COVID-19

Virtual Press conference

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00:00:10

TJ Hello to everyone from WHO headquarters here in Geneva and welcome to our regular press conference on COVID-19. You can watch us on a number of social media platforms, on the WHO website and also a big welcome to hundreds of journalists who are watching us through Zoom. Just to remind you, questions can be asked and you can listen - if you are listening on the website or on Zoom - in six UN languages plus Portuguese plus Hindi and you can also ask your question in any of those languages later. We thank our interpreters who are here with us to facilitate that.

Today with us we have Dr Tedros, WHO Director-General, Dr Maria Van Kerkhove, Dr Mike Ryan and we also have Dr Kate O'Brien, who is the WHO Director for Immunisation, Vaccines and

Biologicals. I will give the floor now to Dr Tedros for his opening remarks.

TAG Thank you. Thank you, Tarik. Good morning, good afternoon and good evening. This week was a very productive week with all member states agreeing a landmark resolution on COVID-19 and today we held our executive board. In particular I want to congratulate Dr Harsh Vardhan, India's Minister of Health, on his appointment as chair of the executive board.

As the world passes five million recorded cases of COVID-19 we recognise the importance of building national unity and global solidarity to learn from each other and suppress the virus everywhere.

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A key part of this week's landmark resolution was that as well as fighting COVID-19 governments need to also ensure that essential health services are maintained. When health systems are overwhelmed deaths from outbreaks and from preventable and treatable conditions increase dramatically. Maintaining people's trust in the ability of health systems to provide essential health services safely is crucial to ensure people continue to seek care where needed and follow public health advice.

WHO has previously release guidance for maintaining these services during an outbreak. In this context I would like to thank Novo Nordisk for its donation of insulin and glucagon, which will help to support treatment for people with diabetes in 50 low and middle-income countries. This is the first donation in WHO's history of a medicine for a non-communicable disease and comes at a critical point.

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People with diabetes are vulnerable to developing severe disease from COVID-19 and struggle with the day-to-day problems of disrupted access to medication, equipment and healthcare. Initiatives to secure the supply of essential diabetes medicines are very welcome and reinforce the multiple ways that the private sector can get involved in fostering global solidarity.

One of the most essential services that has been disrupted is routine childhood immunisation. Today WHO is publishing new guidance on implementing mass vaccination campaigns in the context of COVID-19. WHO, UNICEF and GAVI, the vaccine alliance and other partners are working to ensure that the

pandemic does not reverse decades of progress against vaccine-preventable childhood diseases.

Today I'm pleased to be joined by UNICEF Executive Director, Henrietta Fore, and Seth Berkley, CEO of GAVI. Since the turn of the century child mortality has been halved, in large part because of the power of safe and effective vaccination. However we're here today to collectively reinforce the warning that COVID-19 threatens to undermine life-saving immunisation services around the world.

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This risks putting tens of millions of children in rich and poor countries at risk of killer disease like diphtheria, measles and pneumonia. As the world comes together to develop a safe and effective vaccine for COVID-19 we must not forget that dozens of life-saving vaccines already exist and must continue to reach children everywhere.

Initial analysis suggests the provision of routine immunisation services is substantially hindered in at least 68 countries and is likely to affect approximately 80 million children under the age of one living in these countries. Any suspension of childhood vaccination services is a major threat to life.

WHO is working with governments around the world to ensure supply chains remain open and life-saving health services are reaching all communities. The epidemic of misinformation has also harmed vaccination in recent years and we call on everyone to do more to prevent rumours and pseudo-science from undermining public health efforts that save millions of lives.

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In June the UK Government will host a global vaccine summit and we ask the world leaders to commit to fully funding GAVI for its life-saving work. WHO and UNICEF have been working closely from the start of this outbreak to ensure essential supplies are reaching health workers, patients and children across the world.

I now would like to turn to my sister, Henrietta Fore, to say a few words. Henrietta, you have the floor.

HF Thank you very much, Tedros. It has been five months since COVID-19 started upending the lives of billions of people around the world and we know for sure that its impact on children will last long and cut deep.

We fear that COVID-19 is a health crisis that is quickly turning into a child rights crisis. Three out of four children worldwide or 1.8 billion children live in countries with stay-at-home countries. Schools are closed in 153 countries, leaving 1.2 billion students or 70% of learners out of school.

Last week using data from Johns Hopkins University we at UNICEF said that an additional 6,000 children could die every day from preventable causes over the next six months as the pandemic continues to weaken health systems and disrupt routine health services.

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Today UNICEF, WHO and GAVI are sounding the alarm about the impact that these disruptions are having on vital immunisation services around the world and the figures are staggering. At least 80 million children, as Tedros has said, under the age of one are at risk because routine immunisation services for young children have been substantially disrupted in 68 countries.

Vaccination campaigns which seek to vaccinate large parts of a population in a short period of time have also been badly hit, especially for measles and polio. Measles campaigns have been suspended in 27 countries and polio vaccination countries put on hold in 38 countries. The consequences for children can be deadly.

There are many valid reasons why immunisation efforts have been impacted. Countries justifiably have had to suspend campaigns due to the need to maintain physical distancing. Health centres have been overwhelmed with response efforts. Healthcare workers have been redeployed to treat COVID-19 patients and parents have been reluctant or unable to go to vaccination sites for fear of exposure to COVID or due to movement restrictions.

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There have been serious disruptions, as Tedros has mentioned, in supply chains and transport services. UNICEF has had a substantial delay in planned vaccine deliveries due to lock-down measures and resulting in the decline in commercial flights and limited availability of charters.

However we cannot let our fight against one disease come at the expense of long-term progress in our fight against other diseases. We cannot exchange one deadly outbreak for another. We cannot afford to lose decades of health gains that everyone

has worked so hard to achieve. We need joint, concerted efforts to put vaccinations back on track and there are many ways we can do this.

First countries need to intensify their efforts to track unvaccinated children so that the most vulnerable populations are vaccinated as soon as it becomes possible to do so. Second we need to address the gaps in vaccine delivery. UNICEF is working with offices around the world, freight forwarders, partner organisations to prioritise shipments and arrange charter operations as required.

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But we need them for the emergency and critical supplies and thus we've appealed to governments, private sector, airline industry and others to free up crate space at an affordable cost for humanitarian supplies and life-saving vaccines.

May I give a special thanks to GAVI, who made the US $40 million available to UNICEF to secure vital supplies including vaccines and personal protective equipment on behalf of 58 low and lower/middle-income countries as they respond to the COVID-19 pandemic.

Third we need to look for innovative solutions to keep vaccines going. In some countries this is already underway. In Uganda for example they are ensuring that immunisation services continue along with other essential health services, even funding transportation to ensure outreach activities.

The Lao People's Democratic Republic is conducting routine immunisation in fixed sites with physical distancing measures in place and in other countries vaccinations are being delivered in pharmacies, in cars, in supermarkets while incorporating physical distancing in their delivery.

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Fourth vaccines need to be affordable and accessible to those who need them the most. Lastly we need to make sure that we have the resources to do all of this and this is a significant undertaking that requires generosity and commitment. We know only too well that when it comes to these diseases no child is safe until every child is safe.

Ahead of the GAVI replenishment conference in June we also call for the additional funding. It could not be timelier. With that, shall I hand it over to Seth?

TAG Yes, thank you. Thank you, Henrietta, and I want to turn to Seth. Please, Seth, you have the floor.

SB Thank you, Dr Tedros, for inviting me to be here today and for your strong support for immunisation always and thank you, Henrietta, for that opening statement, for your strong support and all the work that UNICEF is doing for this.

This is really alarming data that we're announcing today, putting numbers on the fact that we've been grappling with for months now, that the scale of the impact of COVID-19 is having on global immunisation programmes is something we haven't seen really in a lifetime.

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It's interesting because recent modelling from the London School of Hygiene and Tropical Medicine showed that if you were to try to avoid getting COVID by stopping routine immunisation for every COVID death prevented you would have more than 100 deaths from vaccine-preventable diseases, which reminds us how important immunisation is.

Over the past two decades we've seen incredible progress in ensuring every child everywhere has access to vaccines. Basic vaccine coverage in the world's poorest countries has risen from 59% in 2000 to 81% today, helping to reduce vaccine-preventable diseases during that time period and, as Henrietta has already said, contributing to a halving of child mortality in these countries.

New vaccines that protect against deadly diseases such as pneumonia, diarrhoea and cervical cancer have been rolled you worldwide in record time while global stockpiles against diseases like cholera, yellow fever, meningitis and now Ebola keep us all safe from outbreaks.

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More children in more countries are now protected against more vaccine-preventable diseases than at any point in history. Now this pandemic is threatening to unravel this progress, risking the resurgence of other diseases we thought we had under control and putting the lives of millions of children and their families in danger.

Not only that; if we neglect the supply chains and immunisation infrastructure that keep these programmes running we also risk harming our ability to roll out the COVID-19 vaccines that

represent our best chance of defeating this pandemic when they are ready.

This is the problem we're facing. The solution however is absolutely clear; countries must take every step necessary to keep this routine system going and continue to vaccinate. We're seeing incredible examples of ingenuity, persistence and hard work to ensure that this continues.

You've already heard some examples from Henrietta. Let me just add a few more. Not only is Lao continuing their outbreaks but they had a scheduled roll-out for HPV vaccine which was introduced to the country's vaccine programme in March and that's reached more than 70% of the population despite the national lock-down there.

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In Cote D'Ivoire a mobile app that was set up for vaccination is helping to drive that demand and be able to track it. In Afghanistan we're seeing religious leaders helping to spread the message. Supporting all of this work is not only GAVI but our vaccine alliance partners, the two most important of whom are here with us today, WHO and UNICEF.

We are continuing to help fund the vaccines, the cold and supply chains and the wider health systems needed for routine immunisation and keeping primary healthcare going.

GAVI has made up to $200 million available to immediately fund PPE, diagnostics and other measures that countries need to tackle the COVID pandemic, working alongside our other partners such as the Global Fund. We stand ready to support the mass vaccine catch-up campaigns that are going to be needed to protect the children missing out on vaccines right now.

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However for us and our partners to continue to perform this vital work, to maintain immunisation programmes, to prevent the resurgence of deadly diseases and to ensure health systems are ready to roll out a COVID-19 vaccine it is vital that the alliance receives the resources we need to continue our work over the next five years.

That is why the global vaccine summit hosted by the UK in two weeks' time is a pivotal moment. We're asking for at least $7.4 billion for the next five-year period, 2021 to 2025. That's enough to vaccinate 300 million additional children, preventing at least another seven million deaths.

We've already received substantial pledges from the UK, the US, Norway, Germany, Canada, Italy, Japan, Saudi Arabia, Spain and numerous others. For this we're profoundly grateful but in two weeks time we need the rest of the world to come together to meet our target so that children and their families and countries, no matter where they're born, can continue to live healthy, successful lives free from these terrible preventable diseases.

With that, Dr Tedros, let me turn it back over to you.

TAG Thank you, Seth, and again, Henrietta, for joining us today. I now want to open the floor for questions from journalists around the world so back to Tarik. Tarik, you have the floor.

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TJ Thank you, Dr Tedros, and thanks to our guests from GAVI and UNICEF, who I understand will stay with us to take any questions. Before we start with questions just to remind you, you can ask questions in six UN languages plus Portuguese. For Hindi language we don't have the possibility to translate questions but we have a translation, simultaneous interpretation if you click settings on your Zoom.

If we are okay from the technical side we will open the floor. The first question comes from Politico and we have Ashley Furlong online. Ashley, do you hear us?

AS Yes, hi. Thanks for taking my question. My question's for Seth and Henrietta. The resolution coming out of the World Health Assembly earlier this week says that emergency states recognise immunisation as a global public good. Obviously this is quite an academic term and there are debates around exactly what that means.

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I would like to know from you what you see it to mean and whether you think it has any concrete implications.

TJ Who would like to start, maybe Henrietta?

HF Thank you very much. One of the things that we are trying to say to countries is, be prepared, be innovative, think of vaccines as an investment, that it is smart, that it is strategic but that it is also an obligation to our children. What we worry about most are the countries that are very poor and and we worry most about the poorest households in every country and we worry about girls.

So as you think about where we need vaccines and how broad it should be, this is our focus and intent and need as a world. Seth, over to you.

SB Sorry for the delay; we were muted. Thank you for that question. I think the important point here is to think about the fact that immunisation is not only about protecting the individual but it's also about creating herd immunity and protecting the rest of society.

That's a critical point because even if your child or your family cannot be immunised because they have an immunosuppressive disease or because the vaccine doesn't take, what protects them is the fact that other people around them are protected.

That's why immunisation has the characteristics of a global public good. In the discussion now on developing COVID-19 vaccines one of the critical issues there is to think about the role it will play in ending the pandemic. That's not just the individual protection but the ability to get rid of infection in surrounding communities, to get rid of reservoirs of infection, etc.

So to me, that's why we should be thinking about vaccinations as a global public good and not just an individual protection device. It is a nuance but it's an important point as we discuss what effects these products can have on the world. Over.

KOB Seth and Henrietta have made some really important points and I want to add a couple to those. I think the other thing to recognise about global public health goods, as vaccines are, is that the outbreak pathogens don't recognise borders and although one country may be able to vaccinate a high proportion of individuals and in fact even induce herd immunity in the country transmission of pathogens across borders means that we're all at risk when any country is at risk.

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As we say especially for measles which is one of the most transmissible pathogens, that measles anywhere is measles everywhere and when we have measles anywhere it means each country must continue to immunise and immunise at the rate that it does protect every individual in the community.

So we can't protect from pathogens, from germs crossing our borders and that's why these vaccines have to be recognised as protecting the whole of the world and the contributions from every country to do that.

TJ Thank you very much for these answers. Now we will go to the next question which comes from Jamil Chad from the press corps here in Geneva who is covering... for Brazilian media. Jamil, can you hear us? Jamil? Jamil, are you with us, can you hear us?

Okay, maybe we'll come back to Jamil. If can go now to Gunila [Unclear] from Swedish press. Gunila, can you hear us?

GU Yes, can you hear me?

TJ Yes, please go ahead.

Thank you for taking my question. I wonder; in places like Pakistan where you have polio and in the DRC where you have a problem with measles there is a lot of discussion now; when could we restart their suspended vaccination campaigns?

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So y question to you is, what needs to be in place in order to restart these vaccination campaigns? How to ensure that health workers have enough protective equipment and so forth? Thank you.

TJ Thank you, Gunila. Kate, would you like maybe to start? Then we'll go to guests.

KOB Sure, I'll be happy to address that. We're releasing guidance on how countries can assess and can plan for resuming the campaigns that were paused as a result of the onset of COVID and the opportunity that countries needed to figure out how campaigns could be done in a safe and effective manner.

So the guidance is being released and it really calls on countries and provides recommendations and advice on the various attributes to consider; certainly the availability of the necessary protective equipment for healthcare workers, to protect healthcare workers but also to assure families and communities that they will also be safe in seeking those services.

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One of the big issues we've found is that people are reluctant to come for immunisation services out of concern for themselves and out of concern of course for the healthcare workers. So part of the planning that countries are now able to do is have greater clarity on what protective equipment is needed for immunisation services, which is different than what is needed when actually treating patients who have COVID.

In addition we've heard and seen that there are innovations around how campaigns can be conducted. With physical distancing campaigns can be conducted and they can be conducted in a safe way and so countries are able to assess the degree to which there is risk for the vaccine-preventable diseases and weigh that against their readiness and their ability to secure the healthcare workers, to conduct the campaigns and to ensure that there is the protective equipment for those healthcare workers.

TJ Thank you, Dr O'Brien. Maybe Henrietta or Seth would like to add something.

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HF May I just add to Kate's very good points, there are some countries that have large populations of unimmunised children; Nigeria, Ethiopia, Democratic Republic of Congo, Chad, Philippines, Ukraine are some of them so those would be countries that would want to really think about the planning for how they could restart their campaigns.

SB If I could just add to both of the excellent comments, there also is an important role here in technology and innovation. For example in Pakistan one of the things we've been working on as an alliance is to have better tracking for example in urban slums, to be able to figure out how those campaigns are going on, when the hours are and to use that as a way to track people who are vaccinated.

If you have tools like that available then you can stagger the times of immunisations. You can also bring people back in at different time points and avoid some of the gathering so I think this is some of the innovation that's going on. What's exciting about it - and I think this is potentially the silver lining over the long term - is that we might see better-organised situations, better campaigns going on that are not only directed at any one pathogen but coming together with multiple pathogens, and done in a way that is more convenient for particularly women, who obviously are major care-givers, in terms of being able to do that at a time that's appropriate.

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So these are things that can be done over time and hopefully as we get back to normalcy we'll be able to not just go back to where we were but perhaps go back even better as a set of tools to do this. Over.

TJ Many thanks for these answers. We will try to go back to Jamil, who I understand is now available to move with his question. Jamil.

JA Thank you. Can you hear me?

TJ Yes.

JA Fantastic. Thank you, Tarik. Dr Tedros, a question on Brazil. With over 1,000 deaths in the last two days what do you make of the situation in Brazil and are you negotiating any kind of assistance directly from WHO to Brazil? Thank you.

MR Which country? I missed that. Oh, Brazil. Sorry. I missed the country. Sorry, I heard the question. We've heard from so many countries.

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Yes, the situation in Brazil right now; we have, I think, approaching 300,000 cases, I think just over 290,000 cases of confirmed disease in Brazil with nearly 19,000 deaths. The majority of the cases are from the Sao Paulo region but also Rio De Janeiro, Para [?], Amazonas and Pernambuco are affected.

But in terms of attack rates the highest attack rates are in Amazonas; about 490 persons infected per 100,000 population, which is quite a high attack rate. In terms of the response, our colleagues in PAHO are providing direct assistance to the Government, to many of the states that are badly affected, including Amazonas.

In a sense South America has become a new epicentre for the disease. We've seen many South American countries with increasing numbers of cases and clearly there's a concern across many of those countries but certainly the most affected is Brazil at this point.

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We also note that the Government of Brazil has approved the use of hydroxychloroquine for broader use but we do point to the fact that our current clinical and systematic reviews carried out by the Pan-American Health Organization and the current clinical evidence does not support the widespread use of hydroxychloroquine for the treatment of COVID-19, not until the trials are completed and we have clear results.

MK I'd also like to point out something that Mike touched upon; the disproportionate risk that we see with vulnerable populations for COVID-19. We're seeing this across a large

number of countries. All countries have vulnerable populations and we are seeing a greater impact in terms of disease, disease severity, poor outcomes in groups that are vulnerable and a lot of this has to do with underlying conditions in these groups, access to care.

It highlights the inequalities that we see in vulnerable groups and I want to highlight that there are vulnerable groups in every country and so we need to work even harder to ensure that all people have access to healthcare, that all people have access to testing, to information and so that we can prevent as many severe infections and deaths as possible.

TJ Many thanks. The next question is from Today News Africa and Simon Ateba. Simon, can you hear us?

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

TJ Yes.

SI My name is Simon Ateba from Today News Africa in Washington DC and my question goes to Dr Tedros. Earlier today you highlighted seven aspects the WHO is using to fight COVID-19 and one of them was information, the fight against fake news. You said, we have worked with multiple partners including Facebook, Google, Instagram, LinkedIn and all the rest.

My question is, are you concerned that these tech companies are using the fight against fake news to increase in a way communication racism by deciding that the only people who have the right information are Western and American newspapers? Are you concerned that when we are done with COVID-19 we may end up with a situation where we have only one source of information on diseases around the world? Thank you.

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TAG Yes, thank you. First of all, as I said earlier today, I would like to again use this opportunity to thank all these tech industries for their support. The way they're fighting the infodemic is by routing any questions that come to reliable sources. One is WHO, as you know, and others are local health authorities, reliable local health authorities.

When also we report if there is any information which is not science-based... and they have already co-operated in removing information which is not science-based. This is the way that they operate and we believe that channelling people to the WHO

website or reliable local health authorities is actually the right thing to do so that people can get the right information.

As you know, in addition to that we have started a WhatsApp application and in just a few weeks since we started millions have joined. We're managing to give them direct information which can help them to understand what COVID means and how they can protect themselves and also protect others.

That's how they're helping us but not only that; they have also provided resources in terms of funding to the Solidarity trust fund and these tech industries, by the way, are not just from the West only but also from Asia and they're cooperating. I think this co-operation should be the foundation for even stronger co-operation in the future.

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But I would like to use this opportunity to appreciate their great, great support. Thank you.

MR If I could maybe just expand slightly, the DG referred very much there to the tech companies who've been working very closely with us but there is actually also a much broader movement that's been working with us in order to counter misinformation. We've been working through the EPIWIN network which is a network for information on epidemics that involves thousands of individuals, communities, health and trade organisations, employers' organisations, trade unions, food and agricultural organisations, faith-based organisations, youth organisations all over the world.

We've been engaged directly with them in promoting health tracking the infodemics, picking up from them the questions they're getting from their communities and directly addressing and engaging on the difficult questions and sometimes the complex questions that different communities are asking.

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Because we have to recognise that each community - be it geographic, be it ethnic, be it based on interests, be it age - have different concerns at different times and ask questions and need information presented to them in different ways.

We've really worked hard at WHO to move away from the static guidelines approach and producing one size fits all for information and becoming much more dynamic in our direct engagement with people's concerns. It's to the great credit of the

many partners who work with us and many of our internal staff who...

Science isn't just about lab science; science isn't just about the equations and algorithms. Social science is about understanding social dynamics, understanding messaging, understanding human communication and that form of science is proving just as important in the fight against this pandemic as is the core vaccine science that Kate and other people lead.

Balancing our ability to communicate effectively is equally... The vaccine against bad information is good information and in that I think for the first time ever this organisation has produced over 130 risk communication products that are not in the form of guidelines.

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They're in the form of videos and animations, myth-buster articles and infographics, living frequently-asked questions that are updated on a minute-to-minute basis so as soon as we detect particular questions being asked by the global citizens, we see those questions coming on the internet, we immediately develop answers for those questions.

So rather than waiting three weeks for bad information to spread we try to engage much more directly, to amplify good messages. We've had, I think, at this stage over 60 global webinars with thousands and thousands of participants where we sit and we answer questions to different communities all over the world.

So it's not just using tech; we're engaging also directly, using technology with many communities around the world directly.

MK I'd just like to add - it's just short. I was going to say what Mike was saying; I have my notes in front of me; it's perfect. Also to add, not only are we talking to the tech industries and the companies, we're talking to you. We sit here three times a week; we're talking directly to you, answering your questions directly. We're doing Facebook Lives and Q&As and TikTok and I'm not going to name all the right companies.

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But the point is that we're not only talking out, we're listening. Getting the answers, getting these myths, looking at what people are concerned about and hearing directly from individuals helps us to tailor the approach back and we will continue to do that. We will continue to sit here and answer your questions.

We will do this at the headquarter level, at our regional office level, at the country level to ensure that you have the right information and to say that science isn't static, this situation isn't static, it doesn't stand still. We are constantly learning, we are constantly updating our information and our advice and that's a good thing, that's a positive thing because if we stayed still we wouldn't be able to pull together this growing knowledge that all of you are contributing to, helping to fight this global pandemic.

TJ Many thanks. The next question is from Michael Boziutkiv, who is a contributor to CNN. Michael, can you just unmute yourself? Yes, please.

00:42:10

MI Yes, thank you for taking my question. This is a topic very dear to my heart, immunisation, having worked on many campaigns around the world. A question for Madame Executive Director and perhaps Dr Kate. A big criticism of immunisation has been that it's been very siloed; for example a lot of resources and infrastructure going into polio and those resources aren't shared.

Do you think, given the dire situation that you've outlined, that it's time for a total rethink of immunisation, more synchronised campaigns, more shared resources, that sort of thing? Thank you.

TJ Thank you. Dr O'Brien or maybe Henrietta, who ever wants to start. Maybe Kate, please.

KOB Thanks for that great question. I think the COVID pandemic is bringing to the surface something that in fact we've been focusing on for quite some time. The immunisation programme is the public health programme that has the widest reach and the deepest impact of any public health programme that we have anywhere around the world.

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Every country has an immunisation programme and it serves all children as well as adolescents and adults in communities. Because of this this is the way that we can also layer on other interventions and we can link up with other interventions. In fact vaccine campaigns are now integrated across not just vaccines, different vaccines being given in campaign mode, but with non-vaccine interventions; deworming, vitamin A.

We're looking for more and more ways that the immunisation programme can integrate more deeply and can actually be some

of the leading edge of growing even further primary healthcare services.

I think in the field of immunisation we're all seeing that there is no going back, there is no pre-COVID world that we're going back to and we're looking for every opportunity and every innovation for how the immunisation programme can actually take a leap forward through the pandemic and into an even better programme that services more people and especially is serving those children who are completely left out of immunisation services, the so-called zero-dose children, so that we're actually getting the degree of impact that all countries around and the world have signed up to.

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TJ Thank you. Maybe our guests would like to add something. Henrietta. Please unmute. Now it's okay.

HF Oh, good. Thank you very much. To add to Kate's comments, Michael, you're on to just the right issue which is, how do we use these resources in the field. The polio workers have been trained really well so part of our puzzle will be how to make sure that we are giving good training to all of our healthcare workers on each one of these diseases and how we approach each one a bit differently in terms of vaccinations and community surveillance and basic hygiene.

The other one is one that Tedros and Seth and I have all talked about but I think has a real chance now. The idea of hygiene has changed in all of our minds in developed countries and developing countries; how often we wash our hands, how we use soap. This is not available everywhere in the world so if we can focus on getting good systems, wash systems for water and soap around the developing world it will have a lasting impact and it will change both what healthcare workers can do but also how communities can keep themselves safe. Thank you.

00:45:14

TJ Maybe Seth would like to add something to this. Maybe we will move on and if Dr Barkley wants to add something later we will come back. We can't hear you. Do you want to add something on this question?

SB Yes, finally you... Sorry, I was on mute. I just want to add something to what both of my colleagues have said. I want to go back to what Kate said about the zero-dose child. That's a really

important concept. We know that with routine immunisation we reach about 90% of children in the world with at least one dose.

That last 10% are particularly important because if they're not receiving immunisation they're not receiving anything and if we want to get to the goal of universal health coverage and to extend the primary healthcare system those are the critical frontier.

If we look at that group two-thirds of those are living below the poverty line so this is pro-poor, it's pro-women. The reason I wanted to bring that up is it's a mindset shift because let's just say you're looking at bed nets for malaria; about 45 to 50% of the world that needs them is covered.

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Let's say you want to add ten additional percent. You can go to the easy ones and add 10%, which will save lives but if you go to the place where the zero-dose children are and we join together those children are more likely not just to get malaria but if they get it they're more likely to die because there's no treatment.

So if we can bring to these situations a collection of interventions and most importantly plug them into a primary healthcare system we then get to our universality and that's going to be critical also for global health security because it's those health workers, that system that is going to be there if outbreaks start in those settings. So this really is part of a mindset shift that has to happen. Over.

TJ Thanks for these answers. Now we will try to get to a journalist from Uganda. We have Pamela Mwanda on line. Pamela, can you hear us?

PA Yes, I can hear you. Thank you, Tarik. My question is, when we look at the number of COVID-19 cases in Africa they seem to be on the rise and so are the deaths but some countries like Uganda seem not to have any deaths. While the number of cases is rising no deaths are being reported and I'm wondering, might you have a reason for this? Is it because Uganda has a better health system or is it due to its experience handling disease outbreaks? Thank you.

00:49:15

MR I think you are right. The situation in African countries is actually quite varied. I think in the last week about nine countries have experienced an increase of 50% or more in cases and actually in the last week four countries have had over a 100%

increase in cases. Other countries have seen a falling number of cases or stable so no more than in other parts of the world we see a different pattern.

What we haven't seen so far is a very high number of deaths in any country and that's to be really welcomed, number one, and it's a credit to the systems in countries that they are picking up cases and are able to treat.

Africa also benefits... As in much of the developing world the median age, I think, in the African continent; 50% of the population are 18 or younger and only 15% of the population are actually over the age of 18 [sic] and therefore the age profile of the population - and if you look at the profile of high morbidity and fatality around the world, that profile has been very much in the older population.

00:50:19

So the fact that there is a very low number of deaths may reflect that but it doesn't in any way reduce the chance that the disease will spread and within Africa there are many, many highly vulnerable groups, particularly in refugee camps and others, and we need to see the impact of this disease in more vulnerable people.

We don't know what the impact of this will be in undernourished children with chronic malnutrition; we don't know what the impact of this will be in overcrowded refugee camps so there's a lot still to be learnt and we've had surprises.

Remember, in other countries we've had in some senses the surprise of the impact on long-term care facilities. We've seen the impact on dormitories in places like Singapore. This virus can surprise so we need to be careful not to make assumptions around that.

00:51:08

But again countries in Africa need to be commended for the rapid way in which they developed testing capacity, trained laboratory technicians. They've utilised their existing surveillance systems, including polio surveillance and surveillance systems designed to pick up childhood illnesses.

They've adapted early-warning syndromic systems to pick up suspect COVID-19 and we've been working, as many other agencies have, with increasing capacity to treat cases. There are significant gaps in capacity in African countries for intensive care, for the ability to deliver medical oxygen, ventilation and others

and we're working with the EMTs network, we're working within the supply chain network, task force which Dr Tedros initiated a number of weeks ago with WFP and with the Secretary-General's office to increase supplies of vital medical supplies on the African continent.

So yes, on the one hand good news; the disease hasn't taken off in a very fast trajectory but a concern; some countries are accelerating in the number of cases and yes, there are still many vulnerable people on the African continent. We will do everything in our power to support countries to reduce mortality in the coming months. Maria.

00:52:31

MK Yes, a short comment to add; there are likely a combination of factors in why we would see a difference in mortality, as Mike has outlined; the proportion of those with underlying conditions, the age profile.

But just a caveat; the deaths and the outcome tend to lag a few weeks in terms of what we know about the case numbers. As we're seeing cases there's usually at least a 2-week delay to when we start to see mortality, we start to see deaths.

So on the one hand we could see that people are being tested earlier, you have testing capacities in place. The proportion of people who may develop severe disease could be lower because you have a younger age profile, you have fewer people with chronic conditions like diabetes or obesity or chronic heart disease.

But it doesn't mean that we won't see that later so we still must do everything that we can in every country, even countries that have been successful in suppressing transmission, that have seen a decline in cases. Every country right now still needs to be completely ready and vigilant to identify cases, to test those cases, to care for those cases in medical facilities or in facilities depending on their symptoms.

00:53:49

To trace and find contacts, quarantine those contacts; keep your public engaged, keep informing them about what they need to do, ensure that hand hygiene is in place and ensure that we have the facilities so that people can practise hand hygiene or use an alcohol rub; practise respiratory etiquette.

This entire comprehensive package has to be utilised by all countries continuously so just a warning that we are seeing

success, we are seeing countries that have not yet taken off and that's wonderful and we hope that that still remains but we must remain vigilant.

TJ Many thanks. We have time for one, maximum two questions. We will go to Ankit Kumar from India Today. Ankit, can you hear us? Do we have Ankit Kumar online? You need to unmute yourself maybe. Now we can hear you.

AN Thank you for taking my question. My question is... Can you hear me?

TJ Yes. We can hear you.

00:55:08

AN Journal today. Based on register analysis there were no visible benefits of either SCQ [?] or chloroquine on hospital outcomes of COVID-19. While the study is based on retrospective registry analysis and is not on a prospective randomised trial so it has a slight potential bias.

But given where we stand today what is your advice to the countries who are still using SCQs not only as a therapeutic but also as a preventive measure for those at risk? Thank you.

MR I think we've stated that before. At the present time there is no evidence from randomised-control trials for the effectiveness of hydroxychloroquine or chloroquine in the treatment or prophylaxis against COVID-19.

However given some of the early data available on its use the drug has been introduced to a number of randomised-control trials, including the WHO Solidarity trials, in order to prospectively see what value the drug has.

We know that a number of federal agencies around the world, a number of regulatory agencies have issued warnings indicating that the use of the drug should be reserved even when it is used outside clinical trials for use in clinical settings under close clinical supervision because of the likely side-effects, particularly in patients with severe COVID-19, where people have noticed the emergence of cardiac complications including cardiac arrhythmias.

00:56:43

So therefore it would appear that the use of chloroquine or hydroxychloroquine in the case of COVID; reserve it for randomised trials where it is approved for emergency use in

clinical settings, under close clinical supervision because of its potential side-effects. Maria.

TJ Thank you very much, Dr Ryan. With this we will conclude this press briefing. We again apologise to journalists who did not have an opportunity to ask questions this time but we will see you again next week. We will send the audio file soon after. We will also have a transcript.

From my side I wish also to thank our guests from UNICEF and GAVI.

MR Sorry. I just wanted to make one point. We just wanted to express our sympathies with the people of Pakistan after the very devastating air crash today. I know an aircraft arriving in Karachi crashed on approach from Lahore. I have taken that aeroplane personally many times myself so our condolences to the people of Pakistan and to all our colleagues there. Taziyat.

TAG Yes, thank you. Thank you, Tarik. Thank you, Mike. I join Mike in expressing our condolences to the Government and to the families of those who have lost their lives.

I would like to also thank Henrietta and Seth for joining us today and for your wonderful and very inspiring messages, as always, both of you; and also our own Kate for joining us today. Thank you so much, see you next week and have a nice weekend.

00:58:32