients in intensive care but for example in northern Italy over 1,200 patients in intensive care at the same time.

It's an astonishing number. The fact that they're saving so many is a miracle in itself so I think there are many factors, Jamie, and they all play into the actual numbers. Maria may offer more technical advice on that.

MK The only thing to add is exactly where the virus is circulating in each country and so you have to look at the demographics of where it is circulating. In Korea we had these very large clusters related to a church and the age distribution of those cases was much younger than what we're seeing in northern Italy for example. You may see outbreaks in long-term care facilities where the age is much higher so it's important where those clusters are occurring and where you're capturing your cases from.

But we do need to be very careful when we look at mortality rates and we compare mortality rates. It's not right to compare them yet. What we need to do is find out why we're seeing differences and what that actually means in terms of our understanding of this virus and how it impacts different populations.

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We've said previously that we need to be very careful when we compare a calculation of the number of deaths over the number of cases that are reported per country and Mike has outlined the reasons why that is difficult but we have not seen the way this virus will behave in other vulnerable populations. We have not seen how this virus will behave if and when we

see it in vulnerable populations with high prevalence of HIV for example or malnourished children for example and that's what we need to prepare for.

So every death is significant regardless of where this takes place and we need to make sure that all of the measures that we take are preventing transmission because every step that we take there will prevent death.

MR To supplement here on the issue of severity, if you look at the case series that have been produced and published from Korea almost 20% of their deaths have occurred in people under 60 so the idea that this is purely a disease that causes death in older people we need to be very, very careful with and physicians again in Italy will attest to this, and in Korea.

This isn't just a disease of the elderly. There is no question that younger, healthier people experience a much overall less severe disease but a significant number of otherwise healthy adults can develop a more severe form of the disease and that's why we need to be ever vigilant in ensuring that we observe everyone, even the mild cases, for any signs of clinical progression to a more serious disease.

TJ Thank you very much. We go for our next question to Diego from Brazil. Diego, can you hear us?

00:30:15

DI Yes, I can. Can you hear me?

TJ Yes, please go ahead.

DI There's been a lot of speculation about cases regarding children so if you could, please clarify what is the data right now about symptoms in children and how fast the virus can spread among [?] children.

TJ Thank you, Diego.

MK I can start with that. Yes, we know that children are susceptible to infection, we know that children are infected with this virus but in terms of the reporting of cases across a large number of countries now where we have data the number of reported cases in children is lower than adults.

We know that children can develop disease and the disease that they develop in terms of the signs and the symptoms are similar to what we're seeing in adults which include fever, which include dry cough, which include fatigue and muscle pain. Overall the majority of children that are infected will experience mild disease but that is not universal.

There is a recent study that came out in China that showed that a number of children have developed severe disease and critical disease and in China one child has died so what we need to prepare for is the possibility that children can also experience severe disease but the evidence so far is that children have mild disease and only one death reported in China so far.

00:31:55

TJ Thank you very much, Dr Van Kerkhove. We will take one question from journalists who are for some reason unable to get on the line. Here is Camilla Hodgson from the Financial Times asking, is there a shortage of tests and/or test processing centres in Europe, is that a reason that more testing isn't being done in countries like the United Kingdom?

MR I think countries in Europe have been scaling up their capacity to do testing over the last number of weeks. There are different options for countries; one is lab testing kits which do a small number of tests per kit. The other is automated machines that allow you to test a number of samples at one time and then there are high-throughput machines that allow up to 5,000 samples to be processed per day and many European countries are moving to put in place those more high-throughput mechanisms to be able to test more and more cases.

So yes, I think there's a scale-up going on in testing but I don't believe that the ability to test has been the reason for the not testing. I don't think that's been the limitation. I think it comes down to what the strategy of an individual country is. If you're going to make an attempt to detect every suspect case and test every suspect case then I believe countries in Europe do have the capacity to do that.

The tough part is then when you get those cases being able to identify contacts and follow those contacts and quarantine contacts. Then you need to leverage a much larger public health response that comes in behind that lab testing and allows you then to suppress the virus through those individual isolation mechanisms.

00:33:54

Isolating individuals or quarantining contacts is about removing people who are potentially infectious from the community. In balance with that and in line with that social distancing or physical distancing measures in a sense ask everybody to separate themselves from everybody else on the basis that we're not quite sure where the virus is.

A combination of those two allows you to really suppress the virus. If you really focus on individual measures to try and take people who are known to have the virus or could have the virus out of the general population for a period of time and at the same time you create some physical separation at the population level those two combined can be very effective at suppressing transmission of the virus.

In order for that strategy to work you must have the capacity to do more extensive lab testing as you really try to search for and identify all of those suspect cases and countries are coming up with different strategies to meet the testing demands and maybe Maria can explain a little more on what those strategies are.

MK Yes, there're three major areas which countries are working on to increase their testing capacity. The first is the kits themselves that Mike has described. The sheer number of available tests and companies that are developing tests and countries that have developed tests is incredible considering we're 12 weeks into this outbreak, this pandemic.

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The second area is increasing the number of labs that can actually run these tests so in every country there are national labs that can do PCR work that are building on a national influenza

system that has been in existence for decades. But increasing the number of labs that can actually run those tests is an important part of the strategy. Whether you're using public health labs or you're using private labs or academic labs, whatever it may be the number of those labs needs to be increased.

The third areas is the number of people, the workforce who are actually going to run these tests so this three-pronged approach of being able to have more labs that can run these assays, more people who can run this and have more tests available are really critical.

We've also seen - and the DG gave a good example in Korea where countries - not only in Korea - are finding innovative ways to test people so finding individuals; how can we run these tests? We saw this drive-through system for example but countries need to be creative in the way... Use the fundamentals of public health in terms of tackling this virus but think of innovative ways and creative ways in which you can find people that fit your transmission scenario.

TJ Thank you very much. Let's go to the next question; Helen Branswell.

HE Hi, thanks for taking my question. I was hoping you could give us some more information about the Solidarity Trial. Could you please tell us what drugs have been prioritised?

00:37:03

MR Hi, Helen. Ana Maria Henao Restrepo will join us to give you the specifics on the trial but it's a multi-arm trial and countries are able to choose between any one, I think, or more of five therapeutics that are currently being evaluated but it may be more so Ana Maria will speak to this and give you the detail.

AH Good afternoon, Helen. It's an adaptive [?] design. Initially we have five arms. The first arm is the sort of care, the usual care that is provided to the patients in the country. The second arm is Remdesivir; the third arm is Lopinavir/Ritonavir; the fourth arm is Lopinavir/Ritonavir with Interferon beta and the fifth arm includes Chloroquine.

The good thing about the trial is, as Mike indicated, that the randomisation could be adjusted to the drugs available in each individual hospital over time. The other good thing about it up to this time is that we can include additional arms or drop arms as our global data safety monitoring committee advises we should do.

Finally Dr Tedros mentioned that this is a very simple trial and we think that it's very important that all the research goes on that will contribute to our understanding of this disease but this trial focuses on the key priority questions for public health; do any of these drugs reduce the mortality, do any of these drugs reduce the time the patient is in hospital, and whether or not the patients receiving any of the drugs needed ventilation or an intensive care unit.

00:38:45

TJ Thank you very much, Dr Henao. If needed we will provide the exact title of Dr Henao but now we will go for the next question to South Africa. We have Steven from Hot 919. Steven, can you hear us?

ST Yes, I can. Thank you very much for taking my question. I was going to ask about the Solidarity Trial but...

TJ Stephen, we don't hear you very well. Can you speak a little bit...?

ST I can... How's that?

TJ It's a little bit...

ST Okay. I want to ask; we've seen some schizophrenic government activity, I have to say. Looking at the way our Government here in South Africa has responded I have been fairly impressed as a journalist at the response that the Government has given. Is it an important factor for the government to be unified on this? Our opposition politicians have come out and said they're supporting government. We seem to be on the same page. I don't know what sort of interaction the WHO's had with South Africans.

00:39:54

Maybe you are the people at the top and you're not having day-to-day interaction but in terms of the communications about the South African response I'd like to get an insight from you as to your impressions.

MR Again, as the director-general has said many times, an all-of-government approach absolutely underpins success in fighting any emergency but in this particular case all the more so I think that has been the case in many countries including South Africa.

Another point to make here is that African countries have been dealing with emergencies, climate disasters, natural disasters, epidemics for a very long time. South Africa's had to deal with a terrible HIV epidemic over many, many decades so the ability to create coherent responses to what are biologic threats is not easy for government because these are threats you can't see and sometimes can't quantify.

So having been through that kind of a crisis already prepares government for that leadership role when the time comes. Building trust with communities is tough at a time when many citizens have lost faith in government all around the world. This is not easy. This is both an opportunity for governments to rebuild trust with their citizens, to rebuild that confidence that's needed to manage adversity and to reach out and create a non-partisan, all-of-government, all-of-society approach to dealing with disease.

But again the idea here - and I say this with caution; many countries in sub-Saharan Africa - and there are many countries in the world that have fragile health systems; that is correct. But they're not helpless and I've worked with African colleagues and in Africa for many, many years and what I see is a story of resilience, a story of coping and an ability to overcome adversity through communities by building on community intervention, building on community acceptance.

00:42:01

If we can match community participation with good governance than I believe that Africa can succeed; it has demonstrated that time and time again but it does require strong, united governance to deliver for citizens and I think we're seeing that in Africa and I hope we continue to do so.

TJ Thank you very much. Dr Tedros, as you can see, has left but I'm sure our speakers will be able to answer one or two more questions. Let's go to Emma Farge from Reuters. Emma, can you hear us?

EM I can hear you. Hopefully you can hear me. I had a question about the strategy for the supply crunch. Do you think that the only way to [inaudible] demand for equipment such as ventilators and PPE is for non-medical factories to be retooled to make this sort of equipment and are you calling for that on a large scale? Thank you.

MR You are correct; there is a real pressure in the market for personal protective equipment, for essential medical supplies for providing care for people. Most countries are still in reasonable shape but there is great disruption and there's great distortion in the market and many would characterise that as a market failure.

00:43:27

We're working very, very closely with governments and in particular with our colleagues in the United Nations system, with the World Food Programme, who are working extremely closely with us. In fact we have World Food Programme staff here with us; no better logistics organisation in the whole world in terms of supply chain management. We're working with UNICEF, we're working with other agencies in order to maximise our ability to access those materials on the global market.

We also have some fantastic support from governments in trying to prioritise supplies for us so we can provide them to all countries, the most basic needs, China being the lead in driving that approach of prioritising our supply chains in order to do that. There is a scramble on the market and we do need order and discipline in that and I do believe that the institutions like the European Union and others are trying very hard to bring that order and coherence to the process of procurement and ordering and prioritisation.

It's like any rush - we've seen this in the supermarkets and the shops. If everybody rushes to buy everything they think they need for the foreseeable future then many people lose out. That is the same if it's toilet roll or if it's personal protective equipment but we can afford maybe to run out of toilet roll but health workers can't afford to run out of PPE and it's a huge responsibility for governments around the world to ensure that not only their health workers but all health workers have a fair opportunity to access PPE.

00:45:07

That is a responsibility of industry, that is a responsibility of government, that is a responsibility of the UN system. We're trying to do our bit, working very hard across the UN to make that an easy process for governments. Governments who wish to prioritise giving help to others can use the WHO, use the UN platforms to do that. I know they're very busy

and may not be able to do that themselves but we would welcome any contributions, donations to an international system to supply PPE to those most in need and in addition other essential supplies like oxygen concentrators and the rest.

We've seen some positive moves. For example some countries in Asia are really looking at self-production of PPE and we do again look - and again there are some companies around the world, part of our pandemic supply chain network, who are actively working to licence their production capacities to local producers for masks, for PPE in order to be able to produce that at local level.

That's a fantastic development, to transfer technology, license that so that local manufacturers can come into the game. Ventilators and other sophisticated equipment is another scale of production and another scale of safety and ISO standards that are needed to meet that. We have to be very, very careful in scaling up production of sophisticated technology like that but countries like China and others have immense capacities for ramping up production and we're working with them to see how that can be achieved and with other large-scale producers of such equipment. Maria.

MK Yes, if I could supplement that, in addition to everything that Mike said it's important that every individual knows what their role is in ensuring that the supply that is needed is being used in the most appropriate way so what countries are doing in terms of what is their strategy for dealing with mild patients, what is their strategy for dealing with severe patients.

00:47:04

Individuals need to know what their role is in terms of how they can prevent overburdening a health system. For example if you're feeling unwell you generally stay home, you don't rush to a healthcare facility, you contact either the hotline number that is available in your country or you call your healthcare provider and you say, these are my symptoms, do I need to come in?

In most cases you will not need to go in but if you do have the symptoms that we worry about for COVID-19 which include fever, dry cough and shortness of breath then you will need to seek care and so it's important that that process is in place in countries so that people know where they can go and when they should go and seek healthcare.

It's about the rational use of masks. We have provided guidance about using a medical mask in the community and if you're not sick you shouldn't be wearing a medical mask but if you are then you should. Those decisions that are being made on an individual level impact the global supply for all of these materials so please know that each individual has a role to play in this global supply issue.

TJ Thank you very much. We will have two more questions and then we will let you go. The next question will be Kai Kupferschmidt but before that I just need to say Ana Maria's title because it has been asked. Ana Maria Henao - I will spell the name; A N A; Maria is M A R I A - Henao is H E N A O and Ana Maria is unit head for research and development blueprint at health emergencies programme here at WHO. Kai Kupferschmidt.

00:48:50

KA Tarik, thanks for taking my question. Maybe, if I can, a quick clarification from Ana Maria. The fifth arm of the Solidarity Trial is just chloroquine or chloroquine plus something else?

When the question I wanted to ask; you keep talking about testing of course and there's been a lot of discussion but there also seems to be a problem with the supply of reagents for some of the testing kits and I'm curious whether WHO is working on addressing that in some way or whether you have some thoughts on that.

TJ Okay, you are a very good friend of WHO but I have to enforce the policy of one question so...

KA It was a question and a clarification.

TJ Okay, Ana Maria, please.

AH It's chloroquine alone so we are going to test in some countries chloroquine and in some countries drugs with chloroquine and we are looking into the equivalence between the two doses and we have an independent expert panel who help us with the prioritisation process and this is how we arrived at this selection. Over.

00:49:53

MR On the lab side we might actually, Ana Maria, bring Mark to the table. Mark Perkins leads our lab portfolio under Maria's co-ordination and there are lots of questions being asked about lab supplies and all of that. Again, as Maria said, there are different manufacturers producing tests on different platforms so there could be a shortage in one area and not in another so it's very hard to do a global evaluation.

We've seen for example in some of the high-throughput systems in the last few weeks they haven't run out of the testing reagents, they've actually run out of equipment and supplies to support the high-throughput systems. So it's very easy to extrapolate a single problem in a single testing system to the whole system but I will let Mark speak for himself.

Our thanks to Mark and the team because they've worked really hard over the last number of weeks and within days of this virus being sequenced we were working with scientists and collaboration centres and with manufacturers to produce highly qualified, validated tests that have actually been distributed to 120 countries. They're operating at a very high level of quality and quality assurance and we're very, very pleased at the way in which they have performed throughout the world over the last number of weeks.

We thank Mark but we also thank all of those in the laboratory networks who've been working on this, all of the scientists, all of the manufacturers, all of the collaborating centres and those who've worked to validate these tests in the field. It's been a huge success and something that we are proud of and we continue to work with others to make sure that they're able to scale up at the same level. Mark, maybe a word or two on some of the issues around reagent supplies, assays, concerns around this.

00:51:43

MP Yes, there have been shortages of some of the ancillary materials, as Mike mentioned, used in PCR reactions which are the most common way to diagnose coronavirus. These are sometimes important chemistries that you can't find any place else other than a diagnostic manufacturer.

Some of the diagnostic manufacturing, a lot of it has been done in China and with the outbreak in China it decimated the workforce, at least made them unable to work and made some of those reagents and made them difficult to procure. The vast number of diagnostic companies are scaling up their own capacity to generate those reagents and I think we'll get over that hump.

There are more than 200 companies now working, already declared, sometimes already finished working on diagnostics for coronavirus and so we have a plethora of choices and sorting out which ones work and which ones meet whose needs is really the next step for the future. Thank you.

TJ Thank you very much. That was Mark Perkins and I was trying to find the exact title. Can you say the exact title for those who would like to use it?

MP I'm the lead laboratory networks in infectious hazard management.

00:52:56

TJ Thank you very much, Mark. We will go to the last question, to the South China Morning Post. Do we have anyone from the South China Morning Post?

UM Yes, can you hear me?

TJ Hopefully we will hear you better. Try again.

UM Hello.

TJ Yes.

UM Great. Thanks so much for taking my question. Dr Tedros mentioned the importance of international unity on this and I just wondered whether anyone there at WHO had comments about the US president Donald Trump's continued usage of the term, the Chinese virus, as recently as this morning to refer to COVID given that there continue to be reports of racism and xenophobic attacks against ethnic Chinese people around the world.

I wondered whether you had any [inaudible] about that kind of language may hamper or distract from the international community's ability to respond [inaudible].

TJ Thank you very much.

00:54:01

MR Yes, I think we've been very clear right since the beginning to this event that viruses know no borders and they don't care your ethnicity, the colour of your skin or how much money you have in the bank so it's really important that we be careful in the language we use

lest it lead to profiling of individuals associated with the virus. This is just something we need to all avoid.

It's easy in situations to summarise or to make comments that are not intended to do that but ultimately end up having that outcome and I'm sure anyone would regret profiling a virus along an ethnic line. That's not something anybody would want. We need solidarity, we need to work together.

There are many different origins; I've said it before in these press conferences; the pandemic of influenza in 2009 originated in North America and we didn't call it the North American flu so it's very important that we have the same approach when it comes to other viruses, to avoid that and we ask for that to be the intent that everybody has.

This is a time for solidarity, this is a time for facts, this is a time to move forward together to fight this virus together. There is no blame in this. All that we need now is to be able to identify the things we need to do to move forward quickly with speed, with certainty and to avoid any indication of ethnic or other associations of this virus.

MK I'd like to say something on international unity. We've seen overwhelming international unity and solidarity for this pandemic and I think every single instance that we can highlight that we should. We see this in not only verbal support for countries that are dealing with horrible outbreaks.

00:56:12

We see this through donations, whether it's through PPE or... I see children drawing pictures for healthcare workers. Every single one of those acts of kindness is an act of international unity and we'd like to see more of that. We see this through donations to the solidarity fund which we're so grateful for, which will be used towards fighting this response.

We see this through acts of kindness, of people helping older people in their neighbourhoods, doing grocery shopping, delivering care packages, helping your parents and grandparents set up their phones so that they can talk to each other over different platforms. All of that is international unity and every single one of us has a responsibility to contribute to that and every single reporter that's out there that's covering this has a responsibility to cover that too.

It's really incredible that these are very tough times and in many countries this is going to get a lot worse before it gets better but this will be temporary and we will get through this together.