

COVID-19

A. Virtual Press conference

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00:00:20

TJ Hello, everyone, from WHO headquarters here in Geneva. Welcome to our regular press conference regarding the situation with COVID-19. Today we will have a special guest, as we have announced in the media advisory, and Dr Tedros will introduce them. We also have Dr Maria Van Kerkhove and Dr Mike Ryan. We have, as we had on the previous days, simultaneous interpretation in six UN languages plus Portuguese and I will thank the interpreters who are here with us.

Also we have sent you a number of press releases today so I hope you've got those and some of them are about the topics that we will hear about today. Before we go to questions Dr Tedros will have remarks and he will also introduce our guests. Dr Tedros.

TAG Thank you. Thank you, Tarik. Good morning, good afternoon and good evening. Three months ago I convened the Emergency Committee under the International Health Regulations and after receiving their advice I declared a Global Health Emergency, WHO's highest level of alarm, on January 30th.

Yesterday I reconvened the Emergency Committee to review the evolution of the pandemic and advise me accordingly after three months. The Committee consists of independent international experts representing all regions and a full range of relevant expertise. I would like to thank the chair of the Committee, Professor Didier Houssin, and all the Committee members.

Of course the pandemic remains a Public Health Emergency of International Concern. The Committee has made several recommendations for WHO and for countries. To outline those recommendations I would now like to invite Professor Houssin to say a few words. Professor, you have the floor.

DH The International Health Regulations; the Emergency Committee met yesterday, three months after the declaration of a PHEIC by the DG of the WHO.

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First let me thank also the members of the EC, which met yesterday for six hours. They listened first to the analysis of the situation by the Emergency Directors of the six regions of the WHO and by the Secretariat, which has a global view as to the situation. Clearly a huge amount of work has been done at WHO at all levels and by member states to try to face this pandemic.

Clearly also there are differences; differences between regions. In some regions the impact of the disease is very severe; in some others it is less severe. Many things have been accomplished but challenges are still present and challenges are huge.

After three months the EC members were first asked to state whether this terrible event is still a Public Health Emergency of International Concern and, as you said, Dr Tedros, the answer was quite simple; it is clear, the advice to the DG was clear; yes, COVID-19 is still a Public Health Emergency of International Concern; the COVID-19 pandemic is not finished.

EC members were then asked to study advice formulated in January; should these recommendations be abandoned, should they be modified, should they be completed? Two categories of advice were issued by the Committee which I would like to very briefly not review but just to identify some of the most important ones.

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More than 20 recommendations were addressed to WHO and I would like to focus on four of them; the increased efforts towards fragile states and vulnerable countries and to mitigate possible disruption of food supply in some countries. Interruption of travel, of air travel in some cases, is a big handicap to cargo transportation and this is a risk which needs to be addressed.

Second, to develop strategic guidance with partners for a safe return to normal operation of passenger travel. This is a difficult issue because it's a question of confidence in member states; it's a question of safe travel but it's also a very important aspect for the activities in many countries which are relying very much on air travel.

The third one is to revise recommendations on appropriate travel measures and to analyse their effect on COVID-19 transmission with consideration - this is a very important point - to the balance between benefit and unintended consequences.

Then we address also a series of recommendations, also more than 20, to the member states and I would like to focus very briefly on three of them; first to support WHO leadership. We have only one WHO and we are in the middle of a pandemic.

Second, work with WHO and multisectoral partners to interrupt virus transmission using all the techniques and methods which can be used, considering of course the unintended consequences which can arise in some circumstances.

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Finally I think it's very important to address the knowledge gaps with regard to research. We know too little about the transmission of the virus. We have at the moment nothing for prevention with vaccines and we have at the moment no licensed therapeutics. This should change. Thank you very much.

TJ Thank you very much, Professor Didier Houssin, for these remarks. I will give the floor again to Dr Tedros.

TAG Thank you. Thank you, Professor Houssin. I would like to make a few remarks about the Committee's advice for WHO. We appreciate the confidence and trust expressed by the Committee in WHO to continue to lead and co-ordinate the global response to the pandemic in collaboration with countries and partners. We're committed to fulfilling that role and to accelerating our efforts.

WHO will continue supporting all countries with technical and logistical support, especially those that need it most. We accept the Committee's advice that WHO works to identify the animal source of the virus through international scientific and collaborative missions, in collaboration with the World Organization for Animal Health and the Food and Agriculture Organization of the United Nations.

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We will continue supporting countries to sustain essential health services including vaccination, care for women during pregnancy and childbirth, and care for non-communicable diseases including mental health conditions. As we have done clearly from the beginning we will continue to call on countries to implement a comprehensive package of measures to find, isolate, test and treat every case and trace every contact.

We will continue working with countries and partners to enable essential travel needed for pandemic response, humanitarian relief and cargo operations and for countries to gradually resume normal passenger travel. As Professor Houssin explained, the Committee has also made recommendations for countries and we encourage countries to pay careful attention to that advice.

We encourage countries to follow WHO's advice, which we're constantly reviewing and updating as we learn more about the virus and as we learn more from countries about best practices for responding to it. In accordance with the International Health Regulations I will reconvene the Emergency Committee again in 90 days or sooner if needed.

As you remember, last Friday we joined the European Commission and other partners to launch the ACT accelerator to ensure all people enjoy access to all the tools to prevent, detect and treat COVID-19. This coming Monday, May 4th, the Commission will host a pledging conference to generate funds for investment in vaccine research. I hope you have heard the call from the President of the European Commission, President Ursula Van Der Leyen.

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Today we're deepening our relationship with the European Union by signing a new memorandum of understanding with the European Investment Bank, EIB. This agreement covers five main areas of work. First WHO and European Investment Bank

will collaborate on a new European Union malaria fund to address market failures in developing more effective vaccines, drugs and diagnostics for malaria.

Although malaria deaths have fallen by more than half since the year 2000 progress has stalled in recent years and may even reverse if the COVID-19 pandemic disrupts malaria control programmes. Last year WHO's Strategic Advisory Group on malaria eradication and the Lancet Committee on malaria eradication both concluded that we will need new tools if we're to achieve the dream of eradicating malaria.

Both reports called for increased investment in research and development to deliver new tools. With WHO's technical expertise and the European Investment Bank's financial muscle we're confident of accelerating the development of those new tools.

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Second, our two organisations will work together to foster the development of new, innovative antibacterial treatments. Antibiotic resistance is one of the most urgent health challenge of our time. It threatens to unravel a century of medical progress and leave us defenceless against infections that were previously easily treated.

Investment in antibiotic development has continued to decline. Some small antibiotic companies went bankrupt in 2019 because of the limited profitability of the new antibiotics. Very few new antibiotics are in the pipeline. Most of them offer little benefit over existing treatments and very few target the most critical resistant bacteria.

To address this challenge WHO and the European Investment Bank are working on a fund to invest in the development of new antibiotics for priority pathogens. WHO and EIB now are in discussions with potential investors and other stakeholders on this initiative.

Third, we'll work together to strengthen primary healthcare and build resilient health systems. The COVID-19 crisis has illustrated that even the most sophisticated health systems have struggled to cope with the pandemic. WHO has great concerns about the potential impact the virus could have as it starts to accelerate in countries with weaker health systems.

With the EIB we will therefore work urgently to invest in health infrastructure and health workers in ten countries in Africa and the Middle East to start with.

Four, EIB and WHO are exploring how the European Investment Bank could support the COVID-19 supply chain system to facilitate the distribution of diagnostics, personal protective equipment and other medical supplies to countries that need them most.

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Fifth, we will work together to study market failures in other areas of public health to examine how innovative financing could help overcome investment barriers and increase access to life-saving products and services.

The EIB has rich experience in innovative financing. I learned from my friend, Werner Hoyer, today that the EIB were pioneers of the so-called green bonds 30 years ago to generate funds for climate and environmental projects, billions of dollars. We look forward to seeing how that type of innovative financing could deliver real results for global health when WHO is advocating health for all.

As you know, we have been saying, all roads should lead to universal health coverage and it's actually more important now than ever during COVID pandemics to say exactly the same; all roads should lead to universal health coverage; health for all.

WHO is deeply grateful to the European Investment Bank for its support and collaboration. I would now like to invite the President of the European Investment Bank, Mr Werner Hoyer, to say a few words. Vielen dank, my friend, and you have the floor.

00:17:06

WH Thank you very much. Merci beaucoup, Dr Tedros. It's a great pleasure and honour to be with you today. Around the world the COVID-19 pandemic is leaving a global trail of health, social and economic destruction that is unprecedented in peacetime since the Great Depression of the 1930s.

The coronavirus pandemic has exposed weaknesses in many health and economic systems and it has also shown vulnerabilities in the global community's ability to prevent and to respond to pandemic threats. Facing such a global challenge the response needs to be co-ordinated, it needs to be bold, it needs to be quick and it needs to be reactive to a changing environment.

I would like to thank WHO and Dr Tedros in particular for their leadership and for their tireless efforts. As the EU bank we are fully committed to strengthening the European Union's global response and as the largest multilateral investment bank in the world by assets we believe that we have a responsibility to act and can play an important role in the global response.

Cooperation with WHO is formalised today with the signature of this agreement but our teams have been working on the grounds together and learning from each other, implementing health projects for some time now. Indeed in recent years the EU bank has provided more than \$2.3 billion annually for healthcare and life science investments across Europe and the world.

Since the pandemic was declared the European Investment Bank has transformed its support for health and business investment to help tackle new challenges.

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European heads of state and government have recently called on the EIB to support 200 billion of new financing so the European economy is part of the joint EU response.

Outside the European Union we have committed to provide one-third of the EU response; that is 5.2 billion for COVID-19-related health and business investment needs following discussions with partners across 100 countries.

On Monday afternoon - Dr Tedros already mentioned it - we will together participate in the [unclear] conference bringing together the European Union, G20 and UN partners to step up research, investment in vaccine research. As part of the pledging conference I will outline how the EIB is currently assessing more than 20 vaccine development, diagnostics and treatment projects which could provide up to €700 million of new investment.

So, ladies and gentlemen, my colleagues and I are pleased that today we can step up our long-standing co-operation with the World Health Organization at this time of need. This fits perfectly into our co-operation with the United Nations organisation in general and its suborganisations.

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Our new partnership combines the WHO's unparalleled health expert leads and the EIB's financial strengths and creativity. It will help people who are innovative by financing solutions for our impact health investment and successful lifetimes for research and development. This is exactly the international co-ordination needed for international challenges.

It comes at a time of need as we look at the longer term and at the wide spectrum of activities and projects, as confirmed by Dr Tedros, this new agreement will allow the EIB and the WHO to support the up to 250 million EU malaria fund, where we co-operate so closely also with the European Union, represented by the Commission, and the Bill and Melinda Gates Foundation.

It will bring together public and private partners to develop and to deliver more active malaria treatment at a time when ongoing research efforts are threatened by COVID-19. The EU bank has a successful track record of overcoming investment gaps across priority sectors. Market failure continues to proven improvement of health globally.

We addressed these failures by crowding in and mobilising finance for projects who are responding to societal needs. I think this is the key issue; we need to mobilise also

private sector finance in order to research our objectives. Dr Tedros just referred to us 13 years ago as the first issuer of green bonds. The bank was considered lunatic. Now this market is more than \$900 billion heavy and is a big success and in my talks with the Secretary-General of the United Nations I promise that we will explore these possibilities which we have explored with green bonds also for other sustainable development goals; health and education being one of the key sectors there.

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Together with WHO we want to [?] not only accelerate investment in public health systems but also focus support on addressing antimicrobial resistance alongside malaria. It is essential that new investment successfully addresses the risk that current antimicrobial treatments will no longer be effective. We estimate that at least €1 billion is needed to provide medium-term solutions to antimicrobial resistance.

Today's agreement will enable the EU bank, the WHO and new partners to accelerate work on the new financing initiative. This will support development of novel antimicrobials and the drugs investment gap. We are seeing on a daily basis investment to strengthen resilience to pandemics and public health emergencies and this is essential to save lives and protect economic activity so we will be able to support vulnerable countries around the world which are facing huge pressures on limited health infrastructure and enable them to better tackle the effect of COVID-19.

In the coming weeks EIB and WHO alongside other UN partners will strengthen public health preparedness by supporting new health investment, starting with ten countries across Africa. Indeed as part of team Europe we have committed to supporting €1.4 billion to COVID-19 financing in sub-Saharan Africa.

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Our combined effort in the coming months and years will strengthen the value of the work of the UN supply chain system, improving the provision of equipment, will accelerate investment in primary healthcare and pandemic preparedness. This will include increasing investment in health workers and including water and sanitation infrastructure. Together as an international community we need to step up investments global health [unclear]. I believe the aforementioned is an important step.

Let me thank all those involved in making today's agreement with the WHO possible. Dr Tedros, thanks to you and your collaborators on this great initiative. I know that there are much more important issues to discuss today, as we have just heard, but if there are any questions on our activities I'm ready to respond.

TJ Thank you very much, Mr Hoyer, for your remarks and thank you also for agreeing to stay with us for possible questions that may come from journalists. Dr Tedros will now formalise this agreement by signing the Memorandum of

Understanding between the World Health Organization and the European Investment Bank.

TAG Okay, thank you. Thank you, my friend, Werner. I have the MoU with me. Mr Hoyer has already signed so it's an honour for me to sign.

Thank you. That's it signed and thank you so much to the European Investment Bank for its support and especially to my friend, Mr Werner Hoyer. Thank you so much. Together we will find...

00:26:03

WH Thank you so much.

TAG Thank you, vielen dank.

WH We'll get it done.

TJ Now we will open the floor for questions from journalists. I will remind everyone to be very short and have only one question if possible. As we have simultaneous interpretation in six UN languages - Russian, English, French, Spanish, Arabic, Chinese - and also Portuguese journalists may ask questions in the language they prefer. We will open the floor and we will start with Sara Reeton from Politico. Sara, if you can just indicate for whom your question is.

SA Yes, this is Sara Reeton with Politico Europe. My question is for Mr Hoyer. Thank you very much for participating. My question is, we are talking about the event on Monday that is focused on equitable access; likewise the event last week was focused on equitable access. The EIB is currently in negotiations with CureVac right now about the terms of the equity investment that the board approved and so I'm wondering what, if any, requirements the EIB will insist on as part of its terms to ensure equal access for CureVac's vaccine if it does turn out to be successful.

Will you insist on things like making the IP available, things like making sure the price is accessible?

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I did also just want to clarify; the money for health systems in sub-Saharan Africa; is that in the form of a loan that will need to be paid back or is that a different type of financing? Thank you.

WH On the latter question, to be quite blunt, EIB is a bank and the statutes of the bank exclude the granting of subsidies so indeed it's a loan. The big advantage of this institution, of this EU bank is as a treaty-based institution of the European Union we can co-operate closely with the European Union, represented by the Commission, and combine grants given by the European Union with loans given by us.

We call this blending and I think it is key to see that the business model of the bank always consists of combining lending which is normal activity for a bank; lending which the European Union can put into it via the Commission; and thirdly - last but not least - also advising. We need for these activities also advisory capacity and I think there the co-operation between WHO and EIB is particularly relevant.

So on CureVac, I don't want to and cannot go into the details because CureVac is not the only partner with which we negotiate but since we are bound by public policy objectives we of course look at the issues that you have indicated, that it goes without saying because we have to provide a level playing field and we have to provide equal access; there is no doubt about that.

TJ Thank you very much, Mr Hoyer. I hope this answers the question from Sara Reeton from Politico. Now we will go to Uganda, to Pamela Mwanda from Uganda Radio Network. Pamela, please unmute yourself and ask a question.

PA Hello.

TJ Hello. Yes, we can hear you.

PA My question goes to Dr Tedros. Following the Emergency Committee's sitting what is your general advice to countries around the world in regard to how they should handle lock-downs, lifting of lock-downs and the way forward to handling the virus?

MR This is a challenge that governments all around the world are facing right now and as you know, governments have implemented different forms of public health and social measures, which many people know as lock-downs so it's very difficult to give specific advice at a global level that is relevant to any individual country.

What we clearly recognise is that public health and social measures have been effective in suppressing the intense transmission of the virus in many countries and that's been achieved by different forms of lock-down in different countries. Exiting from there requires a very careful, well-planned process that's based on, number one, understanding the exact epidemiology of the disease in your country or at subnational level; so do you understand the problem, do you understand where the virus is?

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On the basis of that is the virus coming under control, are you seeing a falling rate of infections? Do you have in place public health surveillance measures to identify, test, trace and isolate? Do communities have the necessary information to protect themselves and do they have the necessary means to protect themselves through physical distancing, hand-washing, etc?

And has the health service been strengthened to a point where it can treat all of the cases effectively and protect health workers where adequate PPE? So they're the

types of considerations that countries need to make. Then obviously countries need to consider in the process of opening up their societies and their economies which measures to change or relax first and how to measure the impact of those changes.

What we hope obviously to see is that the reproductive number or the R_0 of the epidemic in any individual country will not jump up because of easing of certain measures. So it's really important that countries ease those measures, that they're constantly on the look-out for a jump in infections and in particular are dealing with transmission in special settings.

We've seen in many countries; in Europe and North America we've seen the disease in long-term care facilities; in places like Singapore the disease in dormitories for migrant workers. So what we need to be able to do is understand that even if the disease is under control in the general population there may be vulnerable populations or contexts in which the disease can take off again, spread, cause death and potentially transmit back into the general community.

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So what we are advising is that countries take this measured, stepwise approach to the process and be ready if necessary to put back in place some of those public health and social measures if needed should the disease jump back up.

We do recognise and I think all governments recognise the difficulty of maintaining lock-downs for social, psychological and economic reasons. This is not easy and we also recognise that particularly in developing countries where the immediate economic impacts on contract workers and those who work from day to day for their daily bread is even more profound.

We are very anxious that we can move to a situation where the disease can be kept under control with less severe measures but at the same time we want to avoid a situation where we release measures too easily and then we bounce back into intense transmission and we have to do it all over again.

These are very, very difficult judgments for governments to make but they must be done carefully and with eyes wide open.

TJ Thank you very much, Dr Ryan. I hope this answers the question that came from Pamela from Uganda Network of Radio. Next question is from National Geographic; Sikan Akban. If you can hear us, Mr Akban, please ask your question.

SK Hello, can you hear me?

TJ Yes.

SK Thank you for taking my question and it is for anyone willing to answer. Given what we know now about how the disease spread rapidly from China does the

Emergency Committee have any regrets over declining to declare a Global Health Emergency during its first meetings on January 22nd and January 23rd and if you could make the decision again would you make it differently?

MR Maybe I can just clarify that the Emergency Committee does not make such a declaration; it offers advice to the Director-General on making such a declaration. I think the DG has spoken about this before. The Committee met and deliberated at that first meeting and in fact extended its deliberations into the next day and did not reach a consensus. There was very much not a consensus around whether the event constituted a Global Public Health Emergency at that point.

The Committee did though ask that WHO collect more information and seek to clarify that situation and be able to come back and provide more input with effective member states in order for them to be able to reach a determination and advise the DG accordingly.

As you know, in that subsequent week much more investigation was done in affected countries. We saw also a mission to China led by the Director-General himself and immediately on return from China he convened the Committee again.

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We presented, as well as countries presented, further data to the committee and at that point the committee assessed that a Global Public Health Emergency existed and advised the DG accordingly and he subsequently declared that the same day.

TAG Thank you. That's a very important question so I would like to add to what Mike said. As Mike said, the meetings of the Emergency Committee - the last meeting was on January 22nd and then followed by January 23rd. On both days they discussed whether to declare an emergency or not but they were divided.

As you also know, the Emergency Committee is not like a parliament so if they're divided they don't go into votes but they actually propose to collect more information and more evidence and then come back and see if they can reach a consensus.

A Committee that advises a science and evidence-based organisation should make sure that the right evidence is collected to reach a consensus on the recommendations they make to WHO or to me as DG.

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That's why during their meetings on January 22nd and 23rd, since they were divided because of lack of information they had proposed to me to meet again after a few days to collect information and they didn't recommend Global Emergency on January 23rd.

Then after a few days they got information and evidence and they came back. I reconvened again on January 30th and they were then very confident because of the

information they collected and when they decided the Global Emergency on January 30th they had a consensus to recommend that to me. This was based on science and evidence.

During that time on January 30th the number of cases we had outside China was only 82 cases and there was no death, meaning - I repeat again - the world had enough time to intervene and I can say it again; me and my colleagues believed that - and the Emergency Committee - this Public Health Emergency, the Global Emergency on January 30th was actually declared in a timely fashion that allowed enough time for the rest of the world to respond because we only had 82 cases and no deaths - I repeat, 82 cases and no deaths.

To declare a Global Emergency in that situation, I think, says it all. Anything between 22 and 30th January was to collect information.

Then the other thing I would like to say is even between 22nd or 23rd January and 30th January we didn't waste any time, we didn't want to waste any time and, as Mike said, we had to move immediately, travel to Beijing immediately to discuss with the leadership and to find, to see for ourselves the situation in China.

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I remember then people telling us, advising us not to travel to China because this virus is new, you don't know how it behaves, you're putting your life at risk. We said, no, we go because there are people who are putting themselves at risk in China and elsewhere so our lives are no different from theirs. We're actually the responsible guys to fight the virus and other outbreaks so we should put ourselves first actually and we will go.

The virus is unknown but we're not afraid of the virus. We will go and check even if it's putting ourselves at risk. That was when there were many unknowns of the virus; travelling to the country where the outbreak was raging. But it's not just travel to China which should be considered as a big deal because, as you know, when Ebola was raging in DRC with my colleagues we have travelled - myself included - in one year 14 times; it's almost once a month because we need to be on the ground to see for ourselves and that's what we did.

Within the two meetings between 23rd January and 30th January no time was wasted to see for ourselves, even exposing ourselves to a virus which, we don't know how it behaves and that's what we do not only for corona but Ebola and Ebola in DRC, not just exposing ourselves to Ebola 14 times but exposing ourselves to the bullets in eastern DRC because there is a security problem in eastern DRC, in North Kivu but that's WHO's job.

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That's why we say we're proud to be WHO because we always put our lives on the line to save lives and that's why I'm proud to be WHO and to join all my colleagues because they put their lives on the line every single day. We lost people in DRC; they gave their lives while saving others' and even recently we lost our colleague in Myanmar collecting a sample for COVID and he was killed.

That was what we did within the five days we had. That's the time when we also agreed with China to send the international experts to go and assist China to check for themselves, which was a ground-breaking negotiation and agreement that China agreed. The experts were from many countries like Japan, South Korea, the United States, Singapore, Russia, Nigeria and others.

They opened up to work with international experts and that's what we did between 23rd January and 30th January. I repeat, 30th January was a timely declaration of the highest level of global emergency based on the international health regulation, which is WHO's mandate.

TJ Thank you very much. Maybe Professor Houssin would like to add something to this; the chair of the Emergency committee.

DH I think that Dr Tedros explained very clearly the situation and the situation in which the Emergency Committee was on 22nd and 23rd. That is, on 22nd and 23rd there were four cases abroad, of course with no death and of course in French we call it [French language]; an easy task but it is more difficult to look forward and to anticipate what will happen exactly.

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So I think that, as Dr Tedros said, the declaration of a PHEIC was made at the right time. You'll remember that sometimes WHO is accused of being too early, as in 2009 for H1N1; too late, as for Ebola. I think in this case WHO decided in a timely manner. Thank you.

TJ Thank you very much, Professor Houssin, the chair of the Emergency Committee group of independent experts. Just to let you know, we have just sent the statement of the Emergency Committee so you should have it in your inbox. We will go to the next question; that's Gabriela Sotomayor from Mexican News Agency. Gabriela. Gabriela, can you hear us? You need to unmute...

GA [Spanish language].

TR Good. Thank you very much for giving me the floor. It's a pleasure to be able to speak in Spanish. Our concern is that in Mexico the death rate of 9.4 is much higher than in the United States for instance so I'd like to know what you know about the situation in Mexico and what's being done in terms of the lock-down and that there

aren't tests being carried out, there haven't been very many tests carried out, as you recommend.

So what risks are there of just following one strategy, in other words, if you had to choose between a lock-down and public health measures including testing, testing and testing which one would you choose?

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MK I can start and perhaps Mike or DG would like to supplement. You had a couple of questions in there; the first one about mortality. I think we've spent a little bit of time trying to describe the difficulties in estimating mortality as events unfold. There's quite some variation in mortality by country if you actually look at how many... if it's defined as how many deaths are reported among the cases that are reported and there're challenges with that.

One is depending on the testing strategy and how much testing is being done you may be missing cases that are on the more mild end of the spectrum and so that's important to understand.

In terms of mortality and capturing deaths many countries right now are struggling to capture the deaths that are occurring from COVID-19. There's a very good example across Europe through the EUROMOMO project which is capturing excess mortality in many countries across Europe and excess mortality right now is very high.

So I think it will take some time for us to really understand which deaths are due to COVID-19 directly in terms of the infection causing that death and which of the deaths are associated with COVID-19, either because someone has died because they didn't get care... for some other reason.

I think it's going to take some time so we have to be careful when we compare mortality from Mexico versus mortality from the United States versus mortality - even within a country and so there are some challenges there.

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Your other question about whether we do testing or whether we do public health measures; that's not the right question unfortunately. It has to be all of these measures together, it has to be. Testing alone does not work. Contact tracing alone does not work. Lock-downs alone do not work. It has to be part of a comprehensive strategy.

Testing needs to be strategic. It can't be testing every single person in the population; it's just not feasible, it's just not possible. We have tried to be very clear in our testing strategy in prioritising your tests for suspect cases; testing suspect cases and contacts who develop symptoms. That's the priority.

In situations where testing may become challenging because the tests aren't available or the reagents aren't available or the swabs are not available then you need to be even more strategic and maybe focus on those individuals who may develop severe disease and require care; maybe focusing more intensively on healthcare workers.

It's a long-winded answer because it's complicated. It depends on the situation that you're in but it has to be a series of measures that are put in place. It cannot be one situation, one measure alone. The DG has said, not testing alone, not contact tracing alone, not isolation alone, not quarantine alone, not lock-down alone; all of these measures.

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Physical distancing is important; hand hygiene is important; respiratory etiquette is always important so it's all of these measures that need to be considered when either intensifying them or lifting them.

MR Just to supplement very quickly, from the perspective of the situation in Mexico there have been 716,752 cases in Mexico as of yesterday with 1,569 deaths but the number of cases is up 76% week on week and the number of deaths is up 83 so there's no question that in the case of Mexico this is still a very active epidemic in Mexico. I don't have at hand obviously the subnational data so I won't speak to the different patterns that may be occurring at the state level.

When you calculate a crude case fatality of those confirmed cases and deaths that case fatality is of the order of 9% and that can mean a number of things but what it usually means at this stage in an epidemic is that there's under-detection of the milder cases. That's what we see in many situations; a higher case fatality and then as you test more people and you detect more mild cases that proportion drops over time.

It can also reflect and has reflected, as you've seen around the world, that when the health system comes under pressure and intensive care beds come under pressure patient outcomes can be affected by the lack of oxygen or the lack of availability of ventilators, etc.

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So I would say that Mexico, like many countries in Central and South America, is on an increasing trend. More needs to be done in terms of surveillance, testing and obviously our regional office for the Americas, the Pan-American health Organization, is working very closely with authorities in Mexico to support them in improving surveillance and improving patient outcomes.

I know Mexico has at least nine registered clinical trials and it also has shown interest or has requested to be part of our solidarity trial so we thank Mexico for that. We thank Mexico for its openness and data sharing and we will do all that we can at WHO and at

PAHO to support their response because right now the situation in Mexico is still evolving, still developing and obviously more needs to be done to bring the disease under control.

TJ Thank you very much, Dr Van Kerkhove and Dr Ryan. Next question is coming from Malaysia; Randy. Randy, can you hear us? You would need to unmute yourself.

RA Sorry. I can hear you now, yes.

TJ Yes.

RA Thank you for taking my question. I'm Randy from the Telegraph. My question goes to the WHO in Geneva. I'd like to ask you a question with regard to the spread of the virus in prisons and mental health institutions in Indonesia, the Philippines and basically the rest of south-east Asia. How worrying is the situation in the region in general, do you think, and what do governments in the region have to do more to tackle this crisis that might be taking place in those facilities? Thank you.

00:55:21

MR Thanks for the question. I don't have specific numbers on the impact on prisons or mental health institutions in countries in south-east Asia but it's something we've issued guidance on in both cases. It's a concern. We've said the same about long-term care facilities in Europe; dormitories for migrants in many countries in the Middle East, in South Africa, in Singapore; prisons all over the world.

We've talked about cruise ships and other types of vessels. We've talked about any long-term care facilities and we've spoken and we've been so concerned about these facilities for two reasons. One is that if a disease gets into a closed community the disease can spread very quickly. In fact one of the most successful programmes for doing sentinel surveillance for influenza over the last 30 or 40 years was using boarding schools to check for the disease because once influenza arrived in a boarding school it spread like wildfire.

So you could pick up a signal of the arrival of influenza in a country by these groupings of people who amplified the disease. They almost became like amplifiers so anywhere where people come together a respiratory illness will spread quickly. That's always a difficulty and a problem.

00:56:47

If it's a young, healthy community that are infected then obviously the impact on them may be less but at the same time could be significant. When that disease gets into an institution or a facility in which there are many vulnerable people, be it people with underlying conditions, older populations, then the impact of the disease, not just the transmission, is great.

I've said this before at these press sessions; it doesn't matter if you're in prison, it doesn't matter what your crime is; all citizens and all people in society deserve to be protected under the law and as such there are responsibilities for all those who manage facilities to, number one, try and shield those facilities from disease getting in; having the necessary measures in place to reduce the chance that disease will spread.

That means having the capacity to detect very quickly and I think one of the things in an institution that needs to be done really, really quickly is the first signal, the very first signal that something is wrong you need to react very quickly. You need to be able to remove any individual that's suspected of being a case very quickly from that grouping and you need to test because a spark in a situation like that turns into a fire very, very quickly.

00:58:09

Implementing those types of measures - hygiene measures, surveillance measures and physical distancing measures - is a very constrained issue because prisons have a limited size. Some countries have dealt with that by releasing prisoners for non-violent crimes or prisoners towards the end of their sentences. That can be done.

Authorities in Singapore are working very hard to improve hygiene and physical distancing in the migrant dormitories there. It's much more complex in certain other situations. People very often in mental health institutions have significant other needs and they need to have that care and support so you can't leave people without that support.

I think not only are there significant mental health implications of the pandemic itself on individuals but there are people who have significant mental health problems who need constant support and it's a very complex issue; how do you reduce the chances of infection in these facilities while still being able to deliver adequate care?

But it also speaks, I think, in the long run to the whole concept of large-scale institutionalisation of people with mental health difficulties. I think we need to find more sustainable solutions for dealing with those in our society who suffer mental health illness.

Large mental health institutions in which people are sometimes abandoned is not necessarily - not only from an epidemic point of view - a good societal solution for dealing with those in our society who are unfortunate enough to deal with long-term mental health issues.

01:00:09

TJ Thank you very much, Dr Ryan. Next question is from Swiss news, Laurent Sierra. Laurent, please, if you hear us, go ahead. Laurent...

LA Can you hear me?

TJ Yes.

LA Thanks for taking my question. A question to Dr Tedros; you briefed again the missions yesterday. I was wondering whether the countries whose leaders have been vocal in criticising the WHO, like the US and Brazil, are still actively taking part in these briefings or do you face boycotts and what kind of engagement are you able to maintain with these countries?

TAG Yes, thank you for that question. We are actually in constant contact and we work together. Thank you.

TJ Thank you very much. Let's try to go to Morocco now and Moroccan World News. We have a Kristen Ganaris. Kristen, can you hear us?

KR Yes, I can.

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

01:01:44

KR Thank you so much for taking my question. My question is regarding the WHO and EIB support for, you mentioned, ten African countries. I'm curious as to which countries will be supported by this partnership and what the selection criteria are for that.

TJ Thank you very much. Do we have Mr Hoyer online? Maybe Mr Hoyer would like to start.

WH I'm in but I must disappoint you because this communication has not gone to the respective governments yet and therefore for the time being I cannot respond to this. Together with the WHO we will do that within the next couple of days.

TJ Okay. Thank you very much, Mr Hoyer, for this. Let me just see. Who do we still have online? Let's take Jamie Keaton from Associated Press. Jamie, if you hear us please unmute yourself.

JA Are we good?

TJ Jamie?

JA Can you hear me?

TJ Yes, now it's okay.

JA Okay, great, thank you. Hi, thank you very much for taking my question. I have just a quick question for Dr Tedros and then a follow-up to Dr Houssin. Does WHO believe that the Wuhan Institute of Virology was the origin of the coronavirus and what are you doing to try to find out if it was?

01:03:38

TJ Thank you, Jamie.

JA Just a quick follow-up for Dr Houssin because there was a very interesting question from National Geographic earlier and I just wanted to make sure we followed up on that. President Trump... Dr Houssin, you mentioned [French language], which could be translated as hindsight is 20/20, I think.

President Trump has been very severe with WHO and yesterday called it a public relations agency for China. How much should the Emergency Committee also be taking some of the heat from President Trump and can you tell us, if any, which of your members spoke out against declaring a PHEIC on 22nd/23rd January. Thank you.

TJ Jamie, we said one question per journalist. Thank you.

JA It was a follow-up.

TJ Professor Houssin, do you want to?

DH Again I must say that I am not entitled to disclose the discussions which occurred during the Emergency Committee because there is a confidentiality agreement which was signed so I shall not say what was the position of each of the members during the press conference on 22nd and 23rd.

01:05:01

I said that the committee was divided 50/50 and that there was a need to find a consensus to provide advice to the DG. At that time the consensus was that it was a bit too early to declare a PHEIC because there were four cases abroad and that it could be re-examined of course following a few days.

Nevertheless, as Dr Tedros said, recommendations were made which were allowing to start all the measures that would be necessary to implement in such a situation. This is the only thing I can say on this matter. For the political aspect I think Dr Tedros is perhaps better placed than me to respond. Thank you.

TJ Thank you very much.

MR I can take... Welcome, Jamie. These conferences aren't the same without you so thank you for your question. With regard to the origins of the virus in Wuhan, we have listened again and again to numerous scientists who've looked at the sequences and looked at this virus and we are assured that this virus is natural in origin and what is important is that we establish what that natural host for this virus is.

The primary purpose of doing that is to ensure that we understand the virus more, we understand the animal/human interface and we understand how the animal/human species barrier was breached. The purpose of understanding that is that we can put in

place the necessary prevention and public health measures to prevent that happening again anywhere. We are pursuing that and working and offering support to authorities to carry out such studies that will allow us to determine those very unfortunate outcomes which will help us determine what the right steps are to ensure that this does not happen again.

01:07:28

TJ Thank you very much. Next question is Xinhua news agency; Mr Wong, if I'm not wrong. We will try to get [overtalking].

WO Can you hear me?

TJ Yes. Please.

WO Okay, thank you for taking my question. The question is for Dr Tedros. In Wuhan, the central Chinese city that was hardest-hit by the epidemic the number of COVID-19 patients in serious conditions has dropped to zero last Friday. So what is WHO's comment on the response efforts in Wuhan? Thank you.

MK I can start. That's very, very welcome news to hear, that there are no more severe cases, no more patients in Wuhan. China has worked very hard to bring the outbreak under control. I was there for two weeks and working directly with Ministry officials and officials from all different sectors from hospitals through communities, to really see what was put in place to bring those numbers down.

01:08:39

We have learned, the world has learned from China, as it has from all countries that are dealing with COVID-19 and it is welcomed news to hear that there are no severe cases in Wuhan. That city really has had the hardest hit early on. There are a number of cities that are dealing with this now and we need to continue to learn from Wuhan and how they are lifting those measures, how they are bringing society back to normal or a new normal in terms of how we are going to live with this virus going forward.

But we welcome all actions by all countries that are putting in place measures to suppress transition, to identify patients early so that those early patients don't progress to severe disease. We welcome the innovation and the treatments that are in clinical trials right now, that are looking so hard to find treatments to prevent people from dying from COVID-19.

We welcome all... and we thank the healthcare workers who have put themselves on the front lines to care for patients, to be away from their own families to care for patients, to prevent those individuals who are infected with COVID-19 from dying. So nothing but admiration and thanks for the tireless efforts of the people of Wuhan, not

just the healthcare workers but the individuals who stayed in their homes, who adhered to the public health measures for extended periods of time.

We take our hats off to you and we thank you for your commitment and your service and for sharing with us and the world what you've been able to do. So congratulations to Wuhan on this achievement and we know that you will remain vigilant to find any additional cases that come because this is far from over and we know that and everyone stands alert to find cases as quickly as possible.

01:10:39

TJ Thank you very much. We have time for one or two more questions so we will try to go to Spain now; Kristina, Mas Diaria. Kristina, can you hear us? Hello, we are trying to get Kristina from Spain.

KR Hello.

TJ Yes.

KR Yes. Yes, hello. Can you hear me?

TJ Yes, we can.

KR Thank you for answering my question. I would like to ask Dr Maria Van Kerkhove if she could [inaudible] to understand where we are now in the evolution of the pandemic.

MK Can you repeat, please?

KR If you can help us to have a portrait of the current situation at the world level; thank you very much.

01:11:27

MK Thank you for the question. That's a difficult question in terms of where we are in this evolution. Clearly many countries are in the difficult time right now in terms of dealing with this outbreak. Countries across Asia have had their first wave of infection and many have been able to suppress the virus, have been able to bring the virus under control.

We are seeing some countries which have seen a resurgence, namely in outbreaks, in clusters of cases, either in expat dormitories or in major cities so we're learning from Asia. In Europe we're seeing stabilisation in many countries. We're seeing a decline in others so that is welcome news but many countries have imposed very strict public health and social measures or so-called lock-down measures and are looking to ease those.

So we cautiously need to see how with the lifting of those measures, how that will impact the virus in terms of its ability to transmit further. We are seeing increases in a

number of countries across the Americas and we've covered a couple of those today already but there are many countries which are seeing an increase, which is a worrying trend.

We're seeing a number of countries in the eastern Mediterranean region see a stabilisation and a decline in their cases and again this is welcome news in terms of their ability to suppress this virus but again they have also imposed strict public health and social measures so we need to watch with caution as those increase.

The situation in Africa; there are a number of countries that are still seeing low numbers of cases and there are opportunities in Africa, in many countries across Africa to be able to prevent the ability of this virus to take off.

01:13:29

Again it's a complex picture across the globe of where we are. I think it is very clear that we have a long way to go. The early seroepidemiologic investigations that are being conducted are indicating to us that a large proportion of the population remains susceptible, which means that the virus has the opportunity to infect more people.

So it's important that all countries remain vigilant and keep in place their workforce to detect the virus, to detect people who have the virus and care for them appropriately, to isolate them, to find and trace all contacts and quarantine those contacts, to ensure that the public is fully informed of the situation in each country and at the lowest administrative level.

Because it's important that the public go with us on this and really understand that we have a long way to go. So we do see encouraging trends and I think we need to celebrate those successes but we need to remain humble and we need to remain vigilant because this virus likes to find the cracks and it will exploit those cracks and find every opportunity to take off if it can so we must do everything that we can to prevent that from happening.

01:14:52

MR Can I just supplement; I think Maria's given an excellent overview. I just want to highlight one particular situation that we're become increasingly concerned with and that is the rising number of cases in countries affected by fragility, conflict and with high numbers of vulnerable populations; refugees or displaced populations.

Over the last week and number of weeks we've seen worrying increases of disease in Haiti, in Somalia, in Sudan, in South Sudan, in Yemen, in Syria, in Afghanistan, in Sierra Leone, in the Central African Republic and we're most recently investigating a serious cluster of respiratory disease in adults in Kano in northern Nigeria.

We remain deeply concerned about the impact that this disease will have in communities who are already greatly underserved, have many underlying conditions and it's a real concern for the humanitarian community. I know Mark Lowcock, the Under-Secretary-General for Humanitarian Affairs, and the Director-General launched a humanitarian appeal a number of weeks ago now but there's still a lot of work to do in countries.

We need to get sustainable access to all populations in all countries and we need to be able to deliver essential health services as well as COVID response and I think it's truly important that this happens because these populations have already suffered too much and the extra impact of COVID-19 at this point can be avoided if we rush to provide the extra support that's needed for these people who live on all sides of conflict.

01:16:42

As the Secretary-General has called for on a number of occasions we need a de-escalation of conflict in these situations in order for a proper COVID-19 response to be mounted. No-one on this planet will be safe until everyone is safe and we cannot let this disease spread unchecked in these communities. It is neither the right thing to do nor is it the smart thing to do.

TJ Maybe we'll take a last question before we finish here; Catrine Fiancan from France 24. Catrine.

CA Yes, do you hear me? Hello? Do you hear me?

TJ Yes.

CA Okay, good afternoon. Thank you for taking my question. I would like to come back on the lifting of the lock-downs because, as you know, on May 11th the countries that have been the most hit by the coronavirus in Europe and in the United States are allowing kids to go back to school and some people to open restaurants again.

I would like to see you [unclear] us what you know about the children because in order for parents not to be nervous people say that children cannot be affected, that they cannot transmit COVID. Could you please tell us what is exactly the knowledge, what you know about the virus for the moment and also how long does the virus stay alive on a surface? Do you have a precise idea for the moment. Thank you so much to you.

01:18:30

MK Thank you for the question. This is an important question. As you know, we are learning more about this virus every day and we are all concerned about the impact of this virus on children. What we know from data from all countries that we are receiving data from is that children appear to be less affected in developing disease.

That means when you look at the number of case that are reported from all countries a very small proportion of those are children, ranging between 1% and upwards of 5% being among children up to the age of 18 and in some countries 19 so it's a small proportion of the total number of cases detected.

Among those children who are identified as having COVID-19 the vast majority of them develop mild disease and recover and that is very important. We are trying to understand why that is and there are studies that are underway to better help us understand that.

There are some children, some who have had underlying conditions, others who have not, who have developed severe disease who have had critical disease and some children have died so we cannot say universally that it's a mild disease in children. But the vast majority of children who have been identified as having COVID-19 have had mild disease.

You heard of a report the other day of an inflammatory disease in some children that was identified in the UK. That is significant in the sense that we have astute clinicians and nurses and healthcare professionals who are looking at how this infection is impacting the body and they picked up a signal. This may be a real signal having to do with COVID-19 or it actually may not have to do with COVID-19 at all.

01:20:20

What we've done within our clinical network, which is our global clinical network, is raised the alert to say, please look out for this. We thank our colleagues in the UK for raising this so that we can better understand if this is something that is actually related to COVID-19.

Just to summarise on the disease, the overwhelming majority of children who are detected have mild disease and that's important. With regard to transmission children are susceptible to infection which means that they can get infected and from the studies that have been conducted, which are well-designed studies in households for example, they looked at if adults are transmitting it to children or if children are transmitting it to adults.

In most of those studies it's adults transmitting to children but there have been some instances where it's suspected that the children infected the adults so it can go both ways. Again we need more information to better understand this but children do remain susceptible and they can get infected with this virus but they do tend to have mild disease.

01:21:31

TJ Thank you very much. We will conclude today's press briefing. I will just ask Professor Houssin and Mr Hoyer if they would like to add something at the end. Maybe we start with Professor Houssin.

DH Thank you very much. I have nothing to add. I think everything was said. Thank you.

TJ Thank you very much for your participation, Professor Houssin. Mr Hoyer, would you like to have some final words?

WH [Inaudible] that we are going to [inaudible].

TJ We didn't hear you. Can you just repeat, please? You were on mute.

WH [Inaudible].

TJ Sorry. Can you just please try it one more time because we couldn't hear you. Unmute yourself, please.

WH Something seems to be wrong with the unmuting here.

TJ Now it's okay.

WH Okay. Thank you very much for the opportunity and let's start a great co-operation. Good luck in your work.

TJ Thank you very much for your participation.

TAG Thank you. Thank you, Professor Houssin and also my friend, Werner, and I would like to thank all who have joined and I would like to wish everybody Happy Labour Day. Have a nice weekend. This too will pass and the antidote is solidarity. Let's stay together. Thank you so much and see you on Monday.

TJ We will have an audio file available very shortly and a transcript hopefully tomorrow. Have a nice weekend and Happy Labour Day.

01:23:29