

COVID-19

Virtual Press conference

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Speaker key:

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GU	Guillermo
MR	Dr Michael Ryan
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CO	Corinne
SO	Sophie
MK	Dr Maria Van Kerkhove
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SI	Simon
AN	Anias
PE	Pien
WZ	Dr Wenqing Zhang
TO	Tomo
LA	Lara
EM	Emma
CN	Chen
KA	Kai

00:00:00

TJ Issue to be sorted and we will start any moment. Now everything is okay so hi to everyone watching us on a number of WHO social media platforms and welcome to all journalists who are on Zoom with us here for this regular COVID-19 press conference. We do apologise for this delay. My name is Tarik. Today's June 15th and with us we have Dr Tedros, WHO Director-

General. We have Dr Maria Van Kerkhove and Dr Mike Ryan, as we always do.

We also have tonight with us Dr Wenqing Zhang, who is our Director of the Global Influenza programme. As we had in previous weeks, we would like to thank our interpreters who are providing simultaneous interpretation in six UN languages plus Portuguese and Hindi. Journalists who are on Zoom can follow this press conference in those languages and can also ask questions in six UN languages and Portuguese when we come to that. Now I will give the floor to Dr Tedros for his opening remarks.

TAG Thank you, Tarik. Good morning, good afternoon and good evening. Globally more than 7.8 million cases of WHO have now been reported to WHO and more than 430 deaths [sic]. It took more than two months for the first 100,000 cases to be reported. For the past two weeks more than 100,000 new cases have been reported almost every single day.

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Almost 75% of recent cases come from ten countries, mostly in the Americas and south Asia. However we also see increasing numbers of cases in Africa, eastern Europe, central Asia and the Middle East. Even in countries that have demonstrated the ability to suppress transmission countries must stay alert to the possibility of resurgence.

Last week China reported a new cluster of cases in Beijing after more than 50 days without a case in that city. More than 100 cases have now been confirmed. The origin and extent of the outbreak are being investigated.

Despite the ongoing global response to the COVID-19 pandemic we cannot lose sight of other significant public health issues including influenza. Influenza affects every country every year and takes its own deadly toll. As we enter the southern hemisphere influenza season and begin planning for the northern hemisphere season we must ensure that influenza remains a top priority.

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Co-circulation of COVID-19 and influenza can worsen the impact on healthcare systems that are already overwhelmed. More than 500 million people are vaccinated against flu every year based on recommendations from WHO on the composition of flu vaccines. These recommendations are based on data and virus

samples collected and analysed by WHO's Global Influenza Surveillance and Response System or GISRS.

The GISRS system has been functioning since 1952 and I would like to thank the more than 125 countries that participate in it. Over the past eight years significant strengthening of the system has been made possible through the pandemic influenza preparedness framework and I would also like to thank the public and private sector partners that participate in this global system.

The infrastructure, people, skills and experience built up through GISRS, WHO collaborating centres and national influenza centres have been the foundation for detecting COVID-19. However this well-established system is now seeing significant challenges. Influenza surveillance has either been suspended or is declining in many countries and there has been a sharp decline in sharing of influenza information and viruses because of the COVID-19 pandemic.

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Compared with the last three years we have seen a dramatic decrease in the number of specimens tested for influenza globally. We have also seen a 62% decrease in the number of virus shipments to WHO collaborating centres and a 94% decrease in the number of influenza viruses with genetic sequence data uploaded to the GISAID database.

These decreases are due to a combination of issues including the repurposing of staff and supplies, overburdened laboratories and transport restrictions. These disruptions may have short and long-term effects such as loss of capacities to detect and report new influenza viruses with pandemic potential.

As many of you know, twice a year WHO convenes a group of experts who together analyse the circulating flu strains. Based on their analysis they select the viruses that should be targeted by flu vaccines for the upcoming season in each hemisphere.

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To know which viruses are circulating WHO relies on information from countries reported through GISRS, which we use to make recommendations for the composition of influenza vaccines. This will help us to prevent more severe cases of flu and more deaths.

WHO has published guidance on how to integrate surveillance for COVID-19 into routine influenza surveillance as an efficient way to track both of these important respiratory viruses. This is not

only cost-effective; it's also essential for protecting the world against the next flu season.

The southern hemisphere flu season is already underway. There is no time to lose. I thank you.

TJ Many thanks, Dr Tedros. As I have announced, we have Dr Wenqing Zhang with us, who is Director of our Global Influenza programme, if you would like to know more about this important topic that Dr Tedros has mentioned.

We will now open the floor to questions. I would ask journalists to be short and concise and have only one question per person. We will start with Brazil. We have Guillermo Biancini from Estadao online. Guillermo, if you can just unmute yourself. Hello.

GU Hello.

00:07:57

TJ Yes, we can hear you.

GU Okay. My question is about Brazil. I want to know if Brazil can be considered the new epicentre of COVID-19.

TJ Thank you, Guillermo. If I understand you well the question was, should we consider Brazil a new epicentre of COVID-19.

MR I think we said a number of weeks ago that Central and South America, the Americas in general were very much the hot spot regionally for numbers around the world but as we've seen also in the last number of days and weeks other areas of the world have started to have large increases in cases.

But Brazil cannot be singled out in the Americas. There are many other countries in the Americas like Mexico, Chile and others who've had significant increases in cases and continue to have an upswing epidemic. So I would characterise the situation in Central and South America as being of concern and currently our Americas regional office, the Pan-American Health Organization, is providing day-to-day support to a number of countries in Central and South America, both in terms of their public health measures and supporting the health systems in those countries.

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So no, I would not characterise Brazil per se as the only epicentre of disease in the world. There are many countries that are currently struggling with increasing numbers and dealing with

trying to control those numbers of disease with various measures.

TJ Many thanks, Dr Ryan. The next question comes from Fenix. We have Yi Lu online from Chinese TV, Fenix. Yu [sic], can you hear us?

YI Yes, hello, everyone. Can you hear me?

TJ Yes, very well.

YI Okay. I'm Yi Lu from Hong Kong Phoenix weekly. My question is about the outbreak in Beijing. We wonder, is it possible for the novel coronavirus to spread across the country by adhering to the surface of imported [?] goods like salmon or something else? If yes, do you think it's necessary to add the coronavirus testing for import and export goods? Thank you.

MR I can start. I think we obviously need to look at the issue of food or food packaging but we also need to recognise that the common things are common.

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We know this disease is primarily spread from human to human by the respiratory route and the contamination by humans of that environment. We've also seen that this disease can breach the animal/human species barrier. Clearly there has been much research done on the potential for coronaviruses and other viruses to survive on many surfaces including packaging and in this particular case I think obviously it is one of the hypotheses and this hypothesis continues and needs to be further tested.

But I would be reticent to be in a position where all packaging and other things would need to be systematically tested. I think we need to look at what has happened in this case. I don't believe it's the primary hypothesis but it needs to be explored.

But adequate disinfection of material and foodstuffs is done and is carried out but again we need to understand what has actually happened in this circumstance before issuing major policies on this. But all governments are in a position; all governments manage their food chains; all governments manage their food supplies and are in a position based on the information that they have to issue whatever testing requirements are needed for the safety of citizens.

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So we will work very closely with authorities in China to understand what exactly the risks are here and will issue any guidance internationally accordingly.

TJ Thank you, Dr Ryan, and thanks, Yi Ling, for this question from Fenix, Hong Kong. Now we will go to Bloomberg and we have Corinne online. Corinne.

CO Hi, can you hear me?

TJ Very well.

CO Great. I wanted to ask about the risks of air travel. As travel restrictions lift how do you assess the risks of air travel? Is it important whether a plane is full? How can people protect themselves?

MR I'll begin and Maria can continue. We have been working extensively with the International Civil Aviation Organisation and IATA, the International Air Travel Association, on advising them on how risks can be managed in these circumstances. As you've seen, we've worked also with the sporting movements around the world and the mass gathering movements around how risks can be reduced in that so in this regard we've been working closely to give advice on how risks can be managed in an air transport environment and that covers both airports and the air transport system itself.

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We will be in the next couple of days issuing more detailed considerations and public health advice for international travellers and I will defer to that for more specific advice but, as in any other situation for a traveller on any form of transport, I suppose the key issue is what the traveller themselves can do to protect their own health and then what the authorities can do at airports or in aircraft to reduce the risk of transmission.

Again let us remember, we've seen there is no zero risk in any environment. What we need to do is identify the risks that may be involved or the increased risks that may be associated with travel. We need to try and reduce those risks to the absolute minimum and be able to mitigate any negative impacts.

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So it is difficult; for example it is quite reasonably straightforward within an airport environment, although logistically difficult, to create physical distance, to create the opportunity for personal hygiene and it should be no more of a risk for any individual to

go through an airport in a properly physically distant and hygienic manner than it is for any building or workplace or environment as long as that's managed properly.

The aircraft itself represents a particular environment where people are pushed together in a much closer environment and I think you'll see that airlines and the air travel association are putting together all kinds of guidance and extra hygiene and extra cleaning and boarding procedures and all kinds of different procedures that are aimed at reducing risk, including the wearing of masks while on the aeroplane.

Again all of those are aimed at giving the passenger a safe travel experience and then obviously the ability, should something go wrong and someone be infected or or become sick subsequently it is absolutely important that we're able to track anyone who's been on that aeroplane and that's probably something that's not taken as seriously.

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We need to make the travel experience as safe as possible but we must recognise that it can't be made 100% safe and therefore we need the capacity to trace people after they may have been exposed so we can follow up and break any chain of transmission.

So the ability to retain good travel records and the ability for public health authorities to be immediately informed so they can track and trace any problem subsequently is really important. So this is a complex set of different processes and procedures. We will be issuing further guidance on this and, as I say, I can assure you we are working very closely with the international civil aviation and the air transport association to ensure that we give them the best possible risk management advice in this space.
Maria.

TJ Many thanks, Dr Ryan. Now we will go to South Africa broadcaster. We have Sophie Mkwena. Sophie, can you hear us?

SO Yes, I can hear you, sir. I just want to find out; recently we've seen in many countries that there have been protests. Much as racism is a pandemic in itself you also have this COVID-19 pandemic. What is the WHO's position or do you perhaps have advice to the organisers so that after all the protests they don't now have to deal with issues of infection in the respective countries where we have seen a wave of protests?

00:17:40

MK Thank you very much for this important question. Yes, we have issued some guidance around the planning of mass gatherings, whether these are planned events or whether these are spontaneous events, to help organisers hold these in a way that minimises the risk of COVID-19 or other infectious diseases.

Some of the other considerations that need to be taken into account to help those organising, whether they're planned or spontaneous, take into account what is the virus circulation in that area; is it an area of active transmission; is there a way in which people can remain physically distanced, they can be at least a metre apart; should they be wearing a fabric mask when they're out and is there a way to quickly be able to detect cases and monitor those cases if someone is sick.

It is important that anyone attending an event, whatever event that may be, that if they're unwell they stay home and if they are in a place where they cannot maintain physical distancing to wear a fabric mask to prevent the potential onward transmission.

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But any opportunity where people are in crowded places and the virus is present and the appropriate measures are not put in place the virus can take hold, the virus can transmit so it's important that we put in measures so that these gatherings can take place safely.

TJ Thank you very much for this. The next question is from Kyoto news agency. We have Tomo online. Hello, Tomo. Can you unmute yourself, please? Let's try one more time with Kyoto. Do we have Tomo online? If not we may come back to Tomo from Kyoto. Now we'll go to BMJ and we have Jonathan Owen. Jonathan. Please unmute yourself, Jonathan.

JO Good afternoon. With the situation in Beijing I just wondered if you could tell me, are there any plans to mobilise any medical teams to assist and could we be seeing the start of a second wave there in Beijing, is that a concern?

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MR I think, as we've seen in many countries, the emergence of new clusters, especially when the origin of the cluster or the driver of the cluster is not recognised, is always a concern but what we do like to see is an immediate response to that and a comprehensive set of measures.

In other parts of the world where we've seen that approach of really investigating thoroughly, testing, isolating and

quarantining cases or quarantining contacts, it has generally led to a containment of the clusters, be they around religious communities, around markets, around migrant dormitories and many other environments in which this has occurred.

However Beijing is a large city and a very dynamic and connected city so there's always a concern and I think you can see that level of concern in the response of the Chinese authorities. So we are tracking that very closely. Our country office - and remember we do have a team in China that's actually based in Beijing. Our country office there is led by our country representative, Dr Gauden Galea, and we have a number of epidemiologists permanently embedded in our Chinese office and work on a day-to-day basis with colleagues at the National Health Commission, at the China CDC and at CDCs all around China.

We have offered further assistance and further support as it is needed and we may be supplementing our country office team with more expertise in the coming days as the investigation develops and are working directly with colleagues again at China CDC on some of the more important findings like genetic sequencing and other investigations that will be important to understand the origin and spread of this disease. Maria.

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MK Yes, I just want to highlight, not particularly in Beijing but in all countries that have had some success at suppressing transmission, have been able to reduce transmission to a low level or eliminate it; all countries need to remain at the ready and so it's very important that countries have the systems in place to be able to quickly identify any suspect cases and test those cases and follow the same pattern of events that needs to happen; make sure we test, isolate, trace contacts, quarantine contacts so that any resurgence can be picked up quickly and can be stamped out.

I think that's an important message. It relates to even the first question about, where is the epicentre. In some respects all countries need to be prepared to be that epicentre and to prevent the possibility of becoming the next place where cases can resurge.

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We know from the data from our seroprevalence studies that a large proportion of the population remains susceptible so all countries need to be on alert and Beijing has activated their systems. We've seen similar situations with Singapore, with

Japan, with Germany, with many countries and so it's just important that everybody remains at the ready to be able to quickly detect and care for those patients and do contact tracing appropriately.

TJ Thank you. We will go now to Simon Ateba from Today News Africa in Washington. Simon.

SI Yes, thank you for taking my question. My name is Simon Ateba from Today News Africa. I know that Dr Tedros and some senior UN officials signed a statement at the weekend condemning racism and I just wanted to know what WHO is doing to fight racism within the WHO and also when it comes to testing and everything related to COVID-19. Thank you.

TAG Thank you very much. It's true; as you have said, I have joined my colleagues, UN senior officials who are from our continent to express our voice to condemn racism and any form of discrimination.

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As you know, racism and any form of discrimination should not be tolerated and it's through addressing these two problems actually we can bring peace and stability to the world. That's why we raised our voices for equality so all human beings are treated equally.

Then coming to what we do in WHO, it's the same. I think what we do in WHO cannot be different from what can be done elsewhere. Racism and any form of discrimination should be condemned and should be fought and we need our position, I think, last week during our presser...

I have already indicated or clarified WHO's position. WHO's position is for equality and we will do everything to make sure that this happens in WHO and everywhere as members of the global community. Thank you.

00:26:31

TJ Thank you, Dr Tedros. We will go now to AFP. We have Anias Pedrero. Anias, if you unmute yourself we will be able to hear you.

AN Yes, hello. Do you hear me?

TJ Yes.

AN Hi. Thank you for taking the question, even if I think it was probably answered. I wanted to ask you what level of concern

you have with the fresh cluster of cases in Beijing. When you talked about the more than 300 cases did you include any deaths inside? About the investigation, is it done by the Chinese authorities or someone else? Thank you.

MR Maria will speak. I don't believe any deaths have been reported in association with the disease. As is normal, sovereign countries investigate and respond to epidemics on their territory and request assistance from WHO as needed. We are always - and in every case where there's an epidemic or a new epidemic in countries we always offer assistance, technical and logistic, as needed.

In this particular case and, I think, in the case of this response Chinese authorities, as many countries around the world - like Korea, like Japan, like so many other countries - have learnt many lessons in the last six months in how to handle COVID all over the world and, I think have built significant capacity in doing that.

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However we will continue to monitor the situation, continue to offer that assistance and continue to make the information available to the international community as we do for all other countries. Maria.

MK Case numbers; it was over 100 cases we recorded as part of the cluster but just to say about are we concerned, we're always concerned for clusters. In every country, in any country wherever we hear of a clustering of cases; first and foremost I should say every single case of COVID-19 is significant and every single case needs to be followed up and cared for appropriately.

But clusters are a special condition because in any country you need to understand why is there the clustering, what brought these cases together, is it related to an expat dormitory, is it related to a healthcare facility, is it related to a long-term care facility or a school or whatever it may be, because that will help us understand it and bring it under control.

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So any cluster raises our concern, as it does in all countries, and as Mike has said, we've seen officials take this seriously and do a proper investigation, as we are seeing in other countries that are seeing cases and we are witnessing many countries apply the fundamentals of public health, of outbreak investigation, which public health professionals are trained to do, to find cases, to

understand the extent of infection by doing active testing and to follow up on all of the cases and contacts and care for anyone that is ill.

My understanding is that there are no deaths associated so far but of course, as Mike has said, we will monitor the situation, as we do in all countries.

MR Further add, I think obviously these events are a threat in their own right and no-one likes to see them but they do offer opportunities to understand disease transmission and to understand the circumstances and the contexts and the behaviours in which disease transmits more readily.

I would point you to... We've had some excellent articles come out in the last couple of days, one in the MMWR from the CDC in Atlanta from Farouz [?] et al, Japanese colleagues who've done extensive cluster-based investigations looking for specific risk factors and specific situation and behaviours and contexts in which transmission has been generated in clusters.

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That's what we need to know. We need to have our scientists around the world investigating clusters, seeing what's driving infection. We've a lot of speculation around what's driving infection, what's causing this, what's causing that and that's important. It's important for us to hypothesise.

It's important for us to make models about what might be happening but the answers lie in careful, systematic, exhaustive investigation of diseases clusters to really take a look at what's happening in these situations and then what is causing amplification of disease in the human context.

If we get that we will build up a much better picture of the public health advice we need to give our communities and what behaviours to avoid and what places to avoid and what circumstances to avoid and for us in public health to have better policies to guide governments.

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So I do think this is an important issue in as much as it demonstrates that rapid response to contain clusters and systematic, thorough investigation of those clusters is both a public health act to stop the disease but an act of public health discovery to understand how this disease transmits in these circumstances.

TJ The next question comes from Pien who works for National Public Radio. Pien.

PI Hi, thanks for taking my question. I was wondering if you could clarify the remarks earlier about flu. It sounded as if Tedros was saying that COVID is making it harder to plan for flu because the surveillance systems are down. But shouldn't we be doing a better job looking for flu because we're screening so many people for COVID and also a better job combating it because we're taking precautions against COVID, which spreads like the flu?

MR Maybe I can begin and then then Wenqing come in. I think what we need to do here is first and foremost recognise the contribution that our influenza surveillance colleagues have made all over the world. I think we got ahead very much in doing surveillance and testing for COVID-19 because we had such a strong infrastructure around the world for flu and surveillance.

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But what has happened - and this is quite understandable - as countries have fought COVID-19 a lot of the resources that are in the flu network have been - not inappropriately but entirely appropriately - pushed into COVID surveillance.

We now need to find that balance to ensure that we're also able to track influenza properly during that same period. We're now entering a period in the world where we have to be able to track both COVID-19 and influenza. Both are dangerous pathogens. We're lucky in influenza. We have vaccines that can seriously reduce infection and reduce severity of disease and in order to be able to use those tools most effectively we need the right vaccine.

In order to have the right vaccines we need the surveillance data to tell us what the circulating strains are and the work that Wenqing here - who will speak - and her team do with our collaborating centres all around the world is a vital, more than 50-year programme that has done just that.

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We need to continue to invest in that programme and now we need to be able to use those surveillance programmes to do both surveillance of COVID and influenza. This is exceptionally important for the coming months, especially in the southern hemisphere. Wenqing.

WZ Yes, I just wanted to add to what Mike just said. Influenza surveillance has been conducted for more than half a century with contributions from more than 100 countries in the world so this is really a very solid and highly functional foundation globally to monitor influenza, influenza outbreaks and give recommendations twice a year about the components that need to go into the seasonal vaccines.

As Dr Tedros, the Director-General mentioned, during the pandemic our response, the surveillance in some countries has been disrupted or decreased, etc. So when we're entering into the southern hemisphere influenza season and also the time to prepare for the northern hemisphere season it is important that countries first need to be reminded that the influenza threat exists.

There are always competing disease priorities or threats but influenza is always there. There's seasonal influenza and also there's influenza pandemic potential.

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The second one is that countries really need to go back to normal, routine influenza surveillance with the systems in place in their countries so countries really need to optimise the use of their existing system or use a system for the COVID sentinel surveillance, as many countries already started, and also reactivate influenza surveillance as well.

The third one is to prepare for the influenza seasonal vaccination programme. We know that for influenza we have safe and effective vaccines available and vaccine is a [unclear] primary intervention to reduce the deaths and disease of influenza infection.

TJ Many thanks, Dr Zhang. We will try to go back to our friend from Kyoto news agency from Japan, Tomo. Are we luckier now?

TO Yes, Tarik. Can you hear me?

00:36:16

TJ Yes.

TO Thanks so much for taking my question. Dr Tedros, a few weeks ago you mentioned that your relationship with the United States is not only about the money but about the co-operation between the WHO and the United States. But is the United States still a member of WHO at this point since we are about to have

the deadline that President Trump has mentioned, the 30-day deadline this week? Thanks so much.

TAG Thank you. Yes, the United States is still a member state of the World Health Organization. Thank you.

TJ Thank you very much. We will now go to Brazil again. We have Lara Pinheiro from Globo. Lara.

LA Hello, good afternoon. Thank you for taking my question. I would like to know how useful is temperature screening in public places to look for COVID patients since some studies have already shown that a fever is not always a symptom of the infection. Thank you.

MK Thank you for your question. I will begin. You've almost answered your question with your question in the sense that many people ultimately will have a fever but not all people present with a fever.

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There are many ways in which people can be screened. Temperature screening is one but there are a package of measures that could be put in place to identify places. As we have pointed out, it is very important that there are systems in place that cases who are suspect cases - if you're feeling unwell you stay home and you contact your medical provider - suspect cases are tested so we know if they are indeed a case or not.

I will again highlight influenza here; if you have respiratory symptoms or you're feeling unwell, not only looking for COVID-19 but also looking for influenza, especially in the southern hemisphere as the influenza season is taking off - it's important to know what people are infected with - and to follow all of the other measures that are in place.

As you mentioned, not all people will develop fever and not all people will prevent with fever. Thanks.

TJ Thank you, Dr Van Kerkhove. We will now go to Emma Farge from Reuters. Emma.

00:38:49

EM Good afternoon. Thanks for taking my question. I was wondering, given the comments from the Chinese CDC and state media this afternoon saying that they have the genome sequencing of the virus that emerged in Beijing, I was wondering, what is your message to them given that they've said that they

have this information but they haven't shared it with the world yet? Thank you.

MR We fully expect that our colleagues in China will share that information. It's very important and they have done so in the past, as have many countries, particularly in sharing the genetic sequence. The finding that this may represent a strain more commonly transmitted in Europe is important and it may reflect human-to-human transmission more than any other hypotheses but that remains to be seen.

But we've been in close contact with our colleagues, both through our regional and country offices but also directly, and we fully expect that China will in the normal course publicly put those sequences - as they have done in the past - on publicly available websites.

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MK I would just like to add that this is a plea for all countries to share full genome sequences. We have more than 40,000 sequences that are available and that's wonderful but there have been more than seven million cases worldwide and it's important that we continue to look at the sequences that are circulating globally to make sure that we understand these viruses and so that the networks of labs and virologists of labs who are looking at these sequences can monitor them.

So it is important that not only in China in this situation but also all countries continue to share the full genome sequences on publicly available websites.

TJ Thank you. We have time for a couple more questions so let's try to go to China Daily. We have Chen online. Chen.

CN Hi. My question's also related to Beijing. I'm based here in Brussels. The EU border is opening today but countries like Germany and France still report 300, 400 cases every day and in the US you have 18, 20 states with a spike of 1,000 cases or more a day. So why may Beijing's 100 cases in particular deserve so much attention? Is Beijing overreacting or is it acting promptly [or properly]? Thank you.

00:41:34

MR I think it's important to note that every country is different and certainly in China when you've spent over 50 days without having any significant local transmission a cluster like this is a concern and it needs to be investigated and controlled and that's

exactly what the Chinese authorities are doing so in that sense is it is big news.

But in the great scheme of things around the number of cases per day around the world it is not but is a significant event. We'll track that, as we've tracked other significant clusters. Similarly we've been concerned about clusters that have emerged in Korea or in Japan or in Singapore and we engage very closely with those authorities to understand how they're investigating them.

That doesn't mean we think the authorities are going to lose control of a situation. It's that we want to understand what the country is doing and, more importantly, what the country is learning about the origin and transmission.

A separate situation is countries - for example, as you've mentioned, in Europe - that are currently exiting some lock-downs and opening up their borders. They're engaged in a careful process of lifting restrictions that is balancing the risk of disease against the promotion of lives and livelihoods and pulling their economies back on track.

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In doing that they're measuring their lifting of restrictions with the decreases in incidence of disease but no countries have reached that zero incidence and that's a very difficult objective to reach before you exit lock-downs. In fact that's not what was envisaged in the planning process for transitioning from lock-downs.

What you need to have is sustained control over the virus and be able to get to a position where you can then safely exit lock-down while maintaining the measures like surveillance and other measures in order to sustain control of the virus.

So careful opening of countries and opening of their borders with neighbouring countries is something that can be done but again must be done in a measured, planned, stepwise fashion, always putting in place the public health and other measures needed to be able to make up for the restrictions of movement and the restrictions of lock-down. Thank you.

00:43:52

TJ Thank you. Maybe we can go for the last question today. We have our friend, Kai Kupferschmidt, of Science. Kai.

KA Hi, Tarik. Thank you very much for taking the question. I just wanted to ask about the status of the Solidarity trial. In particular the FDA has revoked its emergency use for chloroquine and hydroxychloroquine and data just seems to be going in the same direction. I'm curious if you have any news from the Solidarity trial or when you expect to have news.

MR Kai, we'll get back to you on that. I believe the executive group of the Solidarity trial is meeting this week and obviously in the light of other data will be looking at the utility of continuing with certain arms of the trial based on the likelihood of finding a positive outcome. So we'll come back to you on Wednesday with an update on those deliberations and where we go from here.

TJ Thank you very much, Dr Ryan. We will conclude this press briefing for today. We will see you again on Wednesday. An audio file will be sent to you shortly and a transcript will be available tomorrow. We will also be sending you notices of press conferences that are done by our regional offices as well as news from different places around the world where WHO has its activities on COVID-19. I wish you a very nice evening.

TAG As usual, thank you, Tarik., and thank you to all who have joined today and we look forward to seeing you on Wednesday. Thank you.

00:45:43