



World Health Organization

COVID-19

Speaker key:

TJ	Tarik Jasarevic
TAG	Dr Tedros Adhanom Ghebreyesus
AN	Angelie
MR	Dr Michael Ryan
MK	Dr Maria Van Kerkhove
UF	Unidentified female speakers
UL	Uliana
JE	Jeremy
JO	Joanna
EC	Elizabeth Cousins

TJ Tomorrow so I'll give the floor to Dr Tedros.

TAG Thank you, Tarik, and good afternoon, everyone. I want to start today by acknowledging that even though COVID-19 has captured the world's attention there are still many other health issues people continue to face every single day and that WHO is continuing to work on. Babies are still being born, essential surgery is continuing, people still need emergency care after road traffic crashes, people still need treatment for cancer, diabetes, HIV, malaria and many other diseases.

And for all of this we need health workers. Today I want to send a personal and sincere thank you to every health worker around the world, especially nurses and midwives who we're celebrating this year through the International Year of the Nurse and the Midwife. You do a heroic job. We know that this crisis is putting a huge burden on you and your families. We know you're stretched to the limit.

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You have our admiration, our respect and our commitment to doing everything we can to keep you safe and enable you to do your job.

More than 132,000 cases of COVID-19 have now been reported to WHO from 123 countries and territories. 5,000 people have lost their lives; a tragic milestone. Europe has now become

the epicentre of the pandemic with more reported cases and deaths than the rest of the world combined apart from China. More cases are now being reported every day than were reported in China at the height of its epidemic. I will repeat this one; more cases are now being reported every day than were reported in China at the height of its epidemic.

We're encouraged that many countries are now acting on the eight pillars of WHO's strategic preparedness and response plan. Most countries now have a national plan. Most are taking a multi-sectoral approach and most have laboratory testing capacity. WHO has evidence-based guidance that every country can use according to each of the eight pillars and we're continuing to support countries to prepare and respond.

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We have shipped supplies of personal protective equipment to 56 countries and we're shipping to a further 28 countries and we have sent almost 1.5 million diagnostic tests to 120 countries. Our message to countries continues to be, you must take a comprehensive approach; not testing alone, not contact tracing alone, not quarantine alone, not social distancing alone; do it all.

Any country that looks at the experience of other countries with large epidemics and thinks, that won't happen to us, is making a deadly mistake. It can happen to any country. The experience of China, the Republic of Korea, Singapore and others clearly demonstrates that aggressive testing and contact tracing combined with social distancing measures and community mobilisation can prevent infections and save lives.

Japan is also demonstrating that a whole-of-government approach led by Prime Minister Abe himself supported by in-depth investigation of clusters is a critical step in reducing transmission. WHO has clear advice for governments, businesses and individuals; first prepare and be ready. Every person must know the signs and symptoms and how to protect themselves and others. Every health worker should be able to recognise this disease, provide care and know what to do with their patients.

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Every health facility should be ready to cope with large numbers of patients and ensure the safety of staff and patients. Second, detect, protect and treat. You can't fight a virus if you don't know where it is. Find, isolate, test and treat every case to break the chains of transmission. Every case we find and treat limits the expansion of the disease.

Third, reduce transmission. Do not just let this fire burn; isolate the sick and quarantine their contacts. In addition, measures that increase social distancing such as cancelling sporting events may help reduce transmission. These measures of course should be based on local context and risk assessment and should be time-limited. Even if you cannot stop transmission you can slow it down and save lives.

Fourth, innovate and learn. This is a new virus and a new situation. We're all learning and we must all find new ways to prevent infections, save lives and minimise impact. All countries have lessons to share. There are simple, effective things we can all do reduce the risk of infection for ourselves and those around us; clean our hands regularly with an alcohol-based rub or soap and water.

Cover your mouth and nose with your elbow if you cough or sneeze; stay home if you're sick, avoid unnecessary travel and large social gatherings; comply with the advice of your local or national health authority; find and share reliable information; and finally you can give. Together with the United Nations Foundation and the Swiss Philanthropy Foundation WHO is today launching the COVID-19 Solidarity Response Fund to enable individuals and organisations to contribute.

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Until now we have been relying mainly on governments to support the response. We thank all those countries who have supported WHO's strategic preparedness and response plan including Japan which this week contributed US\$155. Now everyone can contribute. Funds raised will be used to co-ordinate the response, to buy masks, gloves, gowns and goggles for health workers, to buy diagnostic tests, to improve surveillance and to invest in research and development.

To give to the COVID-19 Solidarity Response Fund go to who.int and look for the orange donate button at the top of the page. We thank Google, Facebook and the individuals who have already contributed. Every dollar donated is a dollar toward saving lives. We're all in this together. I thank you.

TJ Thank you, Dr Tedros. As we speak the a press release on the launch of the COVID-19 Solidarity Response Fund is being sent to you. Just to remind everyone, this press briefing is being broadcast on various platforms from our site, WHO Facebook, WHO Twitter account, the WHO YouTube channel as well as on LinkedIn so we will start with questions from journalists who are listening to us, who have either dialled in or who are watching us through Zoom.

We will start with Angelie from Yahoo finance.

AN Can you hear me? Great, thanks so much. I just wanted to know, in terms of the social distancing techniques that are being used and implemented, there've been some criticisms of them being [overtalking].

00:10:15

MR Yes, social distancing is a tried and tested method in slowing down the pace of epidemic spread and certainly in the cases of previous influenza pandemics social distancing has been used to some effect in slowing down the spread. Social distancing is based on a principle that you don't know who's infected and you're separating, putting social distance between everyone.

We have said again and again, many countries are not in that situation yet. Many countries are in a situation where the disease is recognisable, cases can be detected, contacts can be identified, quarantined and it is a more cost-effective intervention to separate some individuals from society than separate everybody in society from each other.

However where there is not a good handle, where there hasn't been a good understanding of disease transmission, where enough has not been invested in core public health interventions

such as case finding and contact tracing then social distancing measures may be our only option to create distance between individuals.

But as we've said in previous press conferences, they're very costly interventions in terms of societal acceptance, they're very costly in economic terms and they have to be used in a time-limited fashion with the specific purpose of slowing down infection enough to protect the health system and I think this is the difference.

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Very often in public health we use case finding and contact tracing to go after the virus, to stop, to interrupt, to push back. That's the purpose of those public health measures. The purpose of social distancing is only to slightly slow down the virus so your health system can cope. The objectives are different and I think that we have to be clear that social distancing measures are not a panacea, social distancing measures are not going to stop this epidemic, they're not going to stop this pandemic purely in their own right.

If countries want to really turn this around for those countries that are in a position to do that - and it's been clearly demonstrated in other places - then investing back in a measured, comprehensive strategy, as Dr Tedros has referred to it so many times, of trying to still do the kind of case finding, contact trading, isolation to push the virus back.

That is not to say that certain social distancing measures will not have a positive impact but they come at a cost and must be considered, as Dr Tedros has said, in the local context and there's a local context that is both in public health terms but also in societal acceptance terms. A society may accept social distancing in one part of the world and they may reject it in another and governments have to balance those genuine dilemmas around social and community acceptance.

MK If I can just complement that, in addition to what Mike has said, he mentioned this comprehensive package of measures and the DG has said this repeatedly so social distancing is one aspect that we have been promoting here but this is an addition to a lot of other measures that we have also been promoting which include case and contact finding, aggressive case and contact finding and testing.

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Testing needs to be appropriate in each country to ensure that we know who are cases and who are not cases. It also includes hand hygiene; washing your hands with soap and water, using an alcohol-based rub, making sure that you also practise respiratory etiquette, you are sneezing into your elbow or coughing into your elbow; making sure that we mobilise all of our population.

It is very important that every single person on the planet knows what the signs and symptoms of COVID-19 are. The signs and symptoms of COVID-19 are not sneezing and having a runny nose. It's a fever, it's a dry cough, it's aches and pains. It's very important that we know those differences. Some people will also have difficulty breathing and so knowing what the signs and symptoms are, knowing what your risk may be will help protect you and help protect your family.

TJ Thank you very much. Just to remind journalists to ask one question at a time. Let's try now with Banjo Cower from Downturn from India. Banjo, can you hear us?

BC Hello, can you hear me?

TJ Yes, we can hear you. Go ahead.

BC Okay. My question is, the US blocked the travel for all foreign nationals coming from across the globe. [Overtalking].

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MR [Inaudible] said that each sovereign country must decide upon its own measures to protect its population. What we've also consistently said is that blanket travel measures in their own right will do nothing to protect an individual state. In fact many countries who had outright travel bans early in this response ended up importing cases anyway and may have reacted later than they should have because they assumed travel restrictions would protect them.

So I think it's very important that the main focus in this fight is not on anything other than the public health measures, case detection, isolation, getting an increasing number of tests done. People who know their status can protect others. It's a little bit like in the HIV epidemic; until people could understand my status; if I know I'm infected I can protect others.

So we need to move to that sort of a stance and investing in the capacity to do that, investing in the ability to treat cases effectively and give proper reassurance and community education and community mobilisation.

As part of an overall comprehensive strategy there is a place, particularly inside national borders, for potentially restricting movement between zones as we've seen in certain places but there is rarely justification for blanket bans unless of course the context and the risk defines that. So it's difficult for us to comment on the individual action of an individual nation. We would have to fully understand the risk assessment and the vulnerability assessment that was carried out in India.

00:17:16

TJ Thank you very much. Let's try to get to NHK now. [Inaudible]. Otherwise NPR. Sorry. Then we will get to NHK over that. Do we have anyone from NPR?

UF Yes, hi, this is [overtalking].

MK I think there's something everyone can do to battle against stigma; to educate yourself about what this virus is, where it's circulating. No-one is at fault for getting infected with this virus. We need to help each other as best we can. We see many examples of countries helping each other within their own populations, whether this is providing some support to families who have infected cases, providing support to families who have members who are in quarantine, providing support to healthcare workers who are working on the front line, bringing them groceries or helping them clean their homes.

We need to all stand up to stigma, we need to stand up to people who are pointing out that someone may be at fault for being from a certain country. This absolutely should not be tolerated in any form and we do see many good examples of it and we need to make sure that we promote that but everyone has a responsibility here to do the right thing and to help each other out during this difficult time.

MR If I could add because there's another word that goes with stigma and that is exclusion and there are two processes here. One is, as Maria has very well explained, the issue of stigma associated with the disease or profiling according to that but there's also something we need to avoid.

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We've been speaking very much about those who are vulnerable in our societies and that vulnerability is very important to deal with but when we speak about that vulnerability we cannot forget migrants, we cannot forget undocumented workers, we cannot forget prisoners in prisons. They may be serving sentences but they deserve no less protection under the law than others so when we talk about stigma we also need to really look carefully at exclusion.

We're working very closely with the office of the High Commissioner for Human Rights, with the Red Cross movement. We were on the telephone this morning; we've been speaking about joint activities around issues like this. The director-general has said many times, we must leave no-one behind because the only way to beat this is to leave no-one behind. So when we talk about stigma we also need to avoid that but we need to avoid exclusion as well. We're in this together and I hope we can finish this together.

TAG Yes, I fully agree and this is everyone's business and nobody should be excluded but the only thing I would like to add to this is especially political leaders, religious leaders, community leaders have a special role to play here, to bridge and also to tell our followers to adhere to just basic morality, respecting others and this virus is a common enemy so I would expect and call upon all political leaders, religious leaders and community leaders to play a bigger role here.

00:21:06

TJ Thank you very much. Let's try to move to Karachi in Pakistan; Express Tribune. Do we have someone online? Hello, can you hear us, please? Yes, please go ahead.

UF Hi, hello.

TJ Hello, yes, we can hear you.

UF Hi, [inaudible].

TJ Yes, we can hear you. Please go ahead.

UF Hi, I'm [Unclear] from the Express Tribune.

TJ Okay, welcome, please...

UF My question is, what does the epidemiological outlook in Pakistan look like [unclear]?

TJ Thank you very much.

MR It's difficult to predict the epidemiologic outlook in any country. I have personally worked in Pakistan on polio eradication for nearly three years and very much enjoyed my time working with some excellent Pakistani colleagues working on infectious disease control, among them Dr Rana Saftar.

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So I think there's a great capacity in Pakistan, there's a great public health capacity but there are also great challenges. You have a highly mobile population, you have great megacities and you have many underserved people so there is a great challenge facing Pakistan but Pakistan has also demonstrated time and time again with dengue, with polio, with other diseases how all-of-government, all-of-society approaches can be made to work.

So we wish Pakistan all the best luck in the world and all of our assistance in supporting some fine public health servants in your country.

TJ Thank you very much. I hope this answered the question on Pakistan. Now we go to Moscow, to Konexant FM and we have Uliana calling. Uliana, can you hear us?

UL Yes, can you hear me?

TJ Yes. Please go ahead.

UL My questions are, when do you think the COVID-19 will peak in the world? And given that a vaccine has not yet been developed does WHO have any recommendations of drugs or medications that can be effective in the treatment process?

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TJ Thank you very much.

MK The first question is when will this peak in the world. It's a very good question and I'm sure everyone has that on their mind. One thing we are not able to do is to predict what will happen. What we need to do is prepare for any scenario and the trajectory of this pandemic, the trajectory of each epidemic in each country is dependent on the actions of each country.

So what we have seen in several countries in Asia; we've seen them tackle this virus, be aggressive in their approach in terms of finding their cases and contacts and having this comprehensive approach that we've discussed previously; mobilising their workforce, having an all-of-government, all-of-society approach. We've seen them turn the corner so we've seen them have very strong, very bad epidemics and have them peak - hopefully they've peaked.

China has certainly peaked and there's been a decline but there's always the chance that those cases can increase again so we always have to be on the ready to look for any cases that pop up.

With regard to the rest of the world, as I said, it will depend on how countries react to their first cases and if they have an aggressive approach to those first cases. For countries that are dealing with clusters of cases it will depend on how they aggressively look for the chains of transmission within those clusterings of cases, making sure that they identify every single case, every contact, separate the contacts, put them in quarantine.

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And for those countries that are dealing with much larger outbreaks and community transmission making sure that there's a much broader approach in terms of mobilising their entire workforce to support the response to this, making sure that their hospitals have the possibility to cope with increasing numbers of cases.

But it's impossible for us to say when this will peak globally. We hope that it is sooner rather than later but again we can't emphasise enough that there have been countries that have demonstrated the ability to turn the tide, to suppress transmission and it is in the hands of every country to be able to do that so we are hoping that more countries put more aggressive efforts into doing so.

MR On the issue of drugs and vaccines there are a large number of trials underway of therapeutic options and we will speak in more detail early next week. We are very excited with the level of solidarity and co-operation going on between member states, between scientific institutions who are putting together a global platform for being able to carry out these trails together using the same approaches, using the same protocols and sharing that data and being able to have a much more powerful opportunity to identify effective therapies.

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We will speak in much more detail on that next week. Equally on the vaccine side we're working extremely closely with SEPI but also with GAVI and other institutions and there is a major funding gap on that side as well. It's not just for the operational response and supporting countries with weaker health systems. We have to move now to manage the risks and make the investments we need to develop vaccines going into the future and we're working very closely with our colleagues in SEPI on that.

The fund that's been launched today will cover many aspects of that including investments in vaccine development through partner institutions like SEPI.

TJ Thank you very much. I will read one question that I received through SMS from DPA, German news agency, our friend Christian Ulrich, who's asking Dr Tedros but maybe also Mike, what are the biggest lessons the world can learn from the Ebola outbreak in Congo for fighting the epidemic.

MR It's difficult. Sometimes we over-extrapolate from one event to the other and sometimes we don't learn enough lessons and we don't adapt enough. I think what we've learnt in Ebola outbreaks is you need to react quickly, you need to go after the virus, you

need to stop the chains of transmission, you need to engage with communities very deeply; community acceptance is hugely important.

You need to be co-ordinated, you need to be coherent, you need to look at the other sectoral impacts, the schools and security and economic. So it's essentially many of those same lessons but the lessons I've learnt after so many Ebola outbreaks in my career are be fast, have no regrets; you must be the first mover. The virus will always get you if you don't move quickly and you need to be prepared and I say this.

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One of the great things in emergency response - and anyone who's involved in emergency response will know this - if you need to be right before you move you will never win. Perfection is the enemy of the good when it comes to emergency management. Speed trumps perfection and the problem in society we have at the moment is everyone is afraid of making a mistake, everyone is afraid of the consequence of error.

But the greatest error is not to move, the greatest error is to be paralysed by the fear of failure and I think that's the single biggest lessons I've learnt in Ebola responses in the past.

TJ We will move on. If we may try to get NHK this time around. NHK? Can you hear us? I think it's Shoko who is online. We don't have NHK. Let's move on. Chris, can we get Jeremy maybe who was online for some time now, from Radio French International? While we are waiting to get journalists online, just to remind you, we have announced the launch of the COVID-19 Solidarity Response Fund and we have colleagues online who can speak about that so we should really try to use them and ask questions about the fund itself.

But again it's a press conference and journalists can ask questions they want. Do we have Jeremy online?

00:30:16

JE Hello there. Can you hear me?

TJ Yes, Jeremy, please go ahead.

JE Okay. Good evening. I have my kid right next to me so you might hear [unclear]. I won't try today again to ask you who's doing poorly in Europe because I know that you don't want to talk too much about member states. But can I try and ask you who's doing well in Europe regarding containment versus mitigation measures? Then I can try to guess for myself who's doing poorly.

MR Yes, I think you've just answered my previous question. We are not seeking to identify those who do poorly or do well. We're trying to identify the best lessons we can all use, the best way to move forward together. No-one has done perfectly and no-one has made all the mistakes. We share all the errors together so we will share failure in the same way we will share success.

So if one person makes an error in a team do you blame the person or the team? Are we a team at global level? We are. Are we a team at national level? We should be. Are we a team

at community level? We should be so we won't break from that and if we have tough discussions we'll have them directly with our member states and with those governments.

MK If I can add something, I'm not going to answer that direct question but I want to say something; that if there are countries that are starting to identify cases and starting to identify large numbers of cases because they're looking, because they're doing aggressive case and contact finding they shouldn't be punished for that. It's really important that we support countries in doing the right measures and sometimes that's going to mean that case numbers are going to increase.

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In many countries it's going to get worse before it gets better and so I just urge everyone to take caution with that and that these numbers are going to increase so please look for cases, please do testing and find those cases so we can turn the tide.

MR If you want to evaluate any institution or governmental approach ask the questions the director-general asked; does every member of society know what to do, is every member of society informed, is every health worker protected, does every health worker know this disease and know what to do? If you can answer those questions as a government, as an institution, as a community then you're on the right track.

If you answer no to any of those questions you're not ready or you're not doing enough yet to be ready so I would point you back to the text of Tedros' speech.

TJ The text will be shared with the audio file in a couple of minutes, after we finish the briefing and we will finish soon. We have time for two more questions. We will start with Joanna from Meetings Today. We didn't have anyone from Meetings Today before so, Joanna, welcome. Can you hear us?

00:33:13

JO Yes, thank you, I appreciate it. Thank you for letting me ask this question. I'm in the meetings and hospitality industry and we have obviously been hit very hard. I took the chance and travelled to speak at a conference in the Pacific north-west in the US. My question is, we know that sports stars other stars and government officials are reporting when they've had contact with others and asking hotels and airlines in the United States what their process is in order to have anyone who finds out that they have been diagnosed with COVID-19 report back to the airline and the hotel, the organisation.

To the best of my knowledge nothing is in place. What should be done? Maria, this goes back a bit to your response about IDing contacts.

MK I'll take the first part and then Maria will follow up on the direct technical side. If the strategy is about case finding and contact tracing and truly focused on containment then any institution that was in the pathway of that person should be informed because there are potentially other contacts in that circumstance so no question in that regard.

In a mitigation strategy nobody is - very often people stop looking for those direct contacts and direct individual risks so therefore it's very difficult to go back to each institution when

you have a new case in a hospital; there's no public health authority mandated, funded or tasked with going back, finding out where that person might have been.

So it really depends on what the strategy of each individual government is and on a general level we work very closely with the World Tourism Organisation, with the civil aviation organisations, with the International Air Transport Association and so many others in trying to come up with common guidelines and common technical inputs for all of our partners in the hospitality and travel industry and we do feel for your industry in particular in terms of the impacts it's had on you.

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We thank you for your participation, your co-operation and for the sacrifices you're making to help cope with this pandemic and we certainly will work harder and especially in those contexts where it is possible to ask governments to share more risk information with your institutions.

MK Only to add to that that there does need to be a process in place to identify contacts of confirmed cases and in many situations, in many cities, in many governments there is a process in place. If you haven't been contacted as a known contact of a confirmed case contact your local department to health, contact your local ministry or your GP and say, I believe I'm a contact, what should I do?

There are plans in place to be able to give you the right advice about what to do if you have symptoms or not, if you should self-quarantine, to determine what is the nature of the type of contact that you have. These are very practical questions that I get quite often from my friends and family; what should I do? The best advice that we can give is to contact your local ministry of health or department of health depending on where you live, contact your healthcare provider and give them the circumstance in which you find yourself.

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There are measures that are in place to help you know what are the next steps you should take.

MR Yes, and on that, Maria, that depends on countries having in place a strategy that is still focused on giving that advice to contacts, on detecting cases and it would be most unfortunate if countries have abandoned that as part of their comprehensive strategy.

TJ Thank you very much. As we are getting near the end maybe we can call on our guest online from UN Foundation, if we can connect with Ms Cousins. If you can just tell us a little bit more about the Solidarity Response Fund, thank you very much.

EC Thank you very much, I'm pleased to do so. We know we are facing a crisis that is unprecedented in any of our lifetimes with coronavirus but we have also seen an extraordinary outpouring of interest from all sectors to help. We wanted to provide a fast, efficient vehicle for companies, philanthropy, even individuals to do so to help WHO's front-line effort in this fight.

You said earlier, we're all in this together, and we wanted to find a vehicle to allow all sectors to help solve it together. That's what the COVID-19 Solidarity Response Fund is all about. Let me give you the URL while we have a few moments; it is at www.covid19responsefund.org

We can take online donations from anywhere in the world. People can also send cheques and wire transfers from anywhere in the world to the fund through the UN Foundation. There is an email for that; covid19fund@unfoundation.org - that's covid19@unfoundation.org [sic].

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If you check the website you will also find information about our European partners, the Swiss Philanthropy Foundation and Transnational Giving Europe, which provide additional vehicles for European donors and contributors. We're very grateful to be able to work so closely with our partners at WHO, throughout the UN system and of course with the Swiss Philanthropy Foundation in this effort and we are humbled by the ability to contribute. Thank you very much.

TJ Thank you very much, Elizabeth. This was Elizabeth Cousins, who is the COO and president of the United Nations Foundation. We hope that your call will be heard by the people from all over the world. Maybe we will go to the last question before we close. Let's try to take Sara from Davex. Sara, can you hear us? Hello, do we have Sara from Davex online? If not then we will conclude here.

UF [Inaudible].

TJ We have technical problems. We will conclude here. I will thank our guests here in WHO operations room. I also thank our guests online and we will send you the audio file for this briefing. We have sent you already the press release regarding the launch of the COVID-19 Solidarity Response Fund. We wish you a very nice weekend and we will see you on Monday, Dr Tedros, I hope. Thank you very much.

TJ Thank you. Thank you, Tarik. Thank you, all.

00:40:46