



World Health Organization

Coronavirus

Speaker key:

MO	Moderator
TAG	Tedros Adhanom Ghebreyesus
SB	Sylvie Briand
JA	Jamie
MR	Michael Ryan
JZ	John Zarocostas
LE	Leo
KA	Katrine
MK	Maria Van Kerkhove
SP	Scott Pendergast
UF	Unidentified female speaker
GS	Gabriela Sotomayor

MO Good afternoon, everyone, and thank you very much for coming to the World Health Organization headquarters in Geneva for the update on the situation regarding novel coronavirus. Also a big welcome to all journalists who are dialling in and we hope we will not have technical issues. I understand we had some so hopefully everything will work fine. Also this is being broadcast on WHO Twitter and Facebook accounts. As always we will have a transcript later in the evening from this briefing; an audio file immediately. For journalists listening to us online, please dial 0 1 on your keypad to be put in a queue to ask questions.

Today we have with us Dr Tedros, WHO director-general, Dr Mike Ryan, executive director for WHO health emergencies programme, and Dr Sylvie Briand who is the director for global infectious hazard preparedness. We also have Dr Maria van Kerkhove, who you already know, as well as our director for Strategic Planning and Partnerships, Scott Pendergast. Two of them may be answering some questions. I'll give the floor immediately to Dr Tedros for his opening remarks. Dr Tedros.

TAG Thank you. Today's press conference is as what we have already announced, that we will have a daily press conference starting from today so this will be the first one and we will continue to have a daily briefing unless you're tired of us. I would like to start by saying good afternoon and welcome to all media. It's a record actually; more than 100 including those

online. Thank you so much for your interest on this very, very important issue during these very difficult times.

Let me begin with the latest numbers. As of 6:00am Geneva time this morning there are 24,363 confirmed cases in China and 490 deaths. In the last 24 hours we had the most cases in a single day since the outbreak started. Outside China there are 191 cases in 24 countries and one death in the Philippines. Of those 31 cases are in people with no travel history to China but all are close to contacts of a confirmed case or of someone from Wuhan.

So far 99% of the cases are in China and 80% of cases in China are from Hubei province. Last night I said that some high-income countries are well behind in sharing vital case data with WHO. I am pleased to report that since then many countries are already reporting and this is welcome news.

As I said last night, the relatively small number of cases outside China gives us a window of opportunity to prevent this outbreak from becoming a broader global crisis. Our greatest concern is about the potential for spreading to countries with weaker health systems and who lack the capacity to detect or diagnose the virus. We're only as strong as the weakest link.

Those of you listening to the technical briefing yesterday heard the plea from some developing countries for funding and there are many countries in the same position. What is WHO doing to support those countries could be the question. We continue to support the Chinese Government's efforts to address the outbreak at the epicentre, at the source in Wuhan. We must not forget how difficult this is for the people of Wuhan but doing our best at the epicentre slows the spread of the virus and that's what we're seeing.

We're also continuing to provide scientific leadership. Today the strategic and technical advisory group chaired by Dr David Hayman has met and given us advice especially on areas that we don't know. Separately WHO has released a total of US\$9 million from our own contingency fund for emergencies. WHO is sending half a million masks, more than 350,000 pairs of gloves, 40,000 respirators and almost 18,000 isolation gowns from our warehouses in Dubai and Accra to 24 countries and we will add more countries.

We're sending 250,000 tests to more than 70 reference laboratories globally to facilitate faster testing but we need to do more; this is not enough. That's why today we are launching a strategic preparedness and response plan to support countries to prevent, detect and diagnose onward transmission. We're requesting US\$675 million to fund the plan for the next three months. 60 million of that is to fund WHO's operations. The rest is for the countries that are especially at risk and who need our support.

Our message to the international community is invest today or pay more later; invest today or pay more later. US\$675 is a lot of money but it's much less than the bill we will face if we do not invest in preparedness now during the window of opportunity that we have. Once again we cannot defeat this outbreak without solidarity; political solidarity, technical solidarity and financial solidarity.

I would like to thank the Bill and Melinda Gates Foundation for quickly stepping up to offer US\$100 million in support for accelerating response efforts, strengthening preparedness systems in the most vulnerable countries and to support diagnostics, vaccine and treatment research and development. As you know, we're working very aggressively on developing

therapeutics and vaccines and this pledge from the foundation will help us in speeding up the research on therapeutics and vaccines.

Finally we understand that people are worried and concerned and rightly so but this is not a time for fear. This is not a time for panic. It's a time for rational, evidence-based action and investment while we still have a window of opportunity to bring this outbreak under control. Thank you.

MO Thank you very much, Dr Tedros. Now I'll give the floor to Dr Ryan. No? So then we will go to Dr Briand, who maybe can tell us a few words about a meeting she announced yesterday at a press conference at the UN regarding talks with the travel industry. Dr Briand, please.

SB Yes, thanks a lot. Indeed today we had a second teleconference with the travel and tourism industry. The aim of those teleconferences is really to foster the dialogue between WHO and those companies. Most of them are interlocutors, are umbrella companies such as UN World Tourism Organisation or IATA or IKO (unclear) and also some individual airlines that are attending those calls.

As I said, the aim is to have a good dialogue with them firstly on the situation, secondly on the risk, how they perceive the risk but also we can then comment on what is the risk and the evidence we have on the risk and the disease. We discuss also the measures that are put in place, whether these measures are for their customers or the measures for their own employees.

Today the discussion was to understand what challenges they are facing currently after the announcement of the public health emergency of international concern and how we can help them to face this new situation. What they expressed as a concern is the fact that the situation in the world is diverse and of course the epicentre remains in China but some countries have imported cases and therefore they have observed a diversity in the implementation of the IHR recommendations.

So we have discussed these different modalities they have been facing and we are continuing the dialogue to see how we can reduce the inconsistencies that are currently seen. Very concretely it means for instance that certain companies have to make different announcements to their passengers on board depending on where the flight is going and so for them it's complicated to have different messages depending on the destination.

So we are working with them to see how we can reduce those inconsistencies but also help them to be aware of the evolving situation so that we can have a better collaborative action in the coming days.

MO Thank you very much, Dr, Briand. Before we go to questions I hear from some journalists online that the sound may not be the best so I apologise for that. You may wish also to follow us on Twitter and WHO account where we have a live stream. For journalists online please type 0 1 on your keypad and you will be put in a queue for questions.

Now we will start here in the room and I see Jamie, John and then we had a lady there with the three questions from the room. Please, Jamie.

JA Hello. Dr Tedros, thank you for meeting with us again. I have two questions. The United Kingdom and some other countries, about half a dozen, have recommended all their nationals leave China. This directly contradicts the WHO's current recommendations. Is that kind of a response from the UK and other countries proportionate and could it actually make things worse?

My second question has to do with comments by John McKinsey (unclear), a member of your EC today in the FT, who said that China's response to the outbreak in its early stages was - quote - "reprehensible" and that they were hiding cases while there were political meetings in Wuhan.

MO Thank you, Jamie. Before that I will just repeat the question for journalists online because we don't have a mic here. The first question was about the measures introduced by some countries and advice given by the UK Government to its nationals to leave China.

The second question was about comments that have been made by one of the members of the EC committee regarding China's response. I will see who would like to take this question.

MR I can start with the first question. Yes, certainly, as the DG has said, at this moment in time we need to have calm, well-thought-out public health measures to protect individuals' health and I think each country is making assessments based on their own individual risk assessments to their citizens around this event.

However certainly a situation where many individuals are potentially leaving the country; we don't believe those individuals are necessarily at the highest risk but certainly an unplanned measure like that needs to be accompanied with the necessary screening and the necessary public health measures to ensure that.

So the issue here is the balance between the measure to protect citizens and the balance of the public health risk protection to protect other citizens and each country has to make that balance themselves but we are monitoring all public health measures.

We've been doing a systematic review over the last 48 hours of all measures taken by all member states and we will be sharing our assessment of those measures with member states and sharing with other member states exactly what everybody else has been doing to try and bring some cohesion and order to that process in the coming days.

TAG Thank you. To that I would add that considering China as if the problem is the same in all provinces could be wrong and it's wrong. For instance 80% - I have said it from here - of cases in China are from Hubei province so that blanket approach may not help and that's why Mike is saying, let's make it evidence-based.

We encourage all countries to make their decisions based on evidence, not just a blanket coverage because even in China there are provinces with very few cases like other countries in the neighbourhood or beyond so I think that is very important to consider.

On the second one first of all John is not a member of WHO, he's not on the staff of WHO. I think there could be a problem in the newspaper; it says a member of WHO. He's not so I think it would be good if they correct the facts.

The second comment I have is, I cannot say they hid or they didn't but if you see some of the information we have, the number of cases outside China is very small. When we declared PHEIC, they were even smaller. How many? 98 cases. When we were discussing calling the emergency committee there were 68 cases. If something was hidden then you would expect more cases to be actually exported from China to the rest of the world because China is the most connected.

I know one airline has 17 or 18 flights a day and imagine how the world is really interconnected. Even if China hides it I don't think the cases would be prevented from crossing the borders to other countries so it really defeats logic. That's why I say it's very hard to take that, for me. I'm an epidemiologist, by the way, public health specialist and if there was hiding I would expect more cases, more than 68, especially in the first deliberation of the EC itself because many cases would have made it to the rest of the world without even us knowing.

But again I say, let's check. Maybe we will have the after-action review and see if there was something hidden or not because I cannot say whether there was something hidden or not. I can only use some logic to really understand the situation and that's what I would propose for the time being.

Then one piece of advice I have is, for something that happened in the past we will have the after-action review and we have scientists who will really understand, investigate that and tell us the truth. Now as the global community please let's focus on the actions we can take today to prevent this outbreak from spreading all over the world.

We have 190 countries and 90 cases in the rest of the world. It's small but the situation can get worse. Let's use this window of opportunity to really invest in prevention, to invest in control and prevent this virus from spreading. It's time to act, not to speculate and spread fear, spread panic; it's not the time for that. It's really time to look forward and act. That's what I would advise.

On WHO's side we will do everything to address this outbreak but I would leave such kind of perceptions by whoever it is for the after-action review because I don't think it helps now. Let's act and act and act. Thank you.

MR Let me just add that John is an eminent scientist for whom we have great respect but John has had a career that has been driven by evidence and I think the issue here is evidence, not speculation. We need at this point to avoid speculation that's not driven by evidence in all spheres, be it scientific, political or otherwise.

MO Thank you very much, Dr Tedros; thank you very much, Mike. The lady here and then John, please. Please go ahead.

UF [Inaudible]. First after the swift construction of the two field hospitals, several public facilities in Wuhan including a sports stadium and two convention centres are renovated into the so-called cattle [?] hospitals or the mobile hospitals to accommodate more patients with mild symptoms. How do you think these actions will help reduce the mortality rate and contain the epidemics in the epicentre?

The second question is, yesterday Dr Tedros reiterated in the technical briefing that WHO is sending a team of international experts to China to increase understanding of the outbreak and to guide the [inaudible] response. Could you elaborate more on the composition and the mission of this team, its concrete plans and any outcome we could expect from the visit of this group to China?

The third question is, while there are mixed messages right now, all kinds of potential therapies and vaccines against the novel coronavirus, could you clarify to us for the moment what is known and what is unknown to the WHO on the efficacy or potential efficacy of those therapies and vaccines that are currently available? Thank you.

MO Thank you very much. I'll repeat again for the journalists online and we apologise again for technical issues. The audio file that you will receive immediately after will be of good quality. The first question was about the hospitals that have been built in Wuhan for milder cases; what's the comment of WHO? The second question is of the international mission to China that has been agreed; do we have news on that? The third question was to clarify where we are with the treatments and vaccines being developed. Thank you.

MR I'll try and answer the technical aspects. The DG may wish to supplement. It's certainly impressive what's been achieved in a very short number of days in China and represents a remarkable effort not only in public health but in logistics and in planning and architecture and certainly the ability to bring patients, be they moderate or severe, to a site where they can be treated properly not only helps those patients but also helps remove those patients who may be infectious from the rest of the community.

This is a major undertaking and those hospitals now and the various facilities that have been set up also, remember, will be staffed by Chinese doctors, nurses and others who've come from other parts of China to help so it's also a remarkable act of solidarity within China between the provinces and clearly demonstrates the determination of the Chinese health authorities at this present time.

So they continue to do everything humanly possible both to put the health of their own population above any other consideration and in doing that offer an opportunity for the rest of us to prepare.

The international team; we've been engaging very closely with Chinese authorities and we have agreement in principle for the team. We're now working on the final composition of that team. I won't speak to the exact membership of the team as we're still making arrangements for that but I can assure you that this is a multinational team made up of global experts from the north and south, from the east and west who will cover areas from clinical management to virology, to vaccine and drug development, ecologic investigation, animal health epidemiology, public health and risk communication.

The team's objective is to learn primarily from Chinese counterparts their experience in dealing with this event so the world can learn from them. There is also a huge opportunity for collaboration, for sharing of ideas in order to shape studies in China and studies abroad so we can have a coherent and evidence-based approach.

It would be silly to suggest that a small international team by itself can in any way do more than learn from China and offer whatever brainpower it can to our Chinese colleagues who at

this stage must be very tired. I think this is, as the DG said before, not only an act of science, this is an act of solidarity on behalf of the global community to share the burden with and share ideas with our colleagues in China.

The last question was on therapeutics. There are no proven effective therapeutics for novel coronavirus but what we have seen in previous epidemics associated with coronavirus and we see in this event is that a high standard of care in providing intensive care, especially respiratory support and support to other organs, is very important.

This epidemic, if you look at the age and sex distribution, is predominantly causing severe disease and death in older patients, many of whom have underlying conditions so supporting a patient through the most severe portion of the infection and ensuring that they don't... Many of the patients who've died have died from multi-organ failure where many organs fail, not necessarily directly as a result of the virus infection but as a result of the demand and the shock that the virus causes in the body in general.

So many patients of the severe end will survive if given adequate supportive care but that in some cases is very intensive and very demanding on health workers and obviously doing that with full PPE on is a challenge and you've seen that in many of the images. It is one thing to care for a patient in your normal gear. It's an altogether different challenge to do that when you're wearing PPE and it is also frightening for the patient themselves because they don't have the normal human contact that we would expect so this is not a normal situation in that regard.

There are therapeutics that have been used and are being used like protease inhibitors, like interferons and others and we've been carrying out a systematic review of all of the available therapeutics and that's been part of the work of the research and development blueprint.

Here at WHO - Maria's here but there are hundreds of clinicians and others in active virtual communication with almost daily teleconferences and what's been wonderful is to see Chinese clinicians on the line with clinicians who are managing patients all over the world and literally exchanging information of what we're doing, what we did yesterday, what we're doing today, what's working, what's not.

But amongst that process we need to bring systematic gathering of evidence and we have created standardised reporting forms for the clinical data so we can centralise all that information to see what is working and what is not. We've also shared clinical trial protocols with all of the countries dealing with cases, which allow them to potentially systematically test drugs.

Next week in Geneva there will be a major meeting which will be both in Geneva and virtual of hundreds of researchers and agencies involved in research to set the priorities for the development of therapeutics, diagnostics and drugs so this is a global effort from the clinician in the front line connected to the world and the world connected to each patient through those clinicians.

Managing that process is a huge task in itself but it is a great sign of the solidarity and again remembering that the real heroes in this response are the front-line doctors and nurses who are going to work every day to try to help and save patients from this virus.

TAG I think the general has said it all. We're working around the clock. We have an internal core group which meets on a daily basis and also global coordination meeting on a weekly basis so be it vaccines or support to countries which are vulnerable it's checked around the clock so we will push the same way.

One more thing I would like to comment on and agree with what he said is especially about the expert team. As you may remember, on January 22nd and 23rd we had a meeting of the emergency committee. This was to decide whether the situation was a PHEIC or not. As you may remember also on January 23rd the emergency committee was divided so the recommendation to me was, let's meet in ten days.

I accepted that recommendation and immediately flew to China for discussions, to use that window until the next meeting of the emergency committee. Our discussion was very frank and very candid and there were three outcomes; one on the strategy, meaning alignment on the strategy, and we have agreed with the Chinese Government to focus on the epicentre, to really take serious measures at the source, protecting the Chinese people and protecting the rest of the world. That is the most important part of the travel, which is aligning on the strategy and full commitment from China.

The second was sending experts and the third thing we agreed was on sharing data and sharing information because that's the beginning of solidarity. All that is taken care of and the team of experts, we believe, will be leaving very soon but one thing I would like to underline here is the constant engagement of countries is very important and now we are talking to ministers and I have spoken to most of them who have reported cases.

The reason is to align on strategies, to align on sharing of information and to align on other issues like using joint experts to understand the situation. So we will move that way and the use of experts is not just specific to China. This is part of the global co-ordination, that each and every country, whether they have reported cases or not, should be applied for.

We're increasing the speed, we're increasing the skill and we're trying to use the window of opportunity we have to the maximum and that's what we are asking the international community also, to use the window of opportunity we have now and many countries have already triggered their operation centres and we will support them in any way possible.

MO Thank you very much. We will take one question from John Zarocostas here and then we will go online to some journalists. John, please wait for the mic so I don't have to repeat the question.

JZ Good afternoon. John Zarocostas from France 24 and The Lancet. Dr Tedros, you just mentioned that one for the agreements in Beijing was the sharing of the data. Can you shed some light on how much of the confirmed Chinese cases you've received the data in Geneva and in regional offices...? Yesterday you read the report that many developed countries, less than 40%, had provided the data. What is the situation with the Chinese data, what percentage has been received?

The reason I'm saying that; there was a classified briefing yesterday in Washington and the most senior senator in the US Senate basically raised concerns about the reliability of the Chinese data so if you could put that to rest, thank you.

MR Thanks, John. You are correct in terms of the number of countries, currently up to 24, who we've received comprehensive data from is improving but it's certainly not complete and the DirectorGeneral spoke with the ministers of health of all of those countries and actually sent a circular to every minister of health in the world specifically reminding them of the responsibilities to share this data on a regular, if not daily basis.

The DG also asked not only for the sharing of the surveillance data confirmed cases but for the results of the community studies and other transmission studies that have been carried out so we can collate all of those together and we've been looking at a lot of that data that's been received so far.

The Chinese authorities continue to share with us daily numbers. They also continue to share with us, as they did at the EC, detailed epidemiologic descriptions and clinical descriptions of the cases including epidemic curves. The issue they faced in the last week with the growing number of cases is sharing detailed and translated individual case forms.

You can imagine, the challenges for country X that has 12 cases are very different to a country that has reported 4,000 cases yesterday so I think we need to leave a little bit of leeway and room here. This is a challenge and we're very careful that we don't want to overtax the system but at the same time get the information we need.

We're certainly pleased with the clinical information; we're getting very detailed information on the clinical experience, we're getting very detailed information on the work being done in the lab. As you've seen, the country continues to share sequences on open platforms so overall we're pleased. We would though obviously like to have as up-to-date information as possible but we say that to all member states.

We say that now to every member state that has cases, including China, that we would like daily, disaggregated data from them and this is not so WHO has data. That is not the point. The point is that the world has the evidence it needs to make good decisions in the coming days and weeks and within the strategic response plan there is an element of that that's around that global co-ordination function and you'll see how that's costed out.

But you'll also see in the strategic response plan that the vast majority of that investment is actually targeted at countries so they can build their capacity to detect, assess, contain, treat cases and report those cases at the global level. So if you point yourselves to that plan, the core of that plan is about improving our collective capacity to detect, prepare and respond to this event.

MO Thank you very much. The answers were quite long, which is good, but we will have to leave soon so we have time for two more questions and I think it's fair that we give one question to one of the journalists online so I will call on Nurith from NPR. Nurith, can you hear us?

Hello, can we hear Nurith from NPR? If not we can try with her to be the last question and now I'll give the floor to our friend, [unclear]. Just a second, please.

LE Thank you. I have two questions. I'm Leo [?] from China's Xinhua news agency. The first one is specifically for Dr Michael Ryan. There are reports about US drug companies

sending their anti-HIV drugs to China and actually the drugs have already arrived in China yesterday; two companies. One is Johnson & Johnson; the other one is AbbVie.

The question is, how can these two anti-HIV drugs have anything to do with the coronavirus from the technical point of view? The second question is, also there are reports that because of the shortage of not only the PPE, as you call it, but also the diagnostic testing equipment at the epicentre in Wuhan City, there are death cases; people are dying even before they are diagnosed as confirmed cases; they're not even suspects.

Because of the limitations of the hospitals and the medical resources they are not admitted to those hospitals. The question is, what does the WHO have to say about that?

MR First of all on the anti-HIV drugs, as I said previously, there are no current therapeutics that are thought to be highly effective in the treatment of coronaviruses in general. In many cases when we have a new disease, researchers will look to see what the activity of existing drugs is against a new infectious disease.

In certain circumstances where there is reasonable empirical evidence countries may use those drugs on a compassionate use basis or off-label. This is a licensed product which is licensed for use in a certain disease but because the drug is considered to be safe and effective in another disease in a controlled environment those drugs can be tested against something like coronavirus.

But it's extremely important when that is done that clinical data is collected on the experience of the patient so that that can be used to build the case for or against the use of those drugs. We've seen in the cases of too many outbreaks in the past the use of different types of interventions and at the end of the outbreak we know less than we knew at the beginning.

So it's really important that if such drugs are used they're used under the authority of the national authorities, they're part of either compassionate trials or they're used as part of clinical trials and they're overseen by the highest regulatory and ethical standards and I believe that will be the case in the use of any drugs. I'm looking at Sylvie in case she has any supplementary comment to make on that.

SB I think Mike is fully right and I think these drugs have been part of other protocols that have been used for MERS virus, which is also a coronavirus. This is why you have heard about those drugs but currently none of those have been approved and we are still at the research phase. This is something we will discuss next week at this research meeting to see how we can have a standardised protocol and how those different antiviruses can be used for this particular virus.

MR Regarding the issue of diagnostics in China, our understanding is that China and particular in Hubei and Wuhan; there are adequate reagents and adequate materials for carrying out the tests but there clearly is a backlog in testing and very often that is the availability of enough laboratory technicians so you can only imagine the workload there is on the laboratories at the moment with the number of cases.

Remember, when you see 4,000 confirmed cases or 3,000 that can mean thousands of negative cases as well and getting a negative result is just as much hard work as getting a positive result and there might be only a small percentage of people who turn out positive. So

the workload on those labs, on those lab technicians is extreme so one can expect and in situations like this one always sees a backlog.

What we're working with the Chinese authorities on is prioritising that process so that the most important patients get their diagnosis. I'm not aware of any particular individual cases where people have died before diagnosis. I'll be happy to speak with you afterwards but that certainly isn't the aim.

The other thing that sometimes happens - not in this case - is sometimes people come to healthcare very late and we've seen certain instances of that and they may be very sick when they arrive so it's not unusual - it's not ideal but it's certainly not unusual to see people diagnosed close to death, especially if they've come late for care.

But clearly there is no question that the system is under some strain and the system is having to react and scale up the response but again we must pay respect to the scale-up in the lab service that has occurred particularly in Wuhan and Hubei over the last three to four weeks.

MO Thank you very much. Unfortunately we will have to conclude this press conference as the director-general has an important meeting to go to. We apologise to all journalists online for technical issues we had and that we haven't been able to take their questions but, as the director-general said, we will try to have daily briefings of this sort so please stay with us in the coming days.

The audio file will follow shortly as well as a transcript. Thank you very much for your attention. I'll see you tomorrow. Thank you.

[Asides]

TAG Why don't you stay and continue? What I will do is I will leave my two colleagues and Maria and Scott so you will excuse me but I will leave my colleagues behind. The board meeting, as you know, is ongoing so I have to go and answer there also. Okay? I think it is a good deal, a bargain. See you tomorrow.

[Asides]

MO We'll take this proposal from the DG and continue for another ten minutes with our guests. Gabriela and Katrine and then Bodhi (unclear) and probably that will be it for today. Katrine, please, go ahead.

[Asides]

KA Hi. Katrine [Unclear] from France 24. Two questions; the first one is regarding next week's meeting of researchers and agencies, if you could elaborate a little bit on that; when is it going to take place, who is invited, who is going to meet, what is on the agenda?

Also if you could say a bit about how you plan or you are helping developing countries. Yesterday I listened to the technical meeting and different countries asked questions, among them Sudan. I would like to note they're quite prepared but they say that they have a small

gap of two million. So how can you help countries like Sudan or other countries that have a weak health system? Thank you.

MK The meeting next week will be the 11th and 12th February here in Geneva, here at WHO and it's a global research meeting for 2019 novel coronavirus. It will not only focus on R&D for diagnostics, therapeutics and vaccines. It will also cover research in the areas of the animal source, at the animal/human interface, early epidemiologic and clinical investigations, research around IPC and healthcare workers in addition to advancing the development of rapid diagnostics, serologic assays, therapeutics for patients and vaccines.

SB And social sciences.

MK And social sciences; thank you. There will be everything. Social sciences is not an afterthought, it is something that is prominent in all of our responses and in research. We have invited global researchers, public health professionals, academics, front-line people who are directly dealing with patients to come to this.

It's been put together quickly so we've done our best to ensure that we have the right people at the table. We will try to bring in people virtually as well because it is difficult at the last minute and frankly many of these individuals are on the front line working and dealing with this but we want to bring the best minds together, the people who have experience in this so that we can come away with a comprehensive research agenda around the novel coronavirus.

SP In terms of providing help to weaker health systems, we released yesterday the strategic response plan, which is the international community's support to all countries to prepare for and respond to the coronavirus. In that plan we outlined very clearly the different actions that have to happen at country level in terms of preparedness, being able to detect, being able to diagnose, being able to treat people affected by the virus to prevent the onward transmission.

Within this there's a budget of 675 million. The vast majority of that money is for national governments of weaker health systems to scale up their preparedness and response. We're working with a lot of international donors and the multilateral development banks to make sure that emergency financing can be provided to countries such as South Sudan and Sudan, as mentioned yesterday.

As to all countries, we're providing clear guidance and technical expertise of what needs to be done and we're engaging with the broader set of technical and operational partners at country level such as through the UN country teams to identify those partners that are in a very good position to rapidly support national governments to scale up these preparedness and response activities.

Within this we've also got a measurement framework of being able to measure the progress towards preparedness and response and we'll be doing that on a regular basis.

MR Just to maybe add and give you a practical example, as of 3rd February, which I think was the day before yesterday, only two countries in Africa had the capacity to diagnose nCoV [?]. As of 7th February almost all countries in Africa will have that capacity. WHO has dispatched 250,000 properly standardised test kits to 70 countries all over the world. This was dispatched from Germany yesterday.

When you think this virus was only identified, isolated, characterised, sequenced and that sequence shared some time in the second week of January, to not be in the second week of February and already have standardised diagnostics going...

In addition to that 24 countries yesterday came to Senegal to the Institut Pasteur and NICD South Africa and Institut Pasteur trained those technicians. We did this in collaboration with the Africa CDC so those reagents will meet with trained technicians and we hope that every country in Africa will have that capacity.

Also that expense has been borne by WHO but through this process we've been able to negotiate a price for those diagnostics that's been one-tenth and one-100th of what they would cost on the open market so we've tried to create a good-value solution with a high-quality, standardised diagnostic network.

Again we're basing this on our existing global influenza surveillance network and the expansion of national influenza centres in Africa over the last number of years has created a much bigger infrastructure so we're seeing the progressive use of preparedness that's been in place before being used as a platform for expanding readiness and we see good things can come of this.

That's just one example and we need to do that for clinical management, we need to do that for social science, we need to do that for other things but we're not just talking about preparedness, we're actively doing it and when you look at the strategic response plan the vast majority of that over \$600 million is aimed directly at building the capacity of those countries.

When you look at those countries I think at the moment we have something like 27 countries that are at high risk of importing the virus or already have reported it that need direct assistance very quickly. Then we have a group of countries who have some capacities but will require some technical assistance and that's 34 so we have over 50 countries that already either have a high risk of importation or have a need for either direct operational assistance or technical assistance from us.

That's a big challenge and we very much rely on our regional office platforms and again we'd like to thank our colleagues in our six regional offices around the world who operate as the main platform for us to deliver that. So while we focus here on global support, global issues our regional offices are able to focus their effort on delivering the technical and operational assistance to the countries that need it.

UF What is the price of one test, please?

MR We'll get back to you on the actual price.

UF [Overtalking] so what is the normal price of the test?

MR We're benchmarking that against other tests that are available in case... We'll come back to you with the exact price. I don't have it here with me.

UF And how many countries in Africa...?

MK 24 will be delivered.

UF That need help?

MR It depends whether you're saying in our African region or on the African continent but...

UF African region?

MR 20.

SP Yes, 20. I would say, in terms of targeting countries, as Mike said, there're probably around 60 countries globally which we think have weaker health systems, which really are at high risk of imported cases and when the DG says the time to act is now, the window of opportunity is now, this is really getting this basic support package to these countries now. Within Africa that's probably roundabout 25 countries.

MO Okay, we'll take one more question, Bodhi, please. Go ahead, please.

GS The second question was for Latin America. Thank you so much; Gabriela Sotomayor, Mexico Processo. If you can talk about preparation and everything, the same question as Africa but for Latin America; thank you.

MR We'll come back to [inaudible]. We've broken them down by [inaudible]. Tomorrow we'll come back with some maps showing you that but in general, as a general statement South America and Central America have very strong laboratory networks in general because of polio, because of measles, because of other things. They generally have strong public health systems in that sense so we have more confidence and have less countries that directly need operational assistance but we will come back.

There are countries that have suffered recent shocks and who may need more assistance so let us come back to you tomorrow with a more precise...

GS Venezuela for example.

MR Exactly, so let us come back to you tomorrow with some more precision on that rather than speculating ourselves. We're an evidence-based organisation, as we'd like to be, so we clearly...

MO [Inaudible]. Dr Ryan has to leave as well so I really suggest that we stop the press conference here and if our other guests can stay for a little bit longer to answer one-on-one questions... Thank you very much to everyone and thank you for being with us. We will be here again tomorrow. Thank you.