

# COVID-19

## Virtual Press conference

**25 May 2020**

### Speaker key:

MA	Margaret
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TM	Dr Tshidi Moeti
SS	Professor Samba Sow
SI	Simon
AN	Ankit
MK	Dr Maria Van Kerkhove
KA	Kai
SO	Dr Soumya Swaminathan
MR	Dr Michael Ryan
VI	Victoria
JK	Dr John Nkengasong
HE	Helen
AA	Ana
TR	Translator
JO	John
NI	Nina

### 00:00:07

MA Hello, everybody, and we appreciate your patience, waiting. Today we have a very special day. Welcome to the WHO press briefing on COVID-19. We have a packed agenda with a number of special guests. If you're listening, remember you can listen in multiple languages. Remember that if you wish to listen to Arabic go to Korean and if you wish to listen to Hindi go to

Japanese. Without further ado I will hand over to Dr Tedros to tell us exactly why today is a very special day. Thank you, Dr Tedros.

TAG Thank you. Thank you, Margaret. Good morning, good afternoon and good evening. Today is Africa Day and that's why Margaret said it's a special day; an opportunity to celebrate Africa's vitality and diversity and to promote African unity. Africa Day celebrates the birthday of the Organisation of African Unity, which was established on May 25<sup>th</sup>, 1963, 57 years ago and its successor organisation is the African Union, which was established in 2002.

Today on Africa Day 2020 we mark the successes and progress made throughout the African continent. This year celebrations are more muted because of, as you know, the COVID-19 pandemic. So far although around half of the countries in the region have community transmission, concentrated mainly in major cities, Africa is the least affected region globally in terms of the number of cases and deaths reported to WHO.

### **00:02:05**

Africa has just 1.5% of the world's reported cases of COVID-19 and less than 0.1% of the world's deaths. Of course these numbers don't form the full picture. Testing capacity in Africa is still being ramped up and there is a likelihood that some cases may be missed.

But even so Africa appears to have so far been spared the scale of outbreaks we have seen in other regions. The early set-up of a leaders' coalition led by the African Union under the chairmanship of President Ramaphosa of South Africa was key to rapidly accelerating preparedness efforts and issuing comprehensive control measures.

Countries across Africa have garnered a great deal of experience from tackling infectious diseases like polio, measles, Ebola, yellow fever, influenza and many more. Africa's knowledge and experience of suppressing infectious diseases has been critical to rapidly scaling up an agile response to COVID-19.

### **00:03:20**

There has been solidarity across the continent. Labs in Senegal, in South Africa were some of the first in the world to implement COVID-19 diagnostic testing and beyond that they work together with Africa CDC and WHO to extend training for lab technicians for detection of COVID-19 and to build up the national capacity across the region.

Furthermore health clinicians, scientists, researchers and academics from across Africa are collectively contributing to the worldwide understanding of COVID-19 disease. For many years and from the outset of this pandemic WHO has been working through our country offices to support nations in health emergency preparedness and developing comprehensive national action plans to prevent, detect and respond to the virus.

With WHO's support many African countries have made good progress in preparedness. All countries in Africa now have a preparedness and response plan in place compared with less than a dozen in the first few weeks of the pandemic. 48 countries in the region have a community engagement plan in place compared with only 25 countries ten weeks ago and 51 have lab testing capacity for COVID-19 compared with 40 countries ten weeks ago.

**00:04:48**

WHO continues to support Africa with other life-saving supplies and as of last week we have shipped millions of personal protective equipment and lab tests to 52 African countries. In the coming weeks we plan further shipment of PPE, oxygen concentrators and lab tests. However we still see gaps and vulnerabilities.

Only 19% of countries in the region have an infection prevention and control programme and standards for water, sanitation and hygiene in health facilities and disruption to essential health services such as vaccination campaigns and care for malaria, HIV and other diseases poses a huge risk.

I now want to introduce my sister, Dr Tshidi Moeti, who is the Regional Director of the Afro region. Dr Moeti, you have the floor.

TM Thank you very much, Dr Tedros. I'm very pleased to join this celebration of Africa Day today and especially pleased to be in the company of Professor Samba So and Dr John Nkengasong, who are special envoys on COVID-19 in Africa. Thank you so much for having joined us, Samba and John.

**00:06:26**

As Dr Tedros says, this is the 57<sup>th</sup> anniversary of the creation of the OAU, which later became the African Union and I would like to join him in commending the leadership of the African Union and the actions of African political leaders in response to this pandemic.

Not only have they rallied strongly and created at the country level all-of-government and all-of-society structures and mechanisms but we've also seen the mobilisation of the African private sector, both those who are in Africa and those who are working in the diaspora.

I'd like to also add my thanks to our fellow countrymen in the African diaspora, in the US, in the UK and other European countries who have joined our work, our virtual work in training, sharing their knowledge and skills, in proposing innovations to contribute to the response to the pandemic in Africa and in mobilising their networks and their resources and in stating their determination in continuing to support their families from wherever they are.

Dr Tedros has highlighted some of the progress that's been made in recent months and these achievements have built on years of work led by governments with the support of WHO and our partners like the Africa CDC to prepare for and respond to severe and widespread epidemics and also to work on strengthening and making more resilient the health systems in our countries.

### **00:07:59**

In our efforts towards eradicating polio for example we have used geographic information system technologies and we have engaged communities who are able to alert the authorities when they start to see cases in their midst.

I'd like here to pay special tribute to African communities. It was said by Dr Tedros that our leaders have put in place some measures to control the pandemic. We have seen African countries take very tough decisions to put in place some of the control measures that are aimed at physical and social distancing and this has been at a high cost, they have recognised and acknowledged, on the economic level in countries but also very much at the level of individuals and households.

### **00:08:53**

In a survey that we carried out in partnership with the Africa CDC and the Resolve Foundation we found on interviewing people in 28 African cities that they accepted the need for some of these measures although many of them recognised that they would be very tough on them and their households, particularly if you take into account the proportion of African people that work in the informal sector where you need to be out earning your money in order to be able to put food on the table.

But they have stated that they understood the need and were ready to comply with some of these measures, which were very challenging. I'd like to very much commend and thank them for that because we think that it's thanks to these measures that we have started to see not the kind of evolution of the pandemic in Africa that we were projecting in some of our projection tools.

We are working with our partners and I would like to thank here our humanitarian and United Nations partners for the joint work that they are doing in the 13 African countries that are affected by conflict and insecurity. Just to remind that the theme of Africa Day this year is silencing the guns in the context of COVID-19, which reminds us that we have in this disease a common enemy and while one country is vulnerable all are at risk.

It reminds us again to continue to work towards having peace so that the kind of risks that people encounter in insecure areas towards their health can be reduced. So I'd like to thank very much those partners that are working to support the most vulnerable African communities in very difficult, sometimes conflict-affected regions and say that we are there, we are committed to working with you.

**00:10:44**

I'd end by wishing all of Africa's people, whether we are in Africa or elsewhere, a happy Africa Day and let us continue with the amazing solidarity that has seen us progress thus far in our response to the pandemic. Thank you very much, Tedros.

TAG Thank you. Thank you, Tshidi. Thank you so much for joining us on this very, very special day. Please stay with us for some questions and answers if you have time. I now want to introduce Professor Samba Sow, Director-General of the Centre for Vaccine Development in Mali and former Minister of Health of Mali and my special envoy with a particular focus on supporting the Francophone African countries. Professor Samba Sow, please.

SS Thank you very much. I would like to thank WHO and all the partners and colleagues here, yourself, Mr DG, and Dr Tshidi and my colleague, special envoy John, DG of CDC Africa and thank you to your communication team. It was very difficult to reach me. I am so far away, I am not in Bamako, I am in a very remote area right now. I would like to really especially thank them for trying so hard.

**00:12:20**

I would only like to share a few points with you on this very special day which is Africa Day which is so normal. Thank you so much. This is such a great idea for WHO to arrange such a press conference.

My first point right now for Africa, my concern is that there is a lack of testing leading to a silent epidemic in Africa so we must continue to push leaders to prioritise testing, to prioritise tracing, to prioritise treatment and to prioritise prevention so such a day is a good day to echo that.

The second point is that health systems in Africa can be weak and even overwhelmed with COVID-19 deaths but may well also lead to a rise in maternal mortality, infant and child mortality. So we must work to strengthen the health systems. The impact of COVID is being seen in African health systems and is being seen in many other domains such as schools and social and economic but the health system is number one.

**00:13:45**

Africa must be - my third point - at the forefront of vaccines and treatment research but it must be conducted ethically and with country ownership to ensure the trust of populations. So I have to say the Solidarity trial organised by the WHO and co-sponsored by WHO and country members is a very good examples but we need more communication. Even with just that Solidarity sometimes we have such difficulty, such trouble at the government level.

Sometimes there is less communication and right now in Africa we are seeing lots of anti-COVID research treatment or vaccine treatment or even serosurvey groups that are bringing bad rumours against those kind of great actions. We don't want to hear again, there is no data from Africa, no data from Africa. We have to locally generate data from Africa, by Africa, in Africa, for Africa. That's what we need to do.

So then communication is my fourth point. We need to communicate with communities; when I say communities, not only capital cities, big cities; rural life, very far, remote areas are so important. In this very politicised time we have to be very careful. We are all being politicised somehow at this very moment.

**00:15:23**

So my last point is that it is important, regarding this report that calls for a people's vaccine and the call from world leaders for a

COVID vaccine and the demand that all vaccine treatments and tests be patent-free, mass-produced, distributed fairly and made available to all people in all countries free of charge. I will stop here and thank you very much for inviting me.

TAG Thank you. Thank you, Professor Samba, thank you so much indeed. Now I will move to the rest of what I would like to say today. As part of our continued response to the pandemic globally WHO continues to work aggressively on research and development. As you know, more than two months ago we initiated the Solidarity trial to evaluate the safety and efficacy of four drugs and drug combinations against COVID-19. Over 400 hospitals in 35 countries are actively recruiting patients and nearly 3,500 patients have been enrolled from 17 countries.

On Friday the Lancet, as you know, published an observational study on hydroxychloroquine and chloroquine and its effects on COVID-19 patients that had been hospitalised. The authors reported that among patients receiving the drug when used alone or with a macrolide they estimated a higher mortality rate.

**00:17:27**

The executive group of the Solidarity trial representing ten of the participating countries met on Saturday and has agreed to review a comprehensive analysis and critical appraisal of all evidence available globally. The review will consider data collected so far in the Solidarity trial and in particular robust randomised available data to adequately evaluate the potential benefits and harms from this drug.

The executive group has implemented a temporary pause of the hydroxychloroquine arm within the Solidarity trial while the safety data is reviewed by the data safety monitoring board. The other arms of the trial are continuing. This concern relates to the use of hydroxychloroquine and chloroquine in COVID-19. I wish to reiterate that these drugs are accepted as generally safe for use in patients with autoimmune diseases or malaria.

WHO will provide further updates as we know more and we will continue to work night and day for solutions, science and solidarity. I thank you. Margaret, back to you for the questions.

**00:18:57**

MA Thank you. Dr Tedros. Now, as Dr Tedros said, we will have the questions from the media. I should let you know that with Dr Tedros are Dr Mike Ryan, Dr Maria Van Kerkove, Dr

Soumya Swaminathan and Paul Molinaro so we have a rich range of expertise here to answer your questions.

To raise your right hand using the icon, use the icon to raise your hand and ask your question. Please, because there are so many of you and so many questions, please one question per journalist. Now because it's Africa Day I will give the first question to Simon Ateba from Africa Today news, Africa.

SI Thank you. Thank you for taking my question. Can you hear me?

MA Yes, we hear you very well. Please go ahead, Simon.

SI Okay, thank you. This is Simon Ateba from Today News Africa in Washington, DC. My question goes to Dr Tedros and all the panellists from Africa. Africa has not seen the type of spike that we've seen in other countries around the world. We've seen different countries that recorded 100,000 cases in one day but right now in Africa we have only about 100,000 cases for all the countries in sub-Saharan Africa.

**00:20:29**

I was wondering, does this have to do with the experience that African countries have had in treating other infectious diseases or does it have to do with weather or does it have to do with malaria? Because most people in sub-Saharan Africa that I know have at least beaten malaria many times in their lives. Thank you.

MA Dr Tedros. Dr Moeti.

TM Thank you for that question. This is a question that has been asked over many months, in fact right from the beginning when there were very few cases in Africa, throughout the month of January even into the beginning and the middle of February. I can say that it is very unlikely that this has anything to do with malaria, first of all.

Then secondly by the time we started getting importation of cases into African countries it started first into Egypt and then in Algeria and eventually in some western and other countries; of course in South Africa.

**00:21:53**

It was some time into the experience of the rest of the world and very soon after countries started seeing places they put in place some of the measures starting with abolishing flights from so-



called hot-spots of the time and therefore reducing some of the traffic of people who might have been infected.

In addition to that relatively soon after they started seeing community transmission and in many cases before they started seeing community transmission in some of the eastern and southern African countries, countries put in place even more radical measures of physical and social distancing so stopping social gatherings, mass gatherings, closing schools and eventually asking people to limit their movements.

At the same time they have scaled up and they did a very good job at the beginning of point-of-entry screening at the borders. This had been built from the experience with Ebola for example so they started screening people travelling in and were able to if not catch somebody with a temperature at least track them down and their contacts.

So we think it's from a combination of these measures, the physical distancing measures as well as the public health, contact tracing, isolation measures that countries are putting in place that we are seeing this slower picture in Africa.

### **00:23:13**

It's true - and it was stated by Professor Samba Sow - that there have been challenges with testing in some of the African countries, especially with access to the testing kits that are very difficult to find on the international market. We have seen some countries ramp up their testing, like Ghana and Senegal, but in those countries we have not seen then a similar huge increase in positive cases so we think there may be some underestimation but we don't think there's a huge underestimation of the cases in Africa, and are using also our influence, our surveillance networks to monitor on the syndromic level what kind of cases might be being under-represented as COVID in countries.

So we think it's the measures put in place and the fact that the virus arrived later in Africa when there was already some experience in other regions. Thank you.

MA Thank you very much, Dr Moeti. We now have a question from the Spanish radio network; Victoria Garcia. Victoria Garcia, are you on the line? She's not. Could you unmute yourself, please, Victoria Garcia? We'll move to the next question. That will be Ankit from India Today.

### **00:24:51**

AN Hello.

MA Yes, please go ahead, Ankit.

AN My question is on air travel. India resumed its domestic air travel today. There is quite a debate going on as to whether the middle row of the aeroplane should be left empty. Based on what we know so far what is your advice on this? Does leaving the seats empty have any benefit, does it actually help? Thank you.

MK Thank you for the question. It's great to see that there's a slow approach to initiating travel and I know many people are trying to ensure safe travel as we resume economic activity. What we know about COVID-19 and what we've been talking about up here for many weeks now, from the beginning is that this comprehensive approach, comprehensive package of activities is really important to be able to curb, to stop transmission between people.

**00:25:49**

The virus transmits between an infected person... through respiratory droplets when they're in close contact with one another. Our recommendations are one metre or more distance between individuals. We recently had a systematic review that's been conducted to look at influenza, influenza-like illness, coronaviruses and COVID-19 which has found a strong protective effect of a distance of one metre or more so that's important.

If someone is ill, as you know, we recommend the use of medical masks in that context or/and for people who are caring for somebody who is ill. But the distance that we know can be protective is one metre or more.

MA Thank you very much, Dr Van Kerkhove. The next question is from Kai Kupferschmidt. Kai, are you on the line?

KA Yes, thank you very much for taking my question. I wanted to ask about what you just said about the chloroquine/hydroxychloroquine arm of the Solidarity trial being paused. I know it's supposed to be one question but just so that I understand it, this applies to both the chloroquine and the hydroxychloroquine, I expect.

**00:27:16**

Could you say a little bit more about what exactly the executive board based its decision on? You mentioned the Lancet paper. Was that the main reason or do you also have data, does the DSMB have data from the Solidarity trial itself that concerns them? Just to understand a little bit better what the decision was based on.

SS Thank you for that question, Kai, and I'll start. Mike may wish to add. As you know, the Solidarity trial has an oversight mechanism, an independent executive group that's made up of members from the participating countries, very senior experts. It has a representative of the data safety monitoring board, the trial statistician so there's an independent data safety monitoring board.

Then there's a larger steering group that's composed of two senior representatives of each of the participating countries. When we saw the publication in the Lancet, while it's still reporting of observational data but from multiple registries and quite a large number, 26,000 patients, of whom about 14,000 or so had treatment with chloroquine, with or without macrolide or hydroxychloroquine with or without a macrolide.

**00:28:41**

There were also a lot of questions coming from our own principal investigators in countries and we knew that the regulatory agencies in many countries were also discussing these data so the steering committee met over the weekend and decided that in the light of this uncertainty we should be proactive, err on the side of caution and suspend enrolment temporarily into the hydroxychloroquine arm.

To answer your other question, we only have the hydroxychloroquine in this trial; we're not using chloroquine. The plan is now to look at data from the Solidarity trial. As the DG mentioned, we have about 3,500 patients randomised. Of course not all of them have outcomes. We will also be writing to the principal investigators of all the other trials that are ongoing. We're aware of at least seven other trials including the UK's Recovery trial that are using hydroxychloroquine.

And we will look at all the published evidence so far. We know there are very few and very small randomised trials and that's why it's so important to continue to gather evidence on both the efficacy and the safety of hydroxychloroquine because we know that the evidence from observational studies, however large they may be, are still subject and inherent to bias.

**00:30:07**

Therefore it's really important to have well-conducted RCTs done in large enough numbers in order to definitively answer this question because we want to use hydroxychloroquine if it's safe and efficacious, if it reduces mortality, reduces the length of hospitalisation without increasing the adverse events.

So this is a temporary measure that's been taken by the steering committee. The data safety monitoring board will meet again as soon as we've collected all the data from both published and unpublished studies that are ongoing and then we will review the decision again during the course of the next week or two. Thanks.

MA Thank you very much, Dr Swaminathan. Dr Ryan's going to add a few more remarks.

MR Just to add to clarify for everybody, the steering committee and others who are over the trial including WHO; we don't see the data. That's the purpose of the trial, that nobody gets to see the data or interfere with the process. The data safety monitoring board though will be looking at the data and then will inform if there are any issues and the caution that Soumya refers to is purely to await a rapid analysis by the data safety monitoring board.

**00:31:32**

We would expect that if no signal is found of any problems then we could continue to randomise and to use the drug. This has purely been done as a precaution in order to be able to have that data reviewed and have the proper process. This process has been carefully put together and other trials that are currently underway have very similar processes associated with them.

So this is a standard practice in order to be able to ensure that we're using the processes as designed with the partners in the trials and under regulatory guidance.

MA Thank you very much, Dr Ryan. We'll give Victoria Garcia from Spanish Cardena network another opportunity to ask her question. Victoria Garcia, can you unmute yourself and please go ahead with your question?

VI I have some problems with the mic. Can you hear me right now?

**00:32:31**

MA Yes, we can. Go ahead.

VI Okay. I sent you the question in writing but I'll do it again here; it's much better. My question is for Dr Ryan. In which scenarios are you working right now? Is there still the possibility of an important second wave of infections or do you discard more and more the possibility of that important second wave

especially in countries like mine, Spain, with severe confinement measures in place right now?

MR Thank you. I think it depends where you are in the world. Right now we're not in a second wave, we're right in the middle of the first wave globally. If we look at the data from Central and South America; as was spoken about, for Africa; South Asia and for many other countries we're still very much in a phase where the disease is actually on the way up. We congratulate countries like Spain who've managed to contain and suppress the disease transmission.

But as we've seen in the seroprevalence studies - and Maria may wish to speak to this - the actual number of people who've been infected in each country remains relatively low. So when we speak about a second wave classically what we often mean is that there'll be a first wave, the disease by itself effectively goes to a very low level and then occurs a number of months later.

**00:34:04**

What we're concerned about... That may be a reality for many countries in a number of months' time but we need to be also cognisant of the fact that the disease can jump up at any time. We cannot make assumptions that just because the disease is on the way down now it's going to keep going down and we're going to get a number of months to get ready for a second wave.

We may get the second peak in this wave. This happened during pandemics in the past. It certainly happened in the pandemic of 1919 and the Spanish flu. We got a second peak, not necessarily a second wave and therefore I think right now countries in Europe, countries in North America, many other countries around the world, in south-east Asia have to continue to put in place the public health and social measures, the surveillance measures, the public health measures, the testing measures and a comprehensive strategy to ensure that we continue on a downward trajectory and that we don't have an immediate second peak.

**00:35:10**

We will then have to look later in the year at whether or not there's a possibility of a second wave of infections coming and that's particularly of concern when we look at the possibility of having a second wave of infections that may be also associated with influenza season, which will greatly complicate things for disease control.

MK If I may add, yes, let us be perfectly clear; all countries need to remain on high alert here, all countries need to be ready to rapidly detect cases. Even countries that have had success in suppression, as Mike has said; even countries that have seen a decline in cases must remain ready.

The seroprevalence studies that we have seen; there are two published studies. There are an additional approximately 20 studies that are either in pre-print, which means they haven't been published in a peer-reviewed journal, or have made results available through press release, which indicate that a large proportion of the population remains susceptible.

That means that this virus, if it finds an opportunity, will start and outbreak and we need to be very clear on that and we need to remain strong, remain vigilant, have our systems in place to readily detect those cases, to care for those cases, to find and trace and quarantine contacts.

**00:36:39**

This virus; as I said at my first press conference on 14<sup>th</sup> January, a hallmark of coronavirus is its ability to amplify in certain settings, its ability to cause transmission or super-spreading events and we are seeing in a number of situations in these closed settings when the virus has an opportunity it can transmit readily.

We're seeing it in long-term care facilities. We've seen it in some hospitals. That means that the virus will take that opportunity to amplify if it can but the good news is that we have the steps, the tools in our toolbox to be able to suppress transmission and these are the fundamentals of public health that Dr Tedros and Dr Moeti have talked about.

It's about having that public health workforce in place, having the ability to test for cases, to care for those cases depending on the severity of their symptoms, to find those contacts, to quarantine those contacts, to keep our people, to keep all people fully empowered, engaged and informed about what the situation is in their setting. These are the tools that we can use to suppress transmission.

**00:37:55**

TAG I think I will add to that; today, as you may know, Japan's Prime Minister Abe announced the lifting of the emergency declaration that was imposed more than six weeks ago. If you see the number of cases, at its peak it was more than 700 per day. Now it's down to around 40 cases per day and the number

of deaths is also kept at minimum so we can see also the success of Japan.

But at the same time, as Maria said, they will continue to do the case identification, the tracing, the proper care, isolation; that will still be there. So lifting some of the serious measures doesn't mean that the basics will not be done. It should actually be strengthened. That's why we said, the social distancing should help to prepare for testing, tracing and the rest so we see it in many countries, including Japan's lifting of the declaration today.

We remind all countries who are lifting the serious measures they had to make sure that the public health measures, the comprehensive approach is in place and the right instruments continue to be implemented. Thank you.

I think Dr John, the Director of CDC, is online and I would be happy to give him the floor to make his speech and then we can continue the question-and-answer after that and he can join us on that too, Margaret, if you agree.

**00:39:57**

MA That would be great. Dr John, I hope you hear us and please go ahead. We're looking forward to hearing from you.

JK Good. Good evening from Addis Ababa. Greetings from the African Union Commission, where we are celebrating Africa Day, under the banner of solidarity so I think there couldn't have been a better moment for choosing the word solidarity than today, when we need solidarity to fight and win this battle against COVID-19, especially for our continent where we continue to see progression in the numbers of infections occurring every day on our continent and it's extremely concerning.

I would echo what Dr Tedros mentioned with out greatest chance. I've been speaking for the entire day at the AU and advocating for the need to enforce public health measures and other critical activities that will allow us to win this battle against COVID-19 on the continent, a battle that we must win to survive, for our own existence as a continent.

**00:41:08**

Which means we have to intensify our ability to test, our ability to trace, our ability to track and our ability to treat as a continent. I'm very pleased that the leadership of the continent has rallied behind that. The Chairperson of the African Union, Chairperson Moussa Fakeh, under of course the guidance and

leadership of President Ramaphosa as the Chair of the AU, have all endorsed this approach and they are rallying behind.

So I'm particularly pleased to work side-by-side with WHO and to continue to benefit from the extraordinary support from both my friend, Dr Tshidi Moeti, and Dr Tedros, who continue to join forces in the fight against COVID on the continent, a fight which, as I said, we must win to survive.

As a continent I'm really happy that we're aligning ourselves with the values and principles of what WHO is putting forward. Thank you. I will participate for about another 15 minutes, then run over to take part in my own webinar which is going on. Thank you so much.

TAG Thank you. Thank you, John, for joining us. If you can stay for questions we would appreciate it; otherwise please feel free. Thank you. Margaret, please.

**00:42:28**

MA Now we'll resume the questions and answers with Helen Branswell from Stat News. Helen, please go ahead.

HE Hi, thanks for taking my question. I just wanted to follow up on Kai's question just to be 100% clear. The pausing of the hydroxychloroquine arm of the Solidarity trial is not related to any signals that the data safety and monitoring board has seen?

MR No, Helen, not at all. That's what we're pausing for, to analyse that data; not us but the DSMB and the statisticians will analyse that data and inform us accordingly so as such it is not related to any problem. There is no problem at all right now within the Solidarity trial. There is no issue, there is no signal. We're just acting on an abundance of caution based on the recent results of other studies to ensure that we can continue safely with that arm of the trial.

MA Thank you, Dr Ryan. The next question comes from Brazil, from Ana Pinto from Fona de Sao Paulo. Ana, please go ahead.

AA Hi, thank you for taking my question. As of today Brazil has the second-highest number of infections in the world, over 350,000 with over 22,000 deaths and a reproduction number that has been over one for several weeks. In many cities the ICUs' occupation rate is over 90%.

In such a scenario is it possible to prevent a public health collapse without restriction measures such as stay-at-home orders? If it's possible what are the alternatives to control the



pandemic in Brazil given its current epidemiological numbers?  
Thank you.

MR The transmission in Brazil at this moment is quite intense but also we've seen increasing transmission in countries like Chile, Peru and a number of South American countries. With regard to suppressing infection when there's widespread community transmission - we've said this since way back in February - you must continue to do everything you can.

There is a perception that you can only suppress transmission through very extreme public health and social measures. Certainly in very high transmission it's a very effective means of asking people to stay home in order to reduce the flames of the epidemic but then you need to do case finding, you need to investigate clusters, you need to isolate cases.

**00:45:32**

In a sense extreme measures are very often used as an alternative. What we do is we make everybody stay at home whilst we try and sort out what to do next and that's essentially what many countries ended up doing.

What we really would like is to be in a position where we can identify cases and contacts and those cases can be isolated and their contacts can be quarantined. It is a much more effective strategy to do that and effectively only isolate or quarantine a small proportion of the population as opposed to having to isolate or effectively have the whole population in a stay-at-home mode. We all know the downsides if doing that economically and socially.

However in these kinds of circumstances there may be no alternative because if you do not have the capacity to do the kind of tracing, the kind of detection, the testing that's needed it's very, very demanding and sometimes countries have understandably not been able to do that work while they try to suppress.

**00:45:34**

What countries have done in implementing these public health and social measures widely - and lock-down's what they're known as - is they've put in place the measures to be able to investigate disease, investigate clusters, they've increased their public health workforce, they've increased their testing capacity so then as the numbers drop they get control of the situation again.

So yes, at this moment in countries with high levels of transmission unless they've got tremendous capacities to investigate cases and isolate cases and quarantine contacts and do widespread testing at this point it is very difficult to see how countries with very intense transmission can suppress the infection without some level of public health and social measures being put in place.

The extent of those - and some countries have demonstrated that it is possible to suppress the disease without full-scale lock-down; certainly countries in south-east Asia have demonstrated that but that has only been in situations where they were able to put in place extensive other measures like case finding, surveillance and contact tracing and testing and quarantine.

**00:47:40**

It's never been a situation where a country's had intense transmission and it just goes away by itself. That has not happened as yet. Countries with intense transmission have all had to implement some level of public health and social measures.

In Brazil many of the states are trying to implement such measures and certainly it's not that the state level in Brazil is not implementing measures; they are. I think there's a variation in the measures being implemented and there needs to be a whole-of-government, all-of-society approach to that but certainly there are many countries now in Central and South America dealing with intense transmission.

Again as the Director-General has said over again, we need a comprehensive approach. It's not just public health and social measures or lock-downs, it's not just tracing and case identification, it's not just testing, it's not just quarantine; it's all of these things done together. If countries do that then easing restrictions can be done much faster and much more safely.

**00:48:42**

TAG Maybe I could add to that. If you don't take serious social measures like social distancing and so on, as you rightly say, the speed of the virus will continue to be high. In order to beat the virus you need to have a speed which is faster than the virus itself, meaning you have to take these measures to slow it and then prepare the public health efforts that Mike talked about and then you will be ahead of the virus. That's the whole idea.

While the virus has all the space and is moving everywhere as it can with the speed it can really move you can't beat it so it's like a roadblock; you have the social distancing measures and other social measures to slow that. During that measure when you do the lock-down or whatever that's when you develop also your testing, your contact tracing, you increase your search personnel who will do the contact tracing and other measures. Then that will allow you to be ahead of the virus; you slow and then ahead, ahead, ahead of it.

That's the whole idea. Otherwise if you let it go, if it has all the space to move as it wishes, if you don't increase your speed by slowing the virus' speed it will be very difficult to control it. I think that's why we need the so-called lock-downs or social distancing measures to really prepare ourselves and move faster than the virus itself.

**00:50:49**

We said it many times; this virus is very, very dangerous. It has two dangerous combinations; one, it can move very fast and at the same time it's a killer. That's why you can see what you can see; five million cases, more than five million and more than 300,000 deaths.

In many countries it has been shown that after a certain number of cases, after a certain threshold it looks like a bushfire, exponential. It did it in China, in Wuhan; it did it in many European countries and it's doing it now, as you said, in Brazil. It really moves fast.

That's why we need to do everything to slow it and the slowing is mainly in the social measures, social distancing measures that we take and they have to really be as aggressive as possible to give us the time to be ahead of the virus. It's a matter of speed and we should control its speed using different methods. Thank you.

MA Thank you, Dr Tedros. We're now moving to Morocco for a question that will be asked in Arabic and this will be asked by Abdilla Ul-Hassan from Morocco Media News. Abdilla, please go ahead.

**00:52:23**

TR Good evening, ladies and gentlemen. I would like to thank you all for giving me the floor. Here's my question. We are saying sometimes that the detergents, disinfectants, etc, are sometimes dangerous but at the same time these products, these

disinfectants are very useful indeed and there are also many chemical products that are used.

I would like to know what you think about this. The sound was not very good and the interpreter does apologise. Thank you.

MK Thanks, I heard the question. The question was about the use of detergents and disinfectants and the question was if it was safe sometimes and not safe other times. The use of detergents and disinfectants for the cleaning of surfaces is very important for a virus like COVID-19.

When infected individuals transmit the virus they transmit these droplets and sometimes those droplets can fall onto the surfaces around them and the environment that's around them, whether that's at home or whether that's in a healthcare facility.

So the virus can survive for a small amount of time but if you use a disinfectant it can deactivate, it can kill the virus within minutes so the use of the disinfectants there is very important and that's where disinfectants are safe.

### **00:53:59**

In no other situation is the use of disinfectants for COVID-19 safe and certainly not people using disinfectants.

MR If I could just add, the widespread use of disinfectants at the community level - and we've all seen the images of large amounts of disinfectants being sprayed in the air and whatever; these disinfectants can cause irritation to the skin, they can cause irritation to the eyes so again we're focused here on surfaces that people will potentially touch and doing that carefully.

There are some disinfectants for example that are currently being used on airlines which are sprayed in the aeroplane when there are no passengers. Those sprays are electrostatically charged. What they're aimed at doing is they will attach themselves to surfaces and then disinfect the surface.

But we need to be very careful in using sprayed disinfectants in areas where there are large numbers of people so the large-scale spraying of environments in which there are large numbers of people is not necessarily effective and therefore we should focus on disinfecting surfaces that people will touch and doing that properly and avoiding flooding disinfectants into the environment and potentially causing skin and eye irritation, particularly in children.

**00:55:27**

MA Thank you, Dr Ryan. The next question's from John Cohen from Science. John, please go ahead. John Cohen, could you unmute yourself and ask your question? There you are.

JO Hi. Thanks for taking my question. I'm curious about this analogy, relationship to a second wave. When we talk about second waves I think we're largely looking at influenza, which has a seasonality pattern. Are you thinking of a second wave based on there being the assumption of seasonality and if there is no seasonality what determines the second wave? It's confusing to me.

MK John, thanks for that question. You reminded me that I wanted to add an additional point to the last question. The use of the word waves, the use of the word seasonality implies that indeed we have some information about how this virus will behave over years and over many, many months and most people, when they hear seasonality, think influenza and they think northern hemisphere winter season, southern hemisphere winter season and it may get bad.

**00:56:39**

We are five months into this pandemic. We have five months' worth of data on COVID-19. We do have some experience with SS, we do have some experience with MERS, we do have some experience with other human coronaviruses but there is nothing right now to indicate that this virus will resurge in winter months.

What we know from the seroepidemiology studies is that many people remain susceptible and that means if the virus is there regardless to the temperature, regardless of the month that virus can infect people and if people are in close contact with one another it can resurge.

The complication becomes - if we think of waves, if we think of winter months, if we think of flu - is when coinfection or co-circulation of influenza and COVID-19, as we are seeing in the southern hemisphere, that could complicate our understanding because if we don't have testing in place we don't know what people are infected with.

**00:57:41**

So it could potentially flood the system, it could potentially overwhelm the system.

But specifically to your question about waves and about seasonality, we don't have enough information right now to know how this virus will behave over many years. What we know and what we need to prepare for is that the virus can resurge if we give it an opportunity. We don't need the winter months to be able to do that in the northern hemisphere.

We are seeing increases in a number of countries and, as I've said previously, all countries need to remain on high alert in terms of their ability to detect cases and have this comprehensive package and this approach of finding, isolating, testing, caring for cases, tracing contacts, quarantining those contacts, caring for individuals, empowering the population, making sure that we have all of our public health infrastructure in place to deal with COVID-19 and deal with all of the other diseases that are affecting our countries.

MR If I could just add, that's why I used the words second peak, because we would tend to talk about waves of infection in terms of the natural history of a disease in the absence of control measures, the natural phenomenon of waves of disease, which may reflect the seasonality; they may reflect the population behaviour during different seasons, the amount which people mix or are indoors.

**00:59:08**

So there are factors that may drive the natural transmission dynamics during different seasons. It's not that the season itself... The temperature may affect the disease but in many cases it's not necessarily the temperature. It may be the fact that in the winter time people are indoors more, they're in much more contact with each other so there are the natural phenomena.

I think many countries have paid a heavy price in doing the measures that have needed to be done to suppress the transmission of this disease. They deserve credit and the communities deserve credit for the efforts, for the sacrifices they've made to break chains of transmission. That has driven down and suppressed virus transmission.

It would be, I think, at this point a little bit worrisome if people assumed that the downward trend in disease has occurred naturally. I don't think any of us believe that that has occurred naturally.

**01:00:03**

That has occurred because of very, very, very tough public health measures that have been tough on the population and if we assume that, we take that to be true, if we take the fact that we've pressured the virus, we've pressured transmission and we've driven transmission down then the corollary, the opposite is true; that if we take the pressure off the virus then the virus can bounce back and that's where we are right now.

What's happened in many countries is that countries that have managed to keep transmission low or have managed to suppress transmission down to a low level have then found it relatively straightforward to contain the disease after that. They've found a level of disease at which their public health system, their testing, their tracing, their contact tracing, their isolation, their quarantine, their healthcare system can maintain a status quo, it reaches a steady state.

We hope we can retain and maintain low levels or no transmission over time and then we will see what happens with the second wave concept later on and that may still be an issue. My concern right now is that people may be assuming that the current drop in infections represents a natural seasonality and I think that's a dangerous assumption.

### **01:01:13**

I think a huge effort has been made to suppress transmission of this virus and to remove pressure from the virus at this point, making an assumption that it's on a downward trajectory and the real next danger point is some time in October or November; I think that would be a dangerous assumption.

I think this virus is under pressure because communities and public health authorities around the world are putting the virus under pressure by reducing the opportunity for the virus to transmit. If we give too much of an opportunity back to the virus to transmit, as the DG said, if we let the virus get ahead of us again and we don't have the systems in place to be faster than the virus the danger is we could rapidly get back to a second peak and in fact maybe just experiencing the first step on an ever-increasing trend.

MA Thank you, Dr Ryan. We've gone well over the hour so we're giving the last question to Nina at AFP. Nina, are you on the line? Please go ahead.

### **01:02:15**

NI Yes, hi. Can you hear me?

MA Very well. Please go ahead.

NI Thank you. Thank you very much for taking my question. I have a question on China's Foreign Minister, who yesterday said that the country was open to international co-operation on identifying the source of the novel coronavirus and suggested that WHO probably should lead that investigation. I was just wondering, has the WHO now been invited to China to take part in such a a probe and if so when would you expect such an investigation to start? Thank you very much.

MR Maria may wish to add. We've been in discussions day-to-day with our colleagues in China about putting together the necessary scientific inquiries into the origin of the virus. I think the authorities in China, governments around the world and ourselves are very keen to understand the animal origins of the virus itself and I am very pleased to hear the very consistent message coming from China which is one of openness to such an approach.

**01:03:27**

I'm again pleased that we've seen for example the publication of the first peer-reviewed general publications of the vaccine studies from China and again I think in terms of the number of scientific publications that have come from China over the last number of months, it's very good and the number of scientific collaborations between Chinese institutions and institutions all over the world is also a very positive sign.

So I think we will be very pleased to continue those discussions. I don't believe, Maria, there is a date yet for a scientific mission but we will be looking forward to doing that as soon as possible and with the right mix of scientific experts from a multinational perspective to join such a team.

MK Only to add that, yes, we have been in regular contact with our colleagues in China and have all the expertise in country to be able to do this. We welcome the opportunity to be able to work with them and with the international community to really understand the virus origins and the animal-human interface because of the public health importance of this.

**01:04:40**

SARS-CoVi-2 virus that causes COVID-19 is a zoonotic pathogen and it's important for us to understand the intermediary host of this particular virus so that we can work towards preventing something like this happening again.



As we all know, as you all know now, most of these emerging pathogens do come from animals so it's important that we have a strong system in place and we're working with our partners at FAO and OIE, our sister agencies, to be able to work towards surveillance in animals and at the animal-human interface so we welcome this opportunity to go forward.

But I do want to make one other point on the last question and I know DG would like to comment on this as well. It's the idea of complacency. One of the things I've been asked recently is what worries me the most and it is complacency and it relates to the last question in terms of what our expectations are of this and waves and what might happen.

We here at WHO and with our regional offices and country offices are planning for any scenarios. There's a certain predictability of this virus but any time you become complacent and you think you know it will surprise you and this virus has an opportunity and it will take every advantage that it can to resurge, to transmit.

**01:05:59**

So I understand very well and I am in the same boat as you; we all want this to be over but we have a long way to go. We're at the beginning of this and we must continue to really stay strong and not complacent and I know that that is very hard.

So it's something that we are conscious of and we are ensuring that we are working with you to support you through this but it is important that we don't become complacent.

TAG Thank you. I would like to add to the first one. As you know, with China we have agreed on two issues and the study of the origin of the virus is not actually new. We have agreed on having international experts visit the country, which was done in February and this was also agreed during that time, on the origins also so it has been there on the table.

It's a matter of continuing and doing it but all stakeholders understand the importance of studying the origin because it's by studying the origin that we can prevent it from happening in the future. So this is not a new thing, as Mike and Maria said; it's something that has already been going on, the discussion has been going on, and something that was already agreed. Thank you.

**01:07:40**

MR Margaret, just before you finish, I know the DG has very much recognised our colleagues on the African continent but just from a personal perspective, to say thank you to Tshidi and our team in Afro, to John and his teams in Addis Ababa. These teams have not only been fighting COVID but have been 500% committed to so many epidemics in Africa and particularly the Ebola outbreak in DR Congo over the last year-and-a-half.

I think African clinicians, epidemiologists, nurses, public health physicians, so many others in Africa have sacrificed so much over the years to protect populations in Africa but also populations around the world and they've done that with limited resources, with limited investment but with huge professionalism, huge courage and I just wanted to, on this Africa Day, say thank you from the world to our African colleagues for all they do to protect the world from emerging and infectious diseases.

MA I'd also like to ask Dr Moeti if she's got any closing remarks; also Dr Sow. Dr Moeti, would you like to say a few words?

**01:09:05**

TM Yes, thank you. I think what I'd like to say is very much to support and echo your core message that we're not complacent so these apparently low numbers in Africa, the low proportion of the global cases that Africa represents, I think, is in the context of very challenged systems where we see a big wave of cases coming in the region so for me this emphasises the need for our governments to continue, expand.

We're advising them very strongly to [inaudible] the capacity both for the public health actions, organise our capacity to provide care and treatment while we continue to ensure the availability of essential services for the population.

So it's just to say, we encourage continuing. We will not also let down our guard at all and we are absolutely determined to work with our partners, with the African Union, with professionals in Africa, with civil society and very importantly with communities and people where it's our duty to help people understand and to help them feel empowered and enabled to take the actions that they need to take.

**01:10:21**

Because they are not the subjects of government interventions. Things work best if people themselves understand and take actions that are needed so again a shout-out for African people. I

thank them so much for the courage that they've showed, the forbearance under sometimes difficult circumstances and we're committed to continuing in this fight with them. Thank you.

MA Thank you, Dr Moeti. Professor Sow, have you got any final remarks you'd like to make? Professor Sow, would you like to unmute yourself?

SS Thank you. Yes, thank you very much. Just to really thank again WHO for organising this and thanks to CDC Africa for joining. I would like just to echo a few things. Dr Moeti said exactly what I wanted to say. Having a small number of African cases compared to Europe and Asia, very small; it doesn't mean that there is no case, it doesn't mean that the problem cannot be big one day in the near future so we just have to continue to be careful and to maintain and to strengthen our entire community system, strengthen our entire public health systems.

#### **01:11:48**

I fully agree with Dr Moeti there because if we don't be careful what can happen in Africa; we continue to be at this plateau level for a long, long time and that could be a big problem. We are already seeing small other epidemics coming in. Mike just mentioned; it's not only Ebola. We are seeing measles epidemics in some places and so on so we don't want to be overwhelmed in places where the health system is already very weak.

Lastly I would like to add one last point on the use of antiseptics for hands and for surfaces. In many places like Africa it will be difficult to get those things. If one isn't careful people can in fact bring bad products and say that they are good antiseptics so we strongly recommend hand washing. Soap and water is very, very good compared to these very modern products that can, one, harm you, hurt you, break your skin, your eyes, etc.

But second, soap and water is really heavily, highly recommended also as part of these hygiene measures. I would like to finish by thanking WHO for its leadership in many ways; not only communication, not only disease control but in many other ways WHO is doing a fanatic job around the world and I would like to thank them all for that and thank you for helping not only Africa, the entire world but especially African countries to promote many of these research operations that are ongoing; Solidarity serosurveys, Solidarity trials, Solidarity chemotherapy trials, Solidarity vaccine trials.

#### **01:13:48**

These are all great ideas so we hope that Africa, as Moeti said - we will try to stop this very quickly in Africa and start to save lives very quickly in Africa in collaboration with Africans and African countries. Thank you very much.

MA Thank you, Professor Sow. We'll conclude this press conference with final remarks from Dr Tedros.

TAG Thank you. Thank you, Tshidi, for joining; thank you, John, and thank you, Samba. Thank you to all for joining and the journalists and others also who have joined us today. Happy Africa Day. Thank you so much.

**01:14:52**