

COVID-19

Virtual Press conference

27 May 2020

Speaker key:

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MK	Dr Maria Van Kerkhove
MR	Dr Michael Ryan
ST	Stephane
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JO	John
DE	Devia
WI	Will
AN	Anias

00:00:00

TJ Hello, everyone, from WHO headquarters here in Geneva. My name is Tarik and I welcome you to our regular press conference on COVID-19. Welcome to everyone watching us on a number of WHO social media platforms and to all journalists who are following us on Zoom. Journalists who are online have the possibility to listen to this briefing with simultaneous interpretation in six UN languages plus Portuguese plus Hindi. Journalists also may ask their questions in those six languages plus Portuguese.

Today with us we have Director-General, Dr Tedros, we have Maria Van Kerkhove, we have Dr Mike Ryan and we have our special guest, Professor Thomas Zeltner, who the Director-

General will introduce in more detail. Before I give the floor to Dr Tedros I would just like to thank the interpreters who are with us here today and also to ask journalists who want to ask a question to raise their hand and that way they will be put in line.

I will remind everyone that we would like to have concise questions and one question per journalist. Now I will give the floor to Dr Tedros.

TAG Thank you. Thank you, Tarik. Tarik didn't join us on Monday because it was his birthday so happy birthday for Monday to Tarik. Thank you, Tarik.

00:01:40

Good morning, good afternoon and good evening. Yesterday 40 million health professionals sent a letter to the leaders of each of the G20 nations calling for a healthy and green recovery from COVID-19. I fully support this. The human cost of COVID-19 has been devastating and the so-called lock-down measures have turned lives upside-down.

But the pandemic has given us a glimpse of what our world could look like if we took the bold steps that are needed to curb climate change and air pollution. Our air and water can be cleaner, our streets can be quieter and safer and many of us have found new ways to work while spending more time with our families.

Yesterday WHO published our manifesto for a green and healthy recovery from COVID-19 with six simple prescriptions. First, protect nature, which is the source of the air, water and food on which human health depend. Second, ensure that homes and health facilities have water and sanitation, access to clean and reliable energy and are resilient to climate change.

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Third, invest in a quick transition to clean energy that will cut air pollution so that when COVID-19 has been defeated people can breathe clean air. Fourth, promote healthy and sustainable food systems to give people access to healthy and affordable food.

Fifth, build cities that integrate health into all aspects of urban planning from sustainable transport systems to healthy housing. Sixth, stop subsidising fossil fuels that cause pollution and drive climate change.

As some countries start to reopen their societies and economies the question we must answer is whether we will just return to the

way things were or whether we will learn the lessons the pandemic is teaching us about our relationship with our planet.

Building back better means building back greener. When I started as Director-General almost three years ago one of the first things I did was to put out a call to all staff to contribute ideas for how to transform WHO and make it more effective and I was asking many of my colleagues, saying please generate crazy ideas to transform our organisation.

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One of the ways I did that was by instituting open hour where any staff member can come to talk to me about any issue they want every Thursday afternoon. These ideas became the basis of the transformation process we have been implementing over the past few years and I would like to use this opportunity to thank all staff who contributed their ideas that are now changing the face of WHO.

At one of the first meetings a staff member proposed the creation of a WHO foundation. The idea was to establish a way to generate funding for WHO from sources we haven't tapped before including the general public. Until now WHO has been one of the few international organisations which has not received donations from the general public.

I immediately recognised the enormous potential in this idea thanks to the staff who suggested this idea. It's well documented that one of the greatest threats to WHO's success is that less than 20% of our budget comes in the form of flexible access contribution from member states while more than 80% is voluntary contributions from member states and other donors, which are usually tightly earmarked for specific programmes.

In effect that means WHO has little discretion over the way it spends its funds, almost 80% of its funds. We have been working hard to encourage member states to increase the proportion of flexible funds they give us and we are very grateful to those countries that have given us greater flexibility in recent years.

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There is improvement but for WHO to fulfil its mission and mandate there is a clear need to broaden our donor base and to improve both the quantity and quality of funding we receive, meaning more flexible funding.

Since February 2018 we have been hard at work supporting the establishment of the WHO Foundation and today after hard work

of more than two years it gives us enormous pleasure to launch the WHO Foundation officially. This is a historic step for WHO as an integral part of our resource mobilisation strategy to broaden the contributor base.

The WHO Foundation was not ready to launch when the COVID-19 pandemic began so with the support of the United Nations Foundation, the Swiss Philanthropy Foundation and several other partners we launched the COVID-19 Solidarity Response Fund. In just two-and-a-half months this fund has raised more than US\$214 million from more than 400,000 individuals and companies, including \$55 million from the One World Together at Home virtual concert.

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These funds have been used to buy lab diagnostics, personal protective equipment and to fund research and development including for vaccines. The Solidarity Response Fund is powerful proof of concept for the WHO Foundation. To further promote the Solidarity Response Fund WHO has partnered with the animation studio Illumination to launch a public service announcement today aimed at children featuring the beloved animated characters, The Minions and Gru, voiced by the actor Steve Carrell, to promote ways for people to stay safe from COVID-19.

The Solidarity Response Fund will continue to receive donations to support WHO's work on COVID-19 while the WHO Foundation will have to fund all elements of WHO's work and be fully aligned with our priorities. It now gives me great pleasure to introduce Professor Thomas Zeltner, who is the founder and Chair of the board of the WHO Foundation.

Professor Zeltner is a Swiss physician and lawyer with a long and distinguished career in public health including as Director-General of the national health authority and as Swiss Secretary of State for Health. Professor Zeltner, thank you for your support and collaboration over the past 18 months. The floor is yours to speak about the new WHO Foundation which is being born today. Thank you, Professor.

00:10:45

TZ Thank you so much, Dr Tedros, for welcoming me here in Geneva. It's really an honour and I'm very pleased to have the opportunity to speak on this topic today. It is important and indeed a very important day and I'm very thrilled to announce the formal creation of the WHO Foundation.

What I will do is addressing five key points briefly the following points. First, what is WHO Foundation? Secondly, why is it need? Third, how will it make a different? Fourth, what is the relation between the Foundation and WHO? And finally, where are we today and what are the next steps?

Let me start with the first; what is the WHO Foundation? The Foundation is an independent grant-making organisation set up under Swiss law. Its primary mission is to address the most pressing global health challenges of today and tomorrow by raising significant new funding for WHO from non-traditional sources - and I stress that; from non-traditional sources.

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The Foundation will work with individual major donors, with the general public and with corporate partners to strengthen the global health ecosystem by supporting WHO's resource mobilisation strategy, broadening WHO's donor base and supporting its five-year strategy, also known as the general programme of work.

Second, some may ask, why is this Foundation needed? The creation of the Foundation represents a truly innovative approach to diversifying WHO's resource mobilisation strategy. This new approach is clearly an urgent need, as illustrated by the tremendous response of the donation to the COVID-19 Solidarity Response Fund that Dr Tedros just alluded to and showed how important it is.

While pandemic preparedness and response will also be one of the areas of the WHO Foundation the Foundation's mission is much broader than this and will cover all areas of global public health in which WHO is working.

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We will do this by supporting global public health needs from a wide range, from prevention, mental health to non-communicable diseases to emergency preparedness and health system strengthening.

Three, how will this foundation make a difference?

[Spanish language]

TZ What is the relation of the Foundation with WHO? The Foundation is an independent legal entity formed under the laws of Switzerland. The name is being licensed on a revocable basis

in accordance with terms and conditions stipulated in an agreement between the WHO and the Foundation.

The Foundation has been established - and that's a legal requirement - by me as a Swiss citizen in the Canton of Geneva here, in close collaboration with WHO and supported by an independent philanthropic consulting firm.

WHO will maintain close links with the Foundation. In this regard the Director-General will designate a representative to attend the Foundation board meetings as an observer. WHO will also periodically report to member states on its interaction with the Foundation and funds received from it.

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All funding from the WHO Foundation to WHO will be fully aligned with the programme budget decided by member states and given as flexibly and predictably as possible.

The last point; what are the next steps for the Foundation? While we have established a possibility to receive donations right now under a new homepage, whofoundationproject.org - and I invite you to look at it and to feel free to donate - we currently are in the process of forming a secretariat for the Foundation and starting a search for a CEO.

In addition we are in the process of expanding the board to include prominent and diverse personalities from all WHO regions. I'm truly humbled and honoured to be the founder of this initiative and thank you, Dr Tedros, very much for this opportunity, for your confidence and for all your support in launching this initiative, which has been in the making for two years, as you mentioned.

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I would also like to thank the advisory group that has helped us in establishing this Foundation very much; thank you all, members of this group. We very much look forward now to engaging with individual major donors, with the general public and corporate partners to tailor partnerships with the ultimate goal of supporting SDG3 to help future generations to overcome health challenges of today and to thrive tomorrow.

WHO deserves a strong, independent external advocate who can support and strengthen its impact in the global health ecosystem and this Foundation will do just that. Thank you so much.

TJ Thank you very much, Dr Tedros and Professor Zeltner. Now Professor Zeltner and the Director-General, Dr Tedros, will sign the Memorandum of Understanding between WHO and the WHO Foundation.

TAG Many pages.

TJ Congratulations to both Professor Zeltner and to the Director-General for signing the memorandum of Understanding between WHO and the WHO Foundation. Thank you. Now we will start our question-and-answer session with journalists. I will remind journalists that they can listen to answers and ask their questions in six UN languages and Portuguese and they can also listen in Hindi. We would like if possible to have short and concise questions. We will start first with our colleague based here in Geneva, Laurent Sierra from Swiss News. Laurent.

00:23:12

LA Yes, thanks, Tarik. Can you hear me?

TJ Yes, very well.

LA Thank you and thank you for taking my question, a question to Dr Tedros on the new Foundation that was just announced. I know that it's an independent foundation but given the recent tensions with the US on the funding of the organisation do you consider that as a model for future reforms of the funding structure of the organisation in order to prevent that in the future one member state could jeopardise the efforts of the organisation?

TAG As I said earlier, this started more than two years ago and it came from one of our colleagues actually. As I said, I have what I call open hour every Thursday afternoon and our staff come in to see me to tell me any ideas they have to improve our organisation.

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As you know, for any organisation to serve the people they serve better they have to evolve regularly and in WHO we consider change as a constant. That's why staff any time can come, not only two, three years ago but now; they come every Thursday - we have even started it virtually now - to talk to me, to give me advice so that's how we got this idea and it's continuing.

When we started, when this idea came it was based on the problems we have been facing and we're still facing. Most of the

funding we get which is 80% is not flexible, it's earmarked and our discretion to use it based on other priorities is really limited.

That's why we said, I think, in order to improve flexibility we need to have additional resources, un-earmarked resources and this is a good solution and we have to pursue it. Not only does it help us of course to improve the quality of the funding we have but we also knew that it can address the other problem we face, meaning most of the funding comes from a limited number of donors, especially the voluntary and it can help us in broadening the base, not only the quality of the funding itself.

Having additional resources - especially, as the Professor said, the funding will come from non-traditional... so it's a plus and it increases the sources of funding we get.

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But not only that; we want also additional funding because based on the transformation we had we need to invest more in programmes, especially if you take the healthy population, one of the pillars we have which is least funded. This idea helps us, the WHO Foundation, to increase the volume too, the quantity so we can expand our programmes.

Investing in healthy populations is really key in promoting health. We as WHO have to focus on keeping people healthy. Our focus should not be managing disease but on preventing it from happening and helping people to lead a healthy life. That's one area which is least funded, which addresses the root causes of the problem.

This is the food we eat, the air we breathe, the environment we live in and the other factors that can bring ill-health or can keep us healthy. Investing in promoting health is very important and that's why the additional funding we can get through this Foundation and of course other sources can help us also to really invest in this one programme which is least funded, which we identified now based on the transformation as one pillar and the major pillar; actually we call it the entry pillar because that's the healthy population's promotion of health which is the entry pillar and the most important.

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The reform had been completed, the design part, by March 2019 and this was part of that design and it was already one year into the process last year. This has many benefits, as I said, and it has nothing to do with the recent funding issues but this is something

that started with the transformation that can help the organisation or WHO to improve the quality of funding, to increase the amount of funding, to serve the people that we serve in a better way. Thank you.

TJ Thank you very much, Dr Tedros. We will try to go to the next question, which comes from Nicola Norbrook from Jeune Afrique. Nicola, you would need to unmute yourself.

NI Can you hear me?

TJ Yes, Nicola. Please go ahead.

00:29:47

NI Great, thank you very much. Good afternoon. Many African governments are now starting to reopen their economies. What can they learn from countries worldwide who have themselves already started to emerge from lock-down? Are there any cheap or low-tech versions of contact tracing that might be available to them for example and if not how should they go about this opening-up?

MK Thank you very much for the question. Indeed, there is a lot that all countries can learn from each other as we learn about the virus, as we learn about which control measures work and how they're implemented as well as how many of these public health and social measures or so-called lock-downs are lifted.

What we are learning from all countries that are starting to initiate the lifting of these measures is that it needs to be done in a slow and staggered way and it needs to be done using a data-driven approach meaning, do we have the public health infrastructure in place to know where the virus is?

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The low-tech solutions that you mention are people; they are the workforce that needs to be in place to be able to find cases, to be able to test for those cases, to be able to care for individuals who are infected with COVID-19 depending on the severity of their symptoms and to be able to trace the contacts and quarantine the contacts.

That needs people, it needs a workforce that is educated and trained, that can perform those functions. There are apps that we have talked about before that can support that but it doesn't eliminate the need for people. What we are learning from those that are lifting the lock-down is that the ones that can do this

well, the ones that are teaching us have the public health infrastructure in place.

In several countries in Asia for example, in countries in Europe that are lifting these measures what they're able to do is quickly identify cases and look at the metrics; how many cases are being detected, what does the bed occupancy look like, what are the numbers of deaths over time, what is the reproduction number? There're certain criteria that need to be looked at and that is something that all countries can do.

But the best advice we have learned is that it needs to be done in a slow way. Not all measures can be lifted at once, certainly not nation-wide; taking an approach of looking at where transmission is least and looking at that at a geographic level but also doing it in a slow way.

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MR I'd maybe add here, there's a perception that all technology and all knowledge moves from north to south on this planet. In fact when we look at something as fundamental to public health and to stopping epidemics as contact tracing in fact I think the south is teaching the north or the north is rediscovering just how important core public health infrastructure, workforce, case finding, contact tracing and simple quarantine measures are and how central these are to stopping new viruses; respiratory viruses, other viruses like haemorrhagic fever viruses, for which we don't have treatments or vaccines.

Our best protection against diseases for which we don't have treatments or vaccines, for which we understand some part of the transmission dynamic and where we can break the chains of transmission - and we'd like to thank those countries in the south, particularly those countries who've faced these types of epidemic over the last number of years, who've really honed the techniques for efficient case finding and contact tracing and many of those techniques are in fact being reabsorbed into countries of the north.

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Another issue is we have this perception that the public health part of the equation is the cheap and cheerful part and then we have the health system part and that's the sophisticated, technological part and that's what costs all the money. This is maybe one of the misconceptions.

We have fundamentally underinvested in the public health architecture in all countries, north and south and many countries have found that when they went looking for the public health systems, when they went looking for the public health workforce, when the system needed to quickly find cases, investigate clusters, track contacts we didn't have that architecture in place in a lot of countries, north and south.

I think we're learning a fundamental lesson, that that inability to aggressively control, contain and suppress infection has to an extent led to the need for much more stringent and broader-based public health and social measures and lock-downs and we've seen in countries...

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I think one of the analyses we've been doing here; we've been looking at the experience of countries - and countries have been coming and working with us - at the different combinations of response that countries have used from the surveillance to the community engagement to physical distancing to all of the different measures.

What appears to be successful; it's not that every country who was successful did everything perfectly. It's that countries that have been successful have moved early and have used a combination of responses with public health surveillance at its core; case finding, tracing, testing and those key components of public health response.

I think the lesson we need to learn everywhere - it's not what can other countries learn. Even in countries who've just had a big epidemic and may have a second wave at some point in the future we need to be absolutely sure the public health surveillance architecture, the public health surveillance workforce; these are core investments we need to make now.

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We don't have time to wait to build a public health workforce and we thank those countries in the south, particularly those countries in conflict, who've kept alive the concepts of contact tracing and in which we've learnt and honed the techniques for doing that efficiently.

TJ Many thanks for this answer to Nicola from Jeune Afrique. The next question comes from Stephane Busara from [Unclear]. Stephane.

ST Yes, hello, thank you. I have a question for Professor Zeltner. As of donations and funding of the WHO Foundation, how will you make sure that they will comply with the principles of WHO? Thank you.

TZ Thank you very much for that point. We will apply the principles of FENSA and investigate that there are no conflicts of interest from the money we receive. That's the first step we'll take. If there are questions and we're not sure whether there may be a conflict of interest then we can consult WHO and will talk with WHO about whether that is a donation that might be in conflict.

The third step is that we're offering a donation, an additional funding. WHO as a matter of fact is free to accept it or not so even if we think everything is fine, is clear WHO or the Secretary are still in a position to say no, we think there is a problem.

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So I think we have a couple of hurdles to make sure that we comply with the stringent and rightly-set-up principles.

TJ Thank you. Thank you very much, Professor Zeltner, for this answer. Now will go to Deutsche Welle and we have Rosie with us. I understand Rosie is not with us right now so we will try Economic Times, India where we have Devia. Hello, Devia. Devia, can you unmute yourself, please? We are trying to get a connection with the Economic Times, India. You would need to click unmute.

We may come back to the Economic Times, India. Let's try Brazil now; Letitia Nisa from Brazil.

LE Hi. I have a question about prediction of the pandemic. Since 2005 WHO has predicted a pandemic could happen and advised members to take preventive measures. Has any country followed the directions and what could have been done, especially in Brazil which is now the epicentre of the coronavirus?

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MK I could start this on this and then maybe Mike or DG would like to supplement. Yes, WHO is always thing about epidemic and pandemic preparedness. It's one of the foundations of the work that we do and we have been thinking about it for a long time. There are many things that we have put in place and are working through our regional offices and country offices to support member states in terms of pandemic preparedness.

The most obvious one is around influenza pandemic preparedness where we have pandemic preparedness plans that are developed at the national level and we work with countries to develop those plans and get systems in place to be able to activate for a novel influenza pandemic.

There's a whole series of work and this is based on decades of experience with influenza, knowing what we know about that pathogen and knowing how it operates and the fact that it's not a matter of if, it's a matter of when.

In addition to that we also have a programme of work where we're looking at emerging pathogens and many of these pathogens emerge from animals. We work with FAO and OIE, our partner agencies, to look at improving surveillance in animals. We're working with them directly to look at surveillance at the animal-human interface for the possibility that there may be a new pathogen that may be detected and may spill over, meaning that it transmits from animals to humans, and that we can capture that quickly.

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We work with member states on the development of surveillance in animals, surveillance in humans and preparing for rapid-response investigations. So it's the workforce that we're talking about, it's this public health infrastructure and workforce ready to do these rapid investigations around the time of a potential emergence.

Before this pandemic my focal-point area was around MERS where we were looking at within the Middle East all of the opportunities, all of the times when this virus jumped from a camel to a human to do rapid investigations to ensure that the virus didn't have an opportunity to transmit further.

We have a number of areas of work. Within our R&D blueprint you've heard of what we call disease X which is something that was coined several years ago where we were looking at what is going to be the next pathogen that emerges and all of these diseases in some respect are disease X including COVID-19.

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That's getting the systems in place to be able to look at the development of diagnostics, the development of therapeutics, the development of vaccines for the next pathogen and we use our experiences with coronaviruses, with influenzas, thinking of

smallpox if that were to re-emerge. That's the only virus that's been eradicated.

Looking at mosquito-borne pathogens, looking at Zika, chikungunya, plague so there're a lot of things that are on our radar. COVID-19's just one of many emerging diseases that we are constantly looking at even today but the programme of work continues and we work with all countries to build their infrastructure to be able to prepare for an eventuality like this.

TAG Thank you, Maria. I would like to add a couple of lines. Not only was WHO warning about a pandemic which is based on the vulnerability of our world; not once but many times; it could be ten years ago, five years ago, even two years ago, last year. It has been a repeated reminder from WHO.

But at the same time we have been working on transforming the organisation. As part of the transformation which I said, which helped to now lead into the establishment of the WHO Foundation, we have been investing also in emergency preparedness.

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That's why we have the first emergency preparedness division, giving more attention to emergency preparedness and it was really starting to deliver; it's a new division.

The second is we have established an independent body, a global preparedness monitoring board. This was in partnership with the World Bank and the President of the World Bank and myself co-convened that independent board. It's co-chaired by our former Director-General, Dr Gro Harlem, and the former Secretary-General of IFRC, Dr As Sy.

They have already released their first independent report last August with the title, A World At Risk, showing the vulnerability and the risk we have in terms of pandemics. The report underlines that the world is not prepared.

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These are the two additions from the transformation but not only that; there are other things we have been doing, especially the focus on countries, working with countries to identify their gaps in terms of preparedness and preparing a preparedness plan that can address the gaps.

One of the challenges we face is although many countries, more than 70 countries have now a plan that identifies where the gaps

in terms of preparedness are the financing has not materialised. So going forward I think the world has learned its lessons. We will make sure that the assessments are done again, revised, gaps are identified and plans are prepared and finance those plans; they shouldn't end up on shelves.

Finance these plans and make sure that countries are better prepared to fight; to finish the current one but to prepare for the next epidemic, which may happen because we're still vulnerable.

TJ Thank you very much, Dr Tedros, for this. The next question comes from John Zaracostas.

JO Good afternoon. My question is to the Professor and also perhaps to the Director-General. You just mentioned earlier, sir, that you'll be following the principles of the FENSA. I was wondering, will your MoU also require you to register as other foundations under the FENSA and be subject to the FENDSA scrutiny as all the other charities, foundations and non-state actors participating in WHO?

00:47:35

TZ Thank you very much. You may know and some may know that I have been working on the FENSA regulations in another capacity. Our basis now is the memorandum of understanding between the SHO and the Foundation. The Foundation remains an independent legal entity and WHO and the independent legal entity are linked by this contract we just signed.

This contract can always be withdrawn from WHO if they feel that the Foundation is not working appropriately. In that respect the relation between the foundation and WHO is a very different one for what we call engagement of non-state actors.

That's the reason why we think that we do not have the same level quality as a non-state actor.

TJ Thank you very much, Professor. Now we will try to go back to Devia of Economic Times of India. Devia, are we having better luck now?

00:49:06

DE Hi. My name is Devia Rajkumar from the Economic Times newspaper. I wanted to check if there's a Solidarity trial being planned for vaccines on similar lines as the Solidarity drug trial. Thank you.

MR At this stage there are no specific vaccine trials planned but the WHO approach is to develop standard protocols for

vaccine trials which will allow our member states to effectively put in place the means to carry out their own trials using various vaccine products, either products from their own country or from other countries.

So it puts our member states back in the central position in defining, number one, the need for trials, the carrying out of those trials, the regulatory and ethical process around the delivery of those trials.

Taking this approach will allow countries to have comparable data, to have standardised approaches and for WHO to invest in the necessary data safety monitoring boards and oversight mechanisms and the technical, operational and scientific inputs to ensure that those trials are of the highest possible quality.

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So at this stage there are no trials planned but it will proceed in the same way that we've proceeded with the Solidarity trials for drugs; by involving countries, by involving scientific institutions in as many countries as possible and thereby democratising the process and giving countries access to the scientific knowledge, the technical platforms to be able to test vaccines on their own terms within their own countries.

TJ Thank you very much, Dr Ryan. Let's try to take a question from Will from CNBC. Will, can our hear us?

WI Hi, can you hear me?

TJ Yes.

WI Great. I believe it was on Monday that the WHO suspended the Solidarity trial of hydroxychloroquine. President Trump previously said that he was taking hydroxychloroquine to prevent infection of COVID-19, as a precaution. He's since stopped taking it but my question to WHO is whether it's advisable for a world leader to be taking hydroxychloroquine to prevent infection with COVID-19.

00:51:35

MR Thank you. WHO has - we've said this at a previous press conference but I think it's worth repeating. We do not advise the use of hydroxychloroquine or chloroquine for the treatment of COVID-19 outside randomised control trials or under appropriate close clinical supervision subject to whatever national regulatory authorities have decided.

In some countries national regulatory authorities have allowed the use of the drug under close clinical supervision so from that perspective I think WHO's advice on this is clear. As you will have noted from previous press conferences, we've temporarily halted the randomisation of patients into the hydroxychloroquine arm of the Solidarity trials while we with an abundance of caution just check on the safety issues around the drug and ensure that we can hopefully continue with that once those checks have been done.

It's important again to reiterate that these drugs are extremely useful and life-saving drugs in the treatment of other diseases, particularly lupus and malaria. It's of primary use in other autoimmune disorders. It's extremely important that people on those drugs and under the appropriate clinical supervision are continuing to take their prescribed medication and continue to have access to that medication.

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The concern regarding hydroxychloroquine and chloroquine refers specifically to the use of this drug in the treatment of COVID-19 patients and, as we've said, there is no empirical evidence at this point that these drugs work in this case either for treatment or for prophylaxis.

So again we look forward to the outcomes of the trials when they are completed.

MK If I could add, I won't speak to the specific questions about chloroquine or hydroxychloroquine but just to say, the WHO has released updated clinical guidance today and this is a very detailed document which is aimed at medical professionals and ministries of health to advise on how to care for patients who are infected with COVID-19, where it's mild for symptomatic treatment, whether they have pneumonia, whether they have a severe disease or septic shock.

It's quite detailed and I thought it would be a good opportunity to mention that this will be posted today if it's not posted already, right now. But it is important that anyone that is seeking treatment seeks that treatment with the advice of their doctors.

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So while we are able to put out this guidance based on the latest evidence that we have and, as Mike has said, we don't have an specific treatments yet but these clinical trials are underway.

There is advice that we do provide for ministries of health and medical professionals all over the world.

TJ Thank you very much. We have time for one or two more questions so let's go to Agence France Press; Anias Padrero. Anias.

AN Yes, hello. Do you hear me?

TJ Yes.

TR Good evening. I'd like to ask my question in French. Thank you for giving me the floor. It's a question for the WHO. I'd like to know what you think about the theory of cross-immunity with other coronaviruses which could protect against SARS-CoViD2. This was a hypothesis that came up recently with American researchers. I would like to know what you think of this theory.

00:55:05

MR Maria will give you a more detailed answer as to the cross-protection of other coronavirus infections with regard to COVID-19. There is certainly some evidence with regard to T-cells that if you have a previous coronavirus infection you may be able to mount a more rapid response to COVID-19.

But there is no empirical evidence that previous coronavirus infections protect you from infection with COVID-19. The jury is still very much out on that but it is interesting to note that at least in some of the studies if we're getting a more broad-based T-cell response there's more hope then for vaccines and others producing a more long-term immune response.

So for me this information's very important. It gives us hope that we're getting the kinds of immune responses that may be helpful for long-term protection and may also mean that vaccines have a broader protection but Maria may have more technical detail on the cross-protection issues because of much experience with SARS, MERS and other coronaviruses.

MK Thanks, Mike. No, this is welcome news to see this type of research and to see that there are specific studies that are looking at a T-cell response. There are a number of assays that are out there that are looking at the immune response, measuring different elements of that immune response including neutralising antibodies, T-cell response.

00:56:25

Most of the serologic assays that are commercially available are not looking at a T-cell response; they're looking at IGM, IGG, not

even neutralising antibodies. The assays that can do that are more specialised labs and so what WHO is doing in our support for seroepidemiology globally to really understand the immune response, to understand the extent of infection, are three different things.

One is we are working with collaborating laboratories globally who have experiences with coronaviruses, and with FIND to evaluate the serologic assays that are out there, that are available; how are they, how well do they work, what are they measuring and how well they measure that and that is something that is ongoing and you've heard me speak about before.

The second thing that we're doing is we are working with several researchers globally and also NIBSC in the UK to develop an international serum panel which we have recently shipped to a number of labs across the globe to be able to validate and evaluate the assays that are out there and to come up with a standardised serologic assay. Again that is also in development.

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The third thing that we're doing is we've provided these core protocols, similar to the core protocol that we have for the Solidarity trial. These are for seroepidemiologic investigations and we're working with countries to look at the extent of infection as measured by these antibodies.

From the available studies that we have - there're two published studies and there are more than 20 that are available in pre-prints and many... We've received some results through press release. We haven't fully been able to evaluate the assays and one of the important things is to look at the cross-reactivity with other coronaviruses and see if that is a factor in the immune response that people have.

This is something that is under development but yes, the results from the T-cell are welcome news and we know that there are a number of labs that are additionally looking at that as well.

TJ Thank you very much for this. We will conclude this press briefing here with special thanks to our special guest, Professor Zeltner. We will have an audio file sent to you very soon and a transcript will be posted tomorrow as well as a number of announcements and news from different WHO regions and country offices. I wish everyone a very nice evening.

TAG Thank you. Thank you, Tarik, and thank you, Professor, for joining us and thank you to all online who have joined today. Thank you so much. See you on Friday.

00:59:21