

# COVID-19

## Virtual Press conference

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### Speaker key:

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SI	Sidant
SH	Shane
DA	David
AMH	Dr Ana Maria Henao
SM	Simon
MM	Dr Mwele Malecela
BI	Bianca
JM	Jamil
AA	Anna
JI	Jim

### **00:00:31**

TJ Dr Maria Van Kerkhove, who is Technical Lead for COVID-19, and Dr Mike Ryan, who is the Head of Emergency Programmes and we have three other guests today from WHO. We have Dr Mwele Malecela who is WHO Director for Neglected Tropical Diseases. We have Dr Janet Diaz, who is the Head of Clinical Care at COVID-19 response and we also have Dr Ana

Maria Henao-Restrepo, who is the Head of the Research and Development Unit and working on a blueprint at WHO.

I will remind journalists who are watching us online that you can listen to this press briefing in six UN languages plus Portuguese and Hindi if you do that through your settings on Zoom. You can also ask your questions in six UN languages and Portuguese. Today our press conference will be a little bit shorter than usual. We have to finish by 6:00 Geneva time so we will try to be concise in answering and also asking questions. Now I will give the floor to Dr Tedros.

TAG Thank you. Thank you, Tarik. Good morning, good afternoon and good evening. The world has now recorded more than eight million cases of COVID-19. In the first two months 85,000 were reported but in the past two months six million cases have been reported. There have been more than 435,000 deaths in the Americas, Africa and south Asia. Cases are still rapidly rising. However there are green shoots of hope which show that together through global solidarity humanity can overcome this pandemic.

**00:02:31**

We now have good examples of many countries that have shown how to effectively suppress the virus with a combination of testing, tracing and quarantining patients and caring for those that get sick. Lab capacity has been dramatically enhanced across the world to boost COVID-10 testing, which is critical for identifying where the virus is and informing government actions.

New mega-hubs have been established that are now key to the distribution of personal protective equipment, which includes millions of masks, goggles, aprons and gloves as well as other medical supplies.

Tech companies have developed applications that can assist with the critical task of contact tracing and there has been an enormous effort to accelerate the science around the pandemic. Early on in the outbreak on 11<sup>th</sup> February WHO convened a research and innovation forum on COVID-19 where hundreds of researchers came together from across the world with the aim of quickly developing quality diagnostics, therapeutics and vaccines.

**00:03:48**

One of the key priorities identified was for the world to focus on accelerating research around treating patients with COVID-19.

Specifically researchers agreed to investigate existing drugs with potential, including steroids. WHO also developed a core protocol which has been adapted and used by researchers around the world and yesterday there was the welcome news of positive initial results from the Recovery trial in the United Kingdom.

Dexamethasone, a common steroid, has been shown to have a beneficial effect on those patients severely ill with COVID-19. According to early findings shared with WHO for patients on oxygen alone the treatment was shown to reduce mortality by about one fifth and for patients requiring a ventilator mortality was reduced by about one third.

However dexamethasone was shown to not have a beneficial effect for those with milder disease who did not need respiratory support. This is very welcome news for those patients with severe illness. This drug should only be used under close clinical supervision. We need more therapeutics that can be used to tackle the virus, including in those with milder symptoms.

### **00:05:15**

WHO has now started to co-ordinate a meta-analysis pooling data from several clinical trials to increase our overall understanding of this intervention and we will update our clinical guidance to reflect how and when dexamethasone should be used to treat COVID-19.

I want to thank the United Kingdom Government, the University of Oxford and the many hospitals, researchers, patients and families who have contributed to this scientific breakthrough. WHO will continue to work with all partners to develop other therapeutics and vaccines for COVID-19 including through the Access to COVID-19 Tools accelerator.

Over the coming weeks and months we hope there will be more treatments that improve patient outcomes and save lives. While we're searching for COVID-19 treatments we must continue strong efforts to prevent as many infections as possible by finding, isolating, testing and caring for every case and tracing and quarantining every contact.

### **00:06:32**

COVID-19 is affecting the whole world but it's important to remember that for the most vulnerable communities this is just one of many threats they face. We have consistently stressed the importance of ensuring essential health services continue,

including routine vaccination and services for malaria, TB and HIV.

Today I want to touch on neglected tropical diseases, an issue I care deeply about. NTDs are a group of 20 diseases including elephantiasis, sleeping sickness, leprosy, trachoma and intestinal worms that collectively wreak havoc on the poorest and most marginalised communities. These diseases disfigure, disable and can kill and they strike hardest in places of poverty and in remote areas where access to quality health services is extremely limited.

WHO and partners have developed a new roadmap which moves away from single-disease programmes to integrated approaches to the prevention, diagnosis and treatment of neglected tropical diseases as part of an overall movement toward universal health coverage.

The NTD roadmap puts greater ownership on national and local governments to drive action. As with COVID-19 it calls for greater collaboration between governments, academia, civil society and the private sector in order to boost innovation and access to health technologies.

**00:08:14**

I have seen first-hand the courage of people who're living with NTDs which is why I call on countries not to forget about the most vulnerable.

Together we can achieve anything and I'm encouraged by progress in tackling the Ebola outbreak in the east of the Democratic Republic of Congo. If there are no more cases in the next seven days the Government of DRC will be able to declare the outbreak over. The lessons learned and experience gained by Congolese health workers are now being applied to inform the Ebola outbreak response in the west of the DRC as well as broader lessons on testing and contact tracing which are directly transferable for tackling COVID-19. I thank you.

TJ Many thanks, Dr Tedros. Just to remind you, we have our Director for Neglected Tropical Diseases here, Dr Mwele Malecela, who can talk more about the roadmap that Dr Tedros just mentioned. We will start with questions. Please be concise and one question per person. We will start with EFE news agency and we have Antonio Breto. Antonio. Can you unmute, please?

TR Can you hear me? Yes, I hear you. Thank you. My question is on dexamethasone. You've celebrated this milestone from the

University of Oxford but should the population at large be cautious when it comes to consuming this medicine, especially when it comes to using it as a preventative measure? Thank you.

MR Yes, absolutely and I'm very, very glad you've asked this question and Janet and Ana Maria may wish to supplement. It's exceptionally important that this drug is used under medical supervision. This is not for mild cases; this is not for prophylaxis. This is a very, very powerful anti-inflammatory drug. It can rescue patients who are in very serious condition where their lungs and their cardiovascular system around their lungs may be very inflamed.

So this allows possibly that patients are able to continue getting oxygen into their blood or their lungs for a very critical period by rapidly reducing inflammation at a critical period in the illness. It is not a treatment for the virus itself; it is not a prevention for the virus. In fact steroids, particularly powerful steroids, can be associated with viral replication; in other words, they can actually facilitate the division and replication of viruses in human bodies.

**00:11:20**

So it's exceptionally important in this case that this drug is reserved for use in severely ill and critical patients who can benefit from this drug clearly and, as the Director-General said, this is great news but it is part of the answer we need on the clinical side; oxygen, ventilation, the use of antivirals, the use of steroids and finding a combination of therapies that allows us to save as many patients as possible. Janet.

JD Thank you. I just have to echo; the benefits were seen in patients who were on oxygen therapy so who had already lung injury or those patients that were on ventilation so there was no benefit seen in those that had mild disease and this study was not for prophylaxis so I think that is the take-home message, as you've described, Mike.

TJ Many thanks. The next question will go to Jason from NPR, Jason [Unclear]. Jason. Can you just press unmute, please? Jason, can you press unmute so we'll get to you?

JA Sorry. Can you hear me now?

TJ Now it's fine.

**00:12:53**

JA My apologies on that. I was just wondering if you could talk any more about the continued work with the United States in

terms of ongoing programmes. Are most things continuing to go forward in terms of work with the United States?

MK I can start and then others might want to supplement. I can speak to the work that we do with the United States for COVID-19 and other programmes. Yes, of course, we work with scientists all over the world including American scientists and public health professionals and medical professionals, mainly in our day-to-day work through collaborative international networks.

We have established international networks of experts for clinical management, for vaccine development and therapeutics, for mathematical modelling, for infection prevention and control, for risk communication, for many different areas of work and those include scientists from the United States, from the US CDC, from NIH and many academic groups and that will continue.

We also work of course with scientists from many countries all over the world and I think that's one of the strengths that we have as an organisation; to bring people together to share first-hand practical experience with patients in health facilities, in communities to be able to exchange and we will continue to learn from one another.

MR I fully agree with Maria and beyond COVID we have many, many collaborating centres all over the United States and hugely important contributions that they individually and collectively make to global health. I think the issue here is that these institutions and individuals are contributing to global health. We all work on global health together. We all work to ensure that we improve the health experience, the health outcomes and the survival of all people on this planet.

We really do recognise and thank the power of US scientists and public health professionals. In fact today we have Maria from the east coast of the United States and Janet from the west coast of the United States and the Americas is equally further represented by Ana Maria Henao from the country of Colombia so the most represented group at this table right now is the Americas and the United States of America from the perspective of how USA citizens around the world contribute not only to the health and welfare of Americans but to the health and welfare of the world.

**00:15:43**

TJ Thank you very much, Dr Diaz and Dr Ryan and Maria on this. We will go to Yahoo Finance and we have Anjali online.

Anjali, hello. Can you unmute yourself, Anjali, if possible? If it's not working we will try to go Sidant Mantani from India TV. Sidant, can you hear us?

SI Hello.

TJ Yes, please.

SI My question is also about the dexamethasone drug trials. Have there been any talks of initiating the trials on a much wider scale and would you say this drug could be used as a drug that is both feasible and efficiently provided to patients and also effective against coronavirus? Thank you.

MR Let me first restate that this drug... First of all with great congratulations to my colleague, Peter Horberry, and all of the great researchers in the UK and, as the Director-General said, to the doctors, the nurses, the patients, their families who participated in this.

**00:17:05**

It is but one of the many breakthroughs we're going to need in order to effectively deal with COVID-19 and as such we should celebrate that today but it's still just preliminary data, it's from one study. It's very significant but we also have to see the real data, the full data and we thank our colleagues in the UK for briefing us but we still obviously - and they will be working very hard over the coming days to release the detailed data, to get this published in peer-review journals so everybody can see what the results are.

From that at the same time Janet and her team will be doing some work on more systematic reviews around other data that may be available around the world and on that basis we will pull together the necessary expert group to look at all of that both on the research and the clinical side and come to a conclusion around our clinical advice to countries and it's important that each country takes that measured approach as well.

**00:18:04**

This is not the time to rush to change clinical practice in a too rushed a fashion. People need training. We need to understand what doses are to be used, how people are going to be clinically assessed. We need to make sure there are supplies of the drug; we need to look at a lot of things. So while we're very pleased today we still need to see the final data, we need to adjust the clinical guidelines that will be needed and we need to support

countries to both access and utilise this drug in the most appropriate way possible.

Let me state again; it cannot be said strongly enough; this drug is purely for use under close clinical supervision. It is meant and has only been shown so far to be useful in the treatment of severely ill people with COVID-19, those people on oxygen, those people who are ventilated. While we're very pleased to see a life-saving intervention emerge please, please let us use it and take forward the use of this drug for what it has shown to be beneficial in doing. Janet.

JD Just to echo that, it's really important to see the full data, the full report from the manuscript in a peer-review journal so we look forward to that. Currently we know there are other ongoing randomised control trials testing steroids for COVID-19 and we are assembling and co-ordinating to aggregate data from those trials in a meta-analysis to give us a wider perspective of the studies that are ongoing.

**00:19:49**

Then at the same time putting into place the mechanisms in order to update our guidance in a transparent and trustworthy way with global experts representing all regions of the world in the very near future so all that's going on in place [sic].

Again just to echo, this is something that should be used in hospital for severe patients, for those that are critically ill but not for mild patients and we hope in the very near future to have our recommendations more clear, the practice protocols adjusted accordingly and other tools to assist front-line clinicians and member states to make the appropriate adjustments to their national guidelines.

TJ Thank you very much. The next question comes from CCTV. We have Shane with us. Shane. Shane. Just a second. Go ahead, please.

SH Can you hear me?

TJ Yes, now it's fine.

SH Thank you, Tarik. A question to Dr Tedros. Dr Tedros, you have attended the extraordinary China-Africa summit on solidarity against COVID-19 today. What do you think about the meaning of this summit and what do you think about China's support to the African countries in the fight against COVID-19? Thank you.

## **00:21:16**

TAG Thank you. The China-Africa summit, FOCAC, is one of the platforms where China and Africa partner and during this COVID situation a special session was organised by China, South Africa and Senegal. The three leaders have co-hosted this meeting with a specific agenda of fighting COVID together.

As you know, since the pandemic started China has been supporting Africa and many countries have already outlined the kind of support they have been getting, especially in sending experts, in sharing information; in addition to that in providing supporting supplies, test kits.

It's not only the health part. They have also raised the issue of economic recovery and debt relief, which China is willing to support so these were the areas of co-operation that were stressed or outlined and since the pandemic is still not over and although the number of cases in Africa is the lowest compared to other regions it's also at the same time accelerating, appreciating the support that has already been given.

## **00:23:02**

But I think they have agreed to give more support because the pandemic is accelerating. This is what I would like to say in brief but as I always say, this pandemic or this virus is a very dangerous virus; that it has two dangerous combinations; it moves fast and it's a killer.

It surprised many countries, including developed nations and the answer is to fight in unison. Unity and solidarity are very important to defeat this virus. When unity and solidarity are lacking, when there is a crack between us the virus exploits that crack between us, the differences between us and that's why national unity and global solidarity are important.

Platforms like this - like the China-Africa - will be important in strengthening solidarity across the globe and this should really be followed by global solidarity to help speed up the defeat of this virus. So I would like to use this opportunity to call for unity and solidarity of the whole world.

## **00:24:53**

In my speech I compared... in the first two months it was 85,000 cases and more than 90% of them, by the way, were in China. But if you take the last two months - from mid April up to now, mid June - in just two months, six million cases. From this you can see how the virus is accelerating and moving, moving really fast.

We can move faster because it's only by moving faster that we can defeat it and to move faster the most important element is unity and solidarity, which is political and that's what we should... really strengthen national unity and global solidarity. Thank you.

TJ The next question comes from the New York Times. We have David Waldstein with us. David, if you unmute yourself we will hear you.

DA Hi, sorry about that. On Monday, Dr Ryan, you mentioned that you might have some kind of a decision on hydroxychloroquine. Anything new on that?

MR One should never promise what one doesn't deliver. Yes, we've been discussing with - and again because of the independent nature of the Solidarity trial and the fact that it has its own executive committee and its own data safety monitoring board - we've been discussing with the executive group that oversees the trial the process now of looking at the data.

**00:26:47**

Ana Maria can confirm but the executive committee now and the DSMB are looking at the data across a number of... yes, and she will just outline the process for that. But as of today we're awaiting the decision and analysis of the steering for the group and the analysis of the DSCM. Maria, Ana Maria?

AMH Thank you, Mike. A Mike reported and the DG reported a few weeks ago we took three actions. The first act was to conduct the systematic review of the evidence that was conducted by the Cochrane Collaboration, one of our collaborators.

The second is we're looking into the safety of hydroxychloroquine among the patients vaccinated who were treated in the Solidarity trial and in the Discovery trial in France, our sister, companion trial.

The third thing that we promised is we will look into the evidence through our data safety monitoring committee. After completing these three steps we have communication with our executive group which is formed of the representatives of seven of the member states who are participating in the trial.

**00:28:05**

Today, just five minutes ago we finalised a call with all the investigators in the trial. On the basis of the evidence that is available to the investigators, to the secretariat, to the executive

group and to the DSMC a decision was made to stop the randomisation with the hydroxychloroquine trial on the basis of two pieces of information; the first, the data that was published by the UK trial and second, the data that was available to us from the Solidarity trial. I will stop here.

TJ Thank you, Dr Henao, who is - just to remind everyone - Head of our Research and Development Blueprint unit at WHO. I understand we have a question on NTDs, neglected tropical diseases. Our friend Simon Ateba is online and would like to ask that. Simon.

SM Yes, thank you for taking my question. My name is Simon Ateba from Today News Africa in Washington DC and I would like the expert - I'm sorry, I can't see the name very well from where I am but I would like the African expert on the panel to tell us about all those neglected diseases in Africa and how COVID-19 is affecting them. Thank you.

**00:29:34**

MM Thank you very much for that question. It's without a doubt that COVID-19 has wreaked havoc in the world and one of the things that has been severely affected is our neglected tropical disease programmes worldwide and particularly in Africa.

As part of the focus on social distancing we've had to stop most of the mass drug administration programmes in Africa and so the idea is now to think about, when we go back post-COVID how are we going to do our programmes, what is the way that we are going to do our programmes better, are there innovative ways that we can carry out these programmes where people can be treated safely and not necessarily through mass drug administration but making sure the safety of the people being treated and the safety of the community health workers who are treating them.

So that is the discussion that is ongoing but we have still as WHO issued guidance that all programmes that involve any kind of mass drug administration should be halted.

**00:30:47**

As a follow-up to that, there are diseases which require immediate treatment, diseases like Leishmaniasis which are also part of the neglected tropical disease group and those diseases; people are still required to go to health facilities and get the requisite treatment. Thank you.

TJ Many thanks, Dr Malecela. For Simon, if you can't see - but we will send it to you - it's Dr Mwele Malecela, Director of the WHO Programme for Neglected Tropical Diseases. We will go now to Globo, Brazil; Bianca [Unclear].

BI Hi, Tarik. Can you hear me?

TJ Yes, very well.

BI Thanks a lot. My question is to Dr Mike Ryan. How do you see the situation in Brazil now? Do you think the number of deaths has stabilised? Do you see any sign of stabilisation and if so what does it mean exactly, what signs can it give us? Thanks.

MR Yes. I think the epidemic is still quite severe in Brazil. I believe health workers are - as we've said before - working extremely hard and under pressure to be able to deal with the number of cases that they see on a daily basis.

**00:32:22**

But certainly the rise is not as exponential as it was previously so there are some signs that the situation is stabilising but we've seen this before in other epidemics in other countries. You can see a sign of stabilisation for a day or a few days and then the disease can take off again.

So what I would say is it's a moment of extreme caution in Brazil. There needs to be a focus on physical distancing, on hygiene, on reduced crowding and being able to support populations, particularly populations from ethnic minorities.

For people living in difficult conditions in urban environments and poor conditions. It's difficult for people to do social distancing, it's difficult for people to maintain personal hygiene and we have to try and support them in that. So it is, I think, from the perspective of Brazil a moment now to really double down, to really focus on the public health and social measures, to focus on supporting communities who find this difficult to sustain that and also have a greater impact in terms of health, to ensure that the hospital system continues to function and is able to cope with the severely ill patients.

**00:33:38**

If all of that is done then we would expect that... Brazil has historically - as I've said previously - a proud history of containing and suppressing infectious diseases. I have no doubt that if the full skill, commitment, ingenuity of the Brazilian state, of the provinces, of the people is leveraged in a united, sustained and

combined way that Brazil will bring this disease under control and will succeed in emerging from this as quickly as possible.

TJ Thank you, Dr Ryan. The next question is from Mexico. We have Paulina Encadena from Cancun. Paulina, if you unmute yourself we will hear you.

TR Yes, can you hear me? Yes, we hear you. Thanks to all. Thanks, Tarik. In Cancun and in Quintana Roo we're getting into the season of dengue and chikungunya. Can their symptoms be worsened due to COVID? How can we distinguish between these diseases; what recommendations can you give us in that direction? Thank you.

MK I can start and then others can supplement. That's a very good question and it highlights the need to ensure that we have surveillance systems in place not only for COVID-19 but for other pathogens that are circulating. In fact this morning I had a call with teams across NTD and my own team looking at arboviruses and looking at dengue and yellow fever and chikungunya and Zika and how do we accelerate the arbovirus work across the globe in COVID-19, how do we ensure that countries are continuing to fight against other pathogens that exist that are common in many parts of the world so that not only can we detect cases but then we can distinguish between who is infected with which pathogens, how does this affect a clinical pathway in terms of what patients need in terms of clinical care and how we can protect onward transmission within families, within communities.

**00:36:06**

So this is something that is very important to all of us. We work through our regions and we work through our country offices. We work with the national ministries of health and across different sectors to ensure that these systems continue, that these surveillance systems and that the medications are in countries that need to be in countries. I'm not sure if you want to supplement.

MM I'd just like to add the importance of vector control and how we are focusing also on encouraging the personal surrounding vector control that can be done easily with social distancing to contain it.

**00:36:40**

So in our guidance we've also issued that the vector control to particularly deal with the Aedes mosquito, which a lot of the time

is around the house in little flowerpots, etc, should be continued and should be encouraged. Thank you.

MR Maybe I can add on this that while dengue, chikungunya and COVID-19 are very different diseases and have different pathways by which they're caused they're very much fused in one way and that is that they can attack vulnerable communities, they're very specific to context, to the context of water, sanitation, overcrowding, poverty, the lack of appropriate management of waste water, lack of access to healthcare for what can be life-saving interventions.

There are so many similarities. When a new or an old disease emerges in a community that is not well-served by healthcare, that has underlying issues, both social and healthcare issues, these diseases exploit all of those - as the Director-General has said many times - the cracks that exist in our societies in terms of social justice, in terms of access to healthcare. Dengue is a very, very good example of that and I think while they may not be very similar diseases they exploit very similar weaknesses in our societies and in our health systems.

**00:38:07**

If we work towards universal health coverage, if we work towards strengthening core health systems, if we work as you are working so well at integrated approaches and primary healthcare delivered close and within communities for multiple diseases, both in prevention and control, and we move away from over-verticalised approaches and we focus on communities and their capacity to deal with the diseases that threaten them then I think we'll be doing better in the long run.

We have to deal with COVID now as a singular problem. As the DG said, it's a very dangerous disease but we need solutions in the long run that deal in a more integrated fashion and strengthened, resilient health systems, empowered, educated communities that can access the tools that they need to be able to control disease within their own communities.

TJ Many thanks. Now we will go to Jim from Westwod One. Jim, hello. Do we have Jim? We don't, it seems, so we will go to Jamil [Unclear], working for Brazilian media, based here in Geneva. Jamil.

**00:39:21**

JM Thank you, Tarik. It's just a clarification. What is the current status of hydrochloroquine? If Mike Ryan or your guests

could clarify that to us; many of us have this question during your press conference. Thank you very much.

MR But Ana Maria can clarify... I think there's some confusion as to whether the hydroxychloroquine arm is suspended.

AMH I apologise for the confusion so I will repeat; we promise that on the basis of the recommendation of our executive group for the trial we will do three things; number one, to review the evidence and we will post that on the website of WHO, a review of the evidence by the [unclear] collaboration that suggested that there was no apparent beneficial effect of hydroxychloroquine.

Two, there was a press release by the UK Recovery trial on the findings of hydroxychloroquine that suggested that there was no beneficial effect on mortality or the duration of hospital stay and on the need for ventilation.

Third, we said we were going to look into our own data to see if there was evidence that suggested a beneficial effect.

**00:40:46**

So we have completed these three things. We have a discussion with our executive group and all the PIs, the principal investigators of the trial. That finished just ten minutes ago and on the basis of this evidence we are going to proceed - it's not automatic; we're going to proceed - to consider the modifications of the protocol for the WHO Solidarity trial. Apologies I was not clear the first time.

TJ Thank you very much for this clarification, Dr Henao. Now we will go to Business Insider. We have Anna with us. Anna.

AA Hi, can you hear me?

TJ Yes, very well.

AA I would like some insight on second lock-downs. We're seeing - I know you don't necessarily want to call it a lock-down; however you term it; we're seeing spikes in cases across the US and places around the world and some of the strategies to go back into lock-down or some of the threats have been that [?]. I would like to hear your thoughts on how that works as a public health strategy the second time around. Thank you.

**00:42:05**

MK Thanks for the question. It's an important one. I think we've been trying to articulate that the approach and the

interventions that need to be taken by companies will depend on the situation that they're in. It will depend on how the virus is circulating, how efficiently it is, the intensity of it and what are the systems in place to be able to detect cases, isolate cases, to care for those cases depending on their severity; to quarantine contacts, to empower committees and have an all-of-government approach.

In many situations we have seen countries have success in suppressing transmission where we've seen their epi curves go down and transmission go to a low level or even stop in some cases.

But there is always the possibility that the virus can resurge and there are opportunities for the virus to be able to take off again. If there is a situation where the virus does resurge then certain interventions may need to be put in place.

What we're hopeful for though is the decisions that are taken to adjust these measures, whether to lift them or to put them in place again, are done in a data-driven way and in a way that meets the needs to suppress transmission.

### **00:43:23**

It doesn't have to be all or nothing and in fact shouldn't be. It should look at which are the measures that need to be in place and where and in a temporary nature. So the fundamental things of hand hygiene and respiratory etiquette, physical distancing, using a mask when you're into community transmission and you can't adhere to physical distancing.

All of these measures continually need to be in place in addition to active case finding, caring for cases and contact tracing. It's a long answer because it depends on the situation. Governments need to look at which measures can be implemented where and do that in a slow and staggered way depending on where the need is. But it is certainly possible that countries will need to implement measures again as we've seen in a number of countries now but we are hopeful that those could be temporary.

### **00:44:20**

MR If I could add, if we look at the experience of countries that have avoided so-called lock-downs or stay-at-home orders, travel restrictions, extreme public health and social measures... can be varied in their footprint in the area and in their intensity; the type, how long and where these things are implemented, and governments have choices.

The more blunt your surveillance system is, the less sensitive your surveillance system is the more blunt your response measures have to be. If you can't see very well in the dark then you don't know where to apply the measure against the virus if you can't see it.

I'm sorry for being so simplistic but governments need to be working on their surveillance; they need to know where the virus is. If you know where the virus is, if you know who's getting it, if you know the situations in which it's been transmitted, if you do case and cluster investigations and you can understand in your communities and societies what are the specific situations and contexts in which the disease is amplifying and spreading then you can apply measures that are much more sophisticated.

You can apply them at a lower geographic level. You don't have to do the measures everywhere. You can do them in one county or one community. You don't have to do them forever because you can raise those measures relatively quickly because you have a surveillance system to see if something's going wrong.

**00:45:49**

So I do think we need to move towards a more sophisticated analysis of, is it no lock-down/lock-down. We need to move into a more smooth, more modulated approach where our surveillance should drive the measures that we take and public health and science should be able to advice competent authorities to modulate the measures that need to be taken at any given time.

None of that is possible if you don't have surveillance, tracing, testing and the ability to know where the virus is within a community or society at a given moment. If you don't have those answers then your responses necessarily become more and more blunt, less and less precise and that's when we see large-scale lock-downs that have such an impact on social and economic life.

TJ Many thanks, Dr Ryan. Now we will try to go back to Jim if we have Jim. Jim.

**00:45:54**

Jl Yes, I'm very sorry, Tarik.

TJ No, that's okay. Please go ahead.

Jl I was wondering if there is any new science or any new information on the behaviour of the virus that causes COVID-19. Have we seen any advances in knowing how it spreads, the super-spreading events that it seems to have? Is there any new

science on the behaviour to help us get around the ability to rein this thing in?

MK Thanks, Jim. That's a great question. We're learning about this virus every day. We're learning about how this virus behaves and its characteristics and there are really incredible studies that are being published every day; really grateful for these detailed epidemiologic investigations, house hold transmission studies, cluster investigations, studies in healthcare facilities; I could go on and on.

Unfortunately in a pandemic like this there are these opportunities to learn about how viruses behave and we have really good researchers all over the world that are communicating with us directly and are publishing these results.

**00:48:06**

We have scientists that are following the virus itself and so there are full genome sequences that are being made available publicly. There're more than 40,000 viruses, 40,000 full-genome sequences that are available in which we are looking to see if there are any changes in the virus.

We do see normal changes, which is expected with an RNA virus and this unprecedented reporting of these viruses is allowing us to look at these viruses in real time.

Secondly we're seeing very detailed cluster investigations, as you heard Mike say, where the are outbreak investigations in either expat dormitories or in gyms and facilities or in wherever we are seeing these super-spreading events.

Indeed we are seeing super-spreading events in places of worship, in gyms, in long-tern living facilities and these places where the virus can transmit we can learn a lot from; who is it transmitting to, in which departments?

For example in a healthcare facility and that helps us refine our guidance, it helps us refine our ability to break the chains of transmission to prevent infections and to work to save lives.

The virus, in terms of what we know about its behaviour and how it transmits, it's very similar from day one in terms of its respiratory nature and spreading through respiratory droplets but the super-spreading events are worrying because these are opportunities that we can work to prevent happening.

**00:49:41**

If we know that they can happen we can ensure that in those facilities where people are in close quarters we put measures in place to break those chains of transmission before they even have a chance to start.

Thanks for that question. We encourage research to continue, we encourage collaborative nature and research and having researchers communicate with one another and with us and we know we will learn even more every day.

TJ Many thanks. I have received a couple of texts from journalists who just want to clarify with Ana Maria about hydroxychloroquine. Dr Henao.

AMH Yes, thank you, Tarik. I'll try for a third time. The internal evidence from the Solidarity Discovery trial, the external evidence from the Recovery trial and the combined evidence from these large randomised trails, brought together suggest that hydroxychloroquine, when compared with the standard of care in the treatment of hospitalised COVID patients does not result in the reduction of the mortality of those patients.

**00:50:49**

Based on this analysis and on the review of the published evidence the executive group of the Solidarity/Recovery trial has met on two occasions and today we met with all the Pis. After deliberation they had concluded that the hydroxychloroquine arm will be stopped from the Solidarity trial.

But I want to emphasise that this does not constitute a WHO policy, that this is not a WHO policy recommendation, this is the results from trials and that this does not apply to the use or the evaluation of hydroxychloroquine as post-exposure prophylaxis in patients exposed to COVID. That's a different thing and what we are doing on the COOVID-109 trial on randomisation for COVID patients but does not apply outside that and it doesn't constitute WHO policy.

TJ Thank you very much, Dr Henao. We hope now this question has been clarified and we will take one last question and then we will conclude this briefing. We will speak to our friend, Gabriela Sotomayor from Mexico and Proceso. Gabriela.

TR Hello. Thanks for taking my questions. There was a session today in the Human Rights Council where the topic of racial discrimination was addressed and I'd like to touch on that self-same topic.

**00:52:44**

Many people of African descent suffer discrimination in many different countries especially when it comes to being treated with respect in the context of COVID. This also affects vulnerable populations such as indigenous peoples that don't have access to treatment.

So my question would be the following; what do you think about this and what can governments do to improve the situation? Thank you very much.

MR I can begin; DG may wish to supplement. First and foremost it is highly unacceptable that access to healthcare anywhere in the world would be affected or influenced by race. Access to healthcare should be absolutely based on clinical need and never on any other factor for a patient's care.

**00:53:40**

However there are clearly - and this is important - there's ongoing research as to whether there are genetic and other background that would lead to more severe outcome in certain ethnic groups. That work is underway and is not proven as such yet.

What is clear is that many ethnic minorities in countries are very often underserved, have very often had a more difficult health experience and have higher risk factors in earlier parts of life and carry with them conditions that are associated with poorer outcomes for COVID-19.

That in itself is a tragedy and it is sad that that is the situation but what that does allow clinicians and hospitals and public health authorities to recognise is that if we have people of ethnic minorities who are likely to suffer worse outcomes then we need to double our intent, we need to be even more alert to that fact.

In fact it should be in some senses the other way around; we should be prioritising people from certain backgrounds who may have worse outcomes and ensuring that they get access to care but it should always be based on underlying conditions, it should be based on age, it should be based on people's potential to recover and benefit from clinical care.

**00:55:01**

But I think it's important to state that nowhere in the world - it doesn't matter where you are; access to healthcare, access to life-saving care should never, ever be based on race or ethnicity.

TJ Thank you very much, Dr Ryan, for answering this question. We will conclude this press briefing at this stage. I would like to thank especially our guests, Dr Malecela, Dr Diaz and Dr Henao, for their participation today. The audio file will be sent to you shortly as well as a transcript that will be posted tomorrow.

We will keep sending you information from WHO offices around the world on our activities on COVID-19 and from my side I wish you a very nice evening.

TAG Finally before we close - thank you, Tarik - I want to acknowledge journalists on this call and around the world. As you know, according to UNESCO, which has been working with a Swiss-based non-governmental organisation, Press Emblem Campaign.

Between March 1<sup>st</sup> and 31<sup>st</sup> May 127 journalists were killed in 31 countries. Other journalists have been harassed and detained while reporting this pandemic. Journalists are critical to holding decision-makers to account and communicating life-saving public health messages to the general public. They should never be a target for violence. They should be protected so that they can continue to do their critical work.

So again my respect to all journalists who are at risk reporting and telling the truth and we value your contribution and thank you again for joining us today and thank you so much and see you during our next programme on Friday. Thank you.

**00:57:19**