



# World Health Organization

**COVID-19 – Virtual press conference - 27 March, 2020**

**Speaker key:**

MH Dr Margaret Harris  
TAG Dr Tedros Adhanom Ghebreyesus  
KA Kai  
MK Dr Maria Van Kerkhove  
MR Dr Michael Ryan  
JE Jeremy  
SH Shoko  
AN Ana  
AB Abubaka  
IM Imogen  
AT Antonio

MH Good evening, good morning, good afternoon. Welcome to the World Health Organization press briefing on COVID-19. We have with us, as always, the WHO Director-General, Dr Tedros, and we have Dr Mike Ryan, Executive Director of our Emergencies Programme and Dr Maria Van Kerkhove, Technical Lead for COVID-19. Dr Tedros will first give you an update. Then when Dr Tedros has finished his opening remarks, we will hear a message about the Solidarity trial. After that I will open the meeting to questions.

If you have connected via Zoom please use the raise your hand icon to get in the queue to ask your question. If you've connected by phone, please hit \* 9 on your keypad to indicate you want to ask a question. I'll apologise now to those who miss out as we've got hundreds of people connecting already and asking questions, for which we thank you all.

00:01:00

We need to keep this briefing to under an hour so that our speakers, who are all leading this response, can get back to all the other pressing jobs on their endless to-do lists and right now there's a lot to do. To hear more about where we are and what we are doing and what we need to do I will now hand over to Dr Tedros.

TAG Thank you, Margaret. Good morning, good afternoon, good evening wherever you are. There are now more than half a million confirmed cases of COVID-19 and more than

20,000 deaths. These are tragic numbers but let's also remember that around the world more than 100,000 people have recovered. Yesterday I had the honour of addressing an extraordinary meeting of leaders from the G20 countries. My message was threefold, we must fight, unite and ignite; fight to stop the virus with every resource at our disposal, unite to confront the pandemic together. We're one humanity with one common enemy. No country can fight alone. We can only fight together.

And ignite the industrial might and innovation of the G20 to produce and distribute the tools needed to save lives. We must also make a promise to future generations, saying never again. Viral outbreaks are a fact of life. How much damage they do is something we can influence. I thank the G20 countries for their commitment to fight the pandemic, safeguard the global economy, address international trade disruptions and enhance global co-operation.

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This is especially important for countries who are not part of the G20 but will be affected by decisions made by G20 countries. Earlier today we held a briefing with around 50 ministers of health from around the world at which China, Japan, the Republic of Korea and Singapore shared their experiences and the lessons they have learned.

Several common themes emerged about what has worked; the need for early detection and isolation of confirmed cases, identification, follow-up and quarantine of contacts, the need to optimise care and the need to communicate and to build trust and engage communities in the fight.

Countries also expressed several common challenges. The chronic global shortage of personal protective equipment is now one of the most urgent threats to our collective ability to save lives. WHO has shipped almost two million individual items of protective gear to 74 countries that need it most and we're preparing to send a similar amount to a further 60 countries but much more is needed.

This problem can only be solved with international co-operation and international solidarity. When health workers are at risk, we're all at risk. Health workers in low and middle-income countries deserve the same protection as those in the wealthiest countries. To support our call on all countries to conduct aggressive case finding and testing we're also working urgently to massively increase the production and capacity for testing around the world.

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One of the most important areas of international co-operation is research and development. A vaccine is still at least 12 to 18 months away. In the meantime we recognise that there is an urgent need for therapeutics to treat patients and save lives. Today we're delighted to announce that today in Norway and Spain the first patients will shortly be enrolled in the Solidarity trial, which will compare the safety and effectiveness of four different drugs or drug combinations against COVID-19.

This is a historic trial which will dramatically cut the time needed to generate robust evidence about what drugs work. More than 45 countries are contributing to the trial and more have expressed interest. The more countries who join the trial the faster we will have the results.

In the meantime we call on all individuals and countries to refrain from using therapeutics that have not been demonstrated to be effective in the treatment of COVID-19. The history of medicine is strewn with examples of drugs that worked on paper or in a test tube but didn't work in humans or were actually harmful.

During the most recent Ebola epidemic for example some medicines that were thought to be effective were found not to be as effective as other medicines when they were compared during a clinical trial. We must follow the evidence. There are no short-cuts. We also need to ensure that using unproven drugs does not create a shortage of those medicines to treat diseases for which they have proven effective.

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As the pandemic evolves and more countries are affected, we're learning more and more lessons about what works and what doesn't. WHO is continuing to support all countries in the response. We have published more than 40 guidance documents on our website providing detailed evidence-based recommendations for governments, hospitals, health workers, members of the public and more. More than one million health workers have been trained through our courses on [openwho.org](https://openwho.org)

We will continue to train more. We're also delighted to report that the COVID-19 Solidarity Fund has now received donations of more than US\$108 million in just two weeks from 203,000 individuals and organisations. Thank you to each and every one of you.

The English version of our WhatsApp health alert now has more than 12 million users globally and the Arabic, French and Spanish versions were launched today. More languages will be added including Bangla, Chinese, Hindi, Kurdish, Portuguese, Russian, Somali, Urdu, Swahili and more.

I have said before that crises like these bring out the best and worst in humanity. We have recently seen an increase in scams, cyber-attacks and impressions using WHO, my name and COVID-19. I'm very grateful to those working in various national organisations providing critical cyber-security intelligence to the WHO cyber-security team. Thank you for your efforts to work with us to protect the health systems, health workers and members of the general public who rely on our information systems and digital tools. Special thanks to Microsoft for assisting on this.

00:10:22

I would like to end with something Singapore's minister of health, Gan Kim Yong, said during today's briefing. We're only at the beginning of this fight. We need to stay calm, stay united and work together. I will repeat; we need to stay calm, stay united and work together. I thank you.

MH Thank you very much, Dr Tedros. As Dr Tedros mentioned, we've got some exciting news about the Solidarity clinical trial from Norway and we'll hear a lot more about it via a video intervention by Norway's minister of health and care services.

00:11:20

[Video plays]

MH Following that message now we can open the floor to questions. Before we start I'd like to give you a reminder; if you've connected via Zoom please use the raise your hand icon to get in the queue to ask your question. If you've connected by phone, please hit \* 9 on your keypad to indicate that you want to ask a question. Please keep the question short and confine it to only one question per journalist, please. I will start with Kai Kupferschmidt from Science. Kai, are you on the line?

00:14:04

KA We've talked about this a couple of times and I wanted to ask whether there's any new data on the serology. We're still trying to nail down the denominator. There're a lot of questions about how many people are asymptomatic. Can you say anything about the newest data that you have, is there any serology data from China?

MK I'll start with that. Yes, Kai. This is something that's very important to us and to the rest of the world, to really understand what the results will be from the serologic studies that are currently underway. What we can say is that there are more than a dozen countries who are conducting epidemiologic studies that involve serology. These countries are focusing on what we call the FFX protocol which is looking at cases and controls. It involves molecular testing and it involves serologic testing.

We're working with these countries to evaluate which assays they're actually using and it will be a combination of a screening assay or an ELISA as well as confirmatory testing involving microneutralisation.

In addition to that there are a number of countries that are conducting these age-stratified general population serosurveys. WHO has a protocol that we put out online which is a core protocol which we want countries to use so that we can compare results across these countries. At present there're at least four studies that we're aware of that are ongoing in different countries which involve the collection or the use of specimens that have already been collected so these may be clinical specimens for people who have been hospitalised for other reasons.

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We don't have results yet. We are eagerly anticipating these results so that we can better understand what is the seroprevalence or what are the antibody levels amongst people at different age groups in different parts of the world. This is critical for us to really understand what level of circulation this virus may have or may have had in people that may have had a subclinical infection so infection that has mild disease and maybe they didn't seek care or they weren't picked up through the current surveillance systems. But these are ongoing.

In addition to that we know that there are a number of serologic assays that have been developed. We're working with a number of countries right now to look at an evaluation of these to see how well they perform and that needs to be done with well-characterised samples. We have really great partnerships across the globe to be able to do this. We're trying to accelerate this as quickly as we can. As soon as we have these results we will share them but they're really critical for our planning purposes going forward.

MR If I might add, a number of these seroepidemiologic studies are grouped around a Solidarity 2 platform so in effect the Organization and our partners have prioritised different research strands. Obviously establishing which therapeutics were effective has been a major priority but in addition to many of the studies that are going on across the world there is now a wide group of researchers who've come together, as Maria has said, to implement a common protocol which will be known as Solidarity 2.

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Solidarity 3 will look at chemoprophylaxis and other interventions in health workers. We are trying to align all of our work to bring together as many partners as possible. That is not to say that other large trials and other efforts around the world are not important; they are but for some of the answers that are complex we're going to need to pool data, we're going to need to collect data in a consistent and collaborative way; seroepidemiologic data, clinical data, data on protection of prophylaxis. These are answers we need and we need the right answers to drive policy.

MH Thank you, Dr Ryan. The next question is from Jeremy, RFI. Jeremy, are you there?

JE I'm here. Can you hear me?

MH Very well. Please go ahead.

JE Thank you so much for taking the questions. It seems that far younger people are being hospitalised in the US and in Europe than in China. I was wondering, how do you explain the discrepancy, and do you have concerns that the data that you got in the first place from China might not be as reliable as you thought? Thank you.

MK This COVID-19 virus is capable of causing infection and severe disease in people of all ages. What we know from data across a number of countries including data from China, including data from the US and Italy and Iran and Korea and Japan and others is that this virus can cause mild disease, can cause moderate disease which is described as people who still have pneumonia but don't need oxygen support, can cause severe disease, can cause critical disease and can kill some people.

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Amongst children the data that we've seen from a number of countries is that the majority of children that are infected are experiencing mild disease, but we do have reports and there are some publications now that describe severe disease in children. We have reports of deaths in children; there's one in China and, I believe, one in the United States as well.

We do need more well-characterised descriptions of severity across the age groups so that we can better summarise what we know about this in the different age groups. Ideally what we would like to see is the use of a clinical characterisation protocol. This is another data capture platform that WHO has launched which involves systematic data collection in terms of signs and symptoms, in terms of regular sampling of hospitalised patients so that we can better characterise the natural history of this disease in people who are in hospital.

But there is data that's coming out from a number of countries and we welcome the rigorous data collection that is occurring in very difficult situations in hospitals, whether this is clinical data or epidemiologic data, across a number of countries.

MR Maybe to just add, we've been reporting for quite a while now on the spectrum of disease. There's no question that the elderly and those with underlying conditions have been affected much more than other age groups but we've certainly spoken here before about the age profile of patients, the fact that in Korea 20% of the deaths were people under 60 years of age; in Italy the fact that up to 15% of people in intensive care were under 50 years of age.

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I think we'll find in Germany and other countries up to 10 to 15% of people under 50 who have disease will have a moderate or severe infection so they may not progress into critical condition but 10 to 15% of people under 50 will have moderate to severe infection. This for most young people is a very mild infection but for a significant minority of people between the ages of 20 and 60 this is a significant infection.

If you listen to people who are interviewed on the media, the one thing I've seen again and again and again is adults who've gotten this and young adults and they keep looking at the camera and saying, this is not flu. I think what's really emerging is a perception that this disease, while not fatal and not causing critical disease in a younger age group, is causing a severe illness in many people.

MK I just wanted to add, the point that we've made a few times is that young people are not invincible. The DG has said it in his speech and it's not just the disease that this virus will cause in people. Every infection of COVID-1 presents an opportunity for onward transmission so even in younger populations if you do have mild disease and you think it's no big deal, what the big deal is that you may transmit to somebody else who may be part of that vulnerable population, who may advance to that severe disease and who may die.

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So every single person has a role to play in this outbreak in preventing themselves from getting infected and we've listed a number of ways in which you can do that which involve hand hygiene and respiratory etiquette, physical distancing, adhering to the recommendations of the national governments.

By following those rules, by adhering to that you are preventing yourself from getting infected and you're preventing the opportunity for onward transmission to someone who may be more vulnerable.

MH Thank you, Dr Van Kerkhove. I now have Shoko from NHK. Shoko, are you on the line?

SH Yes. Can you hear me?

MH Yes, very well. Please go ahead.

SH Thank you very much for taking my question, Margaret. Regarding the way of counting confirmed cases, the Chinese authorities said last month that they don't count confirmed cases who don't have symptoms as confirmed cases. But apparently there are a huge number of such without-symptom cases. Given this can WHO still make reliable global statistics regarding the data given by the Chinese authorities given they are not including without-symptom confirmed cases? Thank you.

MK I can start with that. We have case definitions that we are using which include a laboratory confirmation regardless of symptoms. What we know from case reports from several countries is that not the date of report some patients may not have yet developed symptoms and so they may be pre-symptomatic.

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We need to be very careful in our language here. The use of the word asymptomatic globally is, I think, not appropriate and some people - most people who are identified as asymptomatic because they were identified as part of contact-tracing - that means they're already being medically followed and therefore they're being tested early - many of those individuals who are listed as - quote, unquote - asymptomatic. are indeed pre-symptomatic and they go on to develop symptoms a day or two later.

What is really important for us in terms of our understanding of this epidemiology is when is this transmission taking place and what are the drivers of transmission. From the epidemiologic data that we have, from the viral-shedding data that we have we know that the majority of transmission, the drivers of transmission for COVID-19 are people who are symptomatic. That includes people who are in the very early stages of symptoms and the viral-shedding data supports that in the earlier stages of disease when people are feeling just a little bit unwell and they haven't yet had pneumonia and they're certainly not hospitalised yet; those individuals are the ones that are driving transmission.

So it is really important that we follow all these measures where we keep our physical distance. Transmission of COVID-19 is through droplets, it is not airborne. Therefore someone who has these small liquid particles that come out of their mouth; they travel a certain distance and then they fall so that's why we recommend the physical distance, to be separated so that you remove the opportunity for that virus to actually pass from one person to another.

00:26:02

MH Thank you, Dr Van Kerkhove. Now we have Ana of Nova TV in Croatia. Ana, are you on the line?

AN Yes, I'm on the line. Can you hear me?

MH Yes, please go ahead.

AN As you could hear these days, Oxford experts said that Croatia has one of the most strict measures when it comes to number of cases. We have less than 1,000 cases by now. I can see that this is changing our lives so I wonder if you have any idea for how long this

COVID-19 epidemic can last and is there any proof that higher temperatures can stop or slow down the spread of this novel virus?

MR Thank you. At this point no-one can predict how long this epidemic is going to last and there are a number of scenarios that take us forward in time. I think the other question people are asking beyond how long is the pandemic going to last is how long are the shut-downs, how long are the lock-downs, how long are all the measures going to last and will these measures be changed or be different.

00:27:21

We are entering or moving to an uncertain future. You've seen, many countries around the world are just beginning the cycle of this epidemic. Some have been through the cycle of the epidemic, like Singapore and China, and are now desperately trying not to have the disease re-emerge and cause another wave of infections because of disease importations.

So each country is in a different position and Croatia is probably in a different position to many other countries in Europe right now. The real trick for countries is to look at the national situation, to look at the subnational situation, to see if you know where the virus is. If you know where the virus is you can break the chain. If you know who has the virus, if you know who the contacts are you can break the chain, if you have that knowledge and if you have that knowledge at subnational level.

You can only take action at the level at which you can measure. If you know what's happening in every town, if you know what's happening in every municipality, every county, every province, you can then begin to adapt your measures for the situation in that particular area.

All of us want to see the measures that we're using for public health at community level to be adapted to the maximum control of the disease but to the minimum impact on economy and social life. In order to do that and in order to transition from the current measures that are in place countries simply have to have in place a system to detect, isolate, contact-trace and quarantine as well as to continue appropriate hygiene and physical distancing measures.

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They must be in a position to do that in different parts of a country at different times and they must be in a position to reimplement measures should the situation deteriorate. That takes a very sophisticated surveillance system, it takes a very strong health system to absorb the surge of cases in any particular area.

What we need to do now is evolve from measures that have been designed to suppress and to take the heat out of this epidemic or pandemic to much more precise, targeted, directed measures that will allow us at the very least to live with this virus until we can develop a vaccine to get rid of it.

MH Thank you, Dr Ryan. I now have Thomas from Bloomberg. Thomas, can you hear me?



TH Hello, yes. This is Thomas [Unclear] from Bloomberg News. I was just wondering; as the rate of infection increases so dramatically is there a point that it's no longer controllable.

MK I'll start with that and maybe Dr Tedros or Mike would like to answer. I think you're saying that the rates are increasing. I think the more we test the more we're going to find and in one aspect it's an overwhelming thing to see these case numbers increase. In many countries the case numbers are going to increase but you need to rest to be able to find where the virus is, as Mike has just said, so that means those case numbers are going to increase.

00:31:01

What we have seen from a number of countries now is that this virus can be controlled. What we have seen is that through the aggressive measures of case finding, testing those cases, isolating those cases, caring for them depending on the severity they have, making sure they have adequate care, they don't progress to severe disease if that's possible, to find all of their contacts, to follow them for 14 days. If you quarantine your contacts, so remove them from the family home or remove them from the community so that they don't have the possibility to transmit to other people. To having strong leadership, strong political leadership, repurposing your government and having this whole-of-government approach, to engaging your population, communicating with your population regularly so that they can go through this with you as you adapt your measures, you implement certain control measures, you may lift other control measures, empowering your population so that they know what they have to do in this fight against COVID-19...

We have seen in a number of countries - and the Director-General had a very important meeting today with many ministers who shared what works and what works is this; what works is case finding, is contact tracing, is mobilising your population and communicating with your population, it's making sure that you have arrangements in place so that people who need to be cared for can be, so that healthcare workers are protected, so that PPE is used appropriately and they're saved for front-line workers and utilised by those that need it most.

So your answer to can this be controlled is yes but it takes a lot of aggressive measures, this comprehensive approach that we have been outlining and countries will see improvement as they move through the different transmission scenarios so we need to apply what works to show that there can be suppression that can happen with this virus.

00:33:11

MR If I could add, it's really important at this moment that we don't create perverse disincentives to detect cases. We should commend countries that are testing and we should not punish countries for getting larger numbers. We should recognise when countries recognise reality, we should reward countries and governments for looking.

If we create a situation where we overreact to the daily number then there's a disincentive to actually test. Countries who test and find cases and do lots of testing and know where the virus is should be commended.

Secondly we need to look at rates of things. We compare raw numbers and it's very, very unhelpful at times. We need to look at what is the number of cases as a proportion of the whole population, what is the number of tests as a proportion of the whole population, what's

the positivity rate of tests, how many of them have been done and out of them how many are positive. They give you a much better idea not only of the impact of the disease but of the effort being made by the public health authority.

But it is important that when we look at these numbers rising part of that rise in numbers is increased detection due to better testing and we need to be careful that we don't punish people for testing. Having a larger number means I know where the virus is better.

MH Thank you very much, Dr Ryan. We now have Abubaka Halidu from Nigeria. Abubaka, are you there?

00:35:00

AB Yes, I am there.

MH Please go ahead with your question.

AB Is there any country that now when you get information about specific medication [sic] for this COVID-19?

TAG Meditation?

AB Secondly, [unclear] of affected peoples in Nigeria? Thank you.

MH Sorry. Could you repeat the question? We lost you a little bit. Your second part of the question wasn't clear.

AB Okay. I said, we need the exact figures of the cases in Nigeria that you have.

MH I think your question was about medication, is there any medication that works? And what other issues with cases in Nigeria.

00:36:09

MK Thank you for these two questions. With regard to medication, as the Director-General outlined in his speech today currently there are no specific medications that have been approved for COVID-19. However there are a number of clinical trials that are ongoing and there is the Solidarity trial that is currently starting, which is just enrolling patients now, which is looking at therapeutics in a clinical trial. What is very important is that these medications are evaluated appropriately so that we know what works and that we have the right data to support what works.

With regard to the numbers of cases in Nigeria I don't know the exact number, if you have...

MR 46.

MK 46. Do you want to take that one, Mike?

MR Yes. The number of cases in Nigeria remains quite low despite Nigeria having a reasonable capacity to detect those viruses but the risks are nonetheless there and we've seen

disease now, COVID-19 in almost every country in Africa at this stage so the risks are certainly rising but the numbers are still low. Again we need to ensure that we have a very strong public health response on the African continent. We need a response that's built from the community up.

We need to try and avoid the worst impacts of lock-downs, slow-downs, shut-downs so we minimise the necessity of measures like that which will have a very hard impact on people's lives and livelihoods from which they may not recover as quickly as people in other countries.

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We also need to look at the very vulnerable populations we have in Africa, refugees in some cases, people who are living with HIV and children with malnourishment. While Africa is a relatively young continent and that may be an advantage for Africa right now there are many, many other vulnerable people in Africa for whom we must provide maximum protection.

Africa again has demonstrated with polio elimination, it has demonstrated with cholera response, with Ebola response that African countries have capacity to respond to epidemics, the resilience to live through epidemics and to recover from them. But what we need to do is bring our communities on board, we need to leverage the power of community-based surveillance, we need to empower and engage with communities, with NGOs, with civil society, with local government and an all-of-government approach, as Dr Tedros continues to say. It is even more important in the context of Nigeria and the context of Africa that those approaches be taken.

In terms of, I think you said, medications, I think it's really important that we state quite plainly right now that there are no proven effective therapies or drugs in the fight against COVID-19. They're the answers we're trying to find. Good, supportive care, early admission to hospital for those with underlying conditions or who are developing severe disease, oxygen and the provision of oxygen to people is live-saving and in a certain small number of patients the ability to ventilate patients in order to get them through the worst of the infection.

00:39:49

So we have things that work in terms of clinical management. We do not have effective drugs and that is why the Solidarity trial is so important and so many of the other daughter trials around the world are so important to answer these questions.

MH Thank you, Dr Ryan.

TAG I think Margaret wants me to say... Yes, thank you. Just one point to add; when we have a small number of cases as we have in Nigeria and many other countries in Africa that's when you can also be able to do the public health interventions effectively, to test cases, to follow up contacts and isolate the cases so the problem doesn't grow, meaning from those sporadic cases or cluster cases it will not grow into community transmission.

The problem comes when community transmission starts, when the number of cases builds. When that happens then doing the public health solutions we're saying, the follow-up, the

quarantine and so on will be difficult if not impossible. But at the same time the growing number of cases means the health system or the healthcare system could be overwhelmed too.

That's why for Nigeria the best option is to really cut it at the bud and while you have the small number of cases to invest more in the public health interventions and do the things that we have always been saying from the start as WHO, to prevent it from becoming community transmission.

00:41:52

MH Thank you, Dr Tedros. We now have Imogen Foulkes from the BBC on the line. Imogen, are you there?

IM Yes, I am. Hi. Can you hear me okay?

MH Very well. Please go ahead.

IM Hi. This is, I think, primarily for Dr Tedros. First of all it's an incredibly difficult time and you are showing leadership, which I think all countries need. However I'm sure you're aware that you're advising things like aggressive measures, sophisticated surveillance; there was talk of identifying people and removing them from the community. What do you say to some of the human rights groups who warn that this could set precedents in some countries where these measures will stay and be used for other purposes? Does that concern you at all?

TAG On especially social distancing or staying at home and less travel, we know this actually influences the individual human rights but this is a choice that we should make, meaning in order to have collective security, to be better as society and to fight the virus we give up our freedom for a while. This can be arranged by governments; there are many ways. They can use their parliament to have provisions for a short, short period and people will agree as long as it brings collective security, they will agree and people understand to limit their individual freedom if it's for the betterment of the society and when it's for a short period.

00:44:01

So it's a dialogue that should continue between the government and the community and that's what we're seeing. Without that I don't think this virus could be stopped and something we have been saying to governments is, one, you need to have the whole-of-government approach, all sectors should be mobilised and whole-society approach and there should be regular communication and increasing awareness.

In a way actually that creates trust in the community and when there is trust, community trust in the government then there is cooperation and what the community's being asked can happen because through trust you can ensure community empowerment and ownership. We said it many times, this is everybody's business, this is our collective security and it can only be assured when each and every one of us contribute to that.

MR If I could just supplement, Imogen, we take the issues of personal data, data protection and intrusion very, very seriously and our Chief Information Officer, Bernardo Mariano, is working with our Health Information Director, Dr Oliver Morgan, and many

others across the house on ensuring that all the initiatives we're involved in while aiming to develop good public health information, be it through apps or other applications, in no way interfere with the individual rights to privacy and protections under the law.

It is important when we talk about surveillance and a surveillance society that in the case of public health the gathering of information about individuals, their movements must be done with the consent of the community and in many cases of the individual themselves. There are serious issues here that have to be addressed and that's not just for public health, that's across society in so many other sectors.

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But there are times when the good of community and the good of the population is something that... We're in a crisis and it is much better, as the DG said, through trust and community engagement that individuals are prepared to offer a little piece of individual sovereignty in order to support the community. It's the selflessness of the one to help the many but that must be a temporary gift, that must be an explicit gift and that must be something that is not taken for granted.

That is a gift of the individual to society, not a demand upon the individual and I think this is a really important point that guides us in our work inside the WHO and Dr Tedros is very keen in constantly reminding us of our responsibilities in that regard.

Also in addition to that we will be and have been working very closely with UNICEF, with the Red Cross movement and other NGOs and we'll be further strengthening and launching a major initiative on risk communication and community engagement for COVID-19, joining together with UNICEF, with the Red Cross movement on scaling up our ability to engage with private participation and ownership of communities all over the world in the fight against COVID.

It is through strong communities that we avoid the worst outcomes of this disease and it is through strong community ownership and participation we will avoid any abuses of human rights that may emerge as the world fights a deadly foe.

00:48:02

MH Thank you very much, Dr Ryan. We're coming up to the hour so we've only got time for one question. I apologise very much to everyone else. You can send your questions to media inquiries and we will make sure that we get them answered. The last question is from Antonio at EFE. Antonio, are you on the line?

AT Thank you for taking my question. Mr Tedros, you said today that the world must unite against coronavirus but in the European Union this week we have seen a lot of difficulties to co-ordinate a united response. It looks like countries in the north of Europe like Germany or the Netherlands are showing some reluctance to help countries in the south like Spain or Italy. Do you have a message to the European Union concerning these problems?

TAG From what I know, what you said is new information to me. What we have been advocating and what we know is that they're working together, they have a regular forum of the European Union and the ECDC is at the centre while WHO through our regional office

and headquarters also are working with them. I think a co-ordinated effort in Europe is important and that's what I know as far as the information I have is concerned.

MR May I just add that we're extremely grateful to the European Union, the Commission and particularly to our colleagues at ECHO who've been providing outstanding support to countries outside Europe and particularly to countries affected by crisis. It is wonderful to see that even in the midst of crisis in Europe, Europe can still reach out to those who are even more vulnerable and more at risk.

00:49:59

We spoke today at length with Michael Köhler and his team at ECHO. We've been working with our colleagues at DEVCO and it is impressive to see that while in crisis and trying to support each other Europe is still willing, ready and able to reach out and support those in the south who need their help as well.

MK If I could just add, we are seeing globally the world uniting in this, we are seeing the solidarity that the DG has been talking about since day one. We are seeing the sharing of information. We're all connected. One country's success is another country's success. One country's failure is another country's failure. We are all in this together and through the solidarity through Europe, through North America, through Asia, through the entire globe is how we are going to beat this.

This is a respiratory pathogen. It circulates. We know so many countries are affected. The only way that we are going to beat this is together.

MH On that inspiring note I'll wrap up this press conference for today. We'll reconvene on Monday and we'll send you a media advisory with all the details on Monday during the day. If you have a question you want answered please send it to [mediainquiries@who.int](mailto:mediainquiries@who.int) and we'll do our best to answer as quickly as possible. Thank you very much.

TAG Thank you. Thank you, Margaret. We'll see you on Monday.

00:51:42