

COVID-19

Virtual Press conference

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00:00:15

TJ Hello, everyone, and thank you very much for joining us for this regular press conference from WHO headquarters on COVID-19. We welcome all journalists who are watching us on Zoom but also everyone who is following us on a number of WHO social media platforms.

Today we have with us WHO Director-General, Dr Tedros, Dr Maria Van Kerkhove, who is the Technical Lead, COVID-19 and we have Dr Mike Ryan, who is WHO Executive Director for the Programme for Health Emergencies. Journalists who are watching us on Zoom can follow this press briefing in six UN languages, Hindi and Portuguese and this is thanks to our interpreters who are here with us. We sincerely thank them for their presence and assistance.

Journalists may also ask questions in six UN languages and Portuguese when we get to that section of the press briefing. I will give the floor now to Dr Tedros for his opening remarks.

TAG Thank you. Thank you, Tarik. Good morning, good afternoon and good evening. Tomorrow marks six months since WHO received the first reports of a cluster of cases of pneumonia of unknown cause in China. The six-month anniversary of the outbreak coincides with reaching ten million cases and 500,000 deaths.

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This is a moment for all of us to reflect on the progress we have made and the lessons we have learned and to recommit ourselves to doing everything we can to save lives. Six months ago none of us could have imagined how our world and our lives would be thrown into turmoil by this new virus. The pandemic has brought out the best and the worst of humanity.

All over the world we have seen heart-warming acts of resilience, inventiveness, solidarity and kindness but we have also seen concerning signs of stigma, misinformation and the politicisation of the pandemic. For the past six months WHO and our partners have worked relentlessly to support all countries to prepare for and respond to this new virus.

Today we're publishing an updated and detailed timeline of WHO's response to the pandemic on our website so the public can have a look at what happened in the past six months in relation to the response.

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It illustrates the range of WHO's work to stop transmission and save lives. We have worked with researchers, clinicians and other experts to bring together the evolving science and distil it into guidance. Millions of health workers have enrolled in courses through our openwho.org online learning platform.

We launched the Solidarity trial to find answers fast to which drugs are the most effective. We launched the Solidarity flights to ship millions of test kits and tonnes of personal protective equipment to many countries. We launched the Solidarity Response Fund, which has raised more than US\$223 million for the response; three major innovative Solidarity activities.

We have worked with the European Commission and multiple partners to launch the ACT Accelerator to ensure that once a

vaccine is available it's available to everyone, especially those who are at greatest risk.

Last Friday we launched the ACT Accelerator investment case which estimates that more than US\$31 billion will be needed to accelerate the development, equitable allocation and delivery of vaccines, diagnostics and therapeutics by the end of next year.

Over the weekend WHO was proud to partner in the Global Goal: Unite For Our Future pledging conference organised by the European Commission and Global Citizen. The event mobilised new resources to respond to the COVID-19 pandemic globally, including in support of the ACT Accelerator.

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Although a vaccine will be an important long-term tool for controlling COVID-19 there are five priorities that every single country must focus on now to save lives now. First, empower communities. Every individual must understand that they are not helpless. There are things everyone should do to protect themselves and others. Your health is in your hands. That includes physical distancing, hand hygiene, covering coughs, staying home if you feel sick, wearing masks when appropriate and only sharing information from reliable sources.

You may be in a low-risk category but the choices you make could be the difference between life and death for someone else. Second, suppress transmission. Whether countries have no cases, clusters of cases or community transmission there are steps all countries can take to suppress the spread of the virus.

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Ensure that health workers have access to training and personal protective equipment. Improve surveillance to find cases. The single most important intervention for breaking chains of transmission is not necessarily high-tech and can be carried out by a broad range of professionals. It's tracing and quarantining contacts. Many countries actually have used non-health-professionals to do contact tracing.

Third, save lives. Early identification and clinical care saves lives. Providing oxygen and dexamethasone to people with severe and critical disease saves lives. Paying special attention to high-risk groups including elderly people in long-term care facilities saves lives.

Japan has done this. It has one of the highest populations of elderly people but its death rate is low and the reason is what we

just said. Many countries can do that; they can save lives. Fourth, accelerate research. We have already learned a lot about this virus but there is still a lot we don't know and there are still tools we need.

This week we will convene a second meeting to assess progress on research and development and re-evaluate research priorities for the next stage of the pandemic.

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Fifth, political leadership; as we have said repeatedly, national unity and global solidarity are essential to implementing a comprehensive strategy to suppress transmission, save lives and minimise the social and economic impact of the virus. No matter what stage a country is at these five priorities, if acted on consistently and coherently, can turn the tide.

WHO will continue to do everything in our power to serve countries with science, solidarity and solutions. The critical question that all countries will face in the coming months is how to live with this virus. That is the new normal.

Many countries have implemented unprecedented measures to suppress transmission and save lives. These measures have been successful in slowing the spread of the virus but they have not completely stopped it. Some countries are now experiencing a resurgence of cases as they start to reopen their economies and societies.

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Most people remain susceptible. The virus still has a lot of room to move. We all want this to be over. We all want to get on with our lives but the hard reality is this is not even close to being over. Although many countries have made some progress globally the pandemic is actually speeding up.

We're all in this together and we're all in this for the long haul. We will need even greater stores of resilience, patience, humility and generosity in the months ahead. We have already lost so much but we cannot lose hope. This is a time for renewing our commitment to empowering communities, suppressing transmission, saving lives, accelerating research and political and moral leadership.

But it's also a time for all countries to renew their commitment to universal health coverage as the cornerstone of social and economic development and to building the safer, fairer, greener, more inclusive world we all want. I thank you.

TJ Thank you, Dr Tedros, for these opening remarks marking the six months of the pandemic. We will now open the floor to questions, once again reminding journalists that if they wish they can ask a question in six UN languages or Portuguese. If we are ready from the technical side we will go first to Georgian news agency. We have with us Konstantin Yonatamishvili. If you hear us, Konstantin, please go ahead.

00:13:04

KO Yes. Konstantin Yonatamishvili, I Press, Georgia. Thank you very much. My question is, Georgia is a country with a small economy but at the same time with good results in fighting the coronavirus. What will be the mechanism to get access to the vaccine which will be developed, I hope, with the support of the World Health Organization?

Are there any other possibilities to ensure so-called herd immunity besides vaccination? Thank you very much.

MR Good afternoon. We all hope, as you do, that we can reach a point where a safe and effective vaccine is developed and allocated fairly to countries around the world. As the Director-General has said in his speech, we don't have that vaccine yet and there's a lot we can do now to suppress transmission and I believe the Republic of Georgia has been doing well in this regard both in terms of community engagement, in terms of suppressing transmission and saving lives through adequate clinical care.

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But yes, we do hope that a vaccine will be developed. There have been over 133 candidates put into the system. A large number are now in clinical trials. The Director-General launched the ACT Accelerator in April as a means of leveraging global collaboration and innovation and funding both for vaccines, drugs and for diagnostics.

The vaccine is probably the one that will absorb most resources and requires a very deep and sustained public/private partnership. It is the best means for countries to access the vaccine and we have to find a way to ensure that the regional alliances that are growing to develop contracts with companies for vaccines are linked to a global movement that ensures that those vaccines are made available to all countries.

GAVI, CEPI and WHO are working together on COVAX, the initiative for coronavirus vaccines. As part of that large advance

market commitments have been put together in order to ensure vaccine production.

There is no other means of achieving adequate herd immunity. Herd immunity is a term usually reserved for the use of vaccines but we also have to be cautious and careful; we desperately hope and we can see tremendous work towards a safe and effective vaccine but there are no guarantees of such and therefore that's why we have so many candidates in testing, so we have an opportunity to find the best one.

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But the only other way that a virus like this may be suppressed is by us breaking the chains of transmission. If you accept that you cannot do that then the only option is to let this virus run free through society and we have already seen the horrific impacts of that and therefore reducing mortality, suppressing transmission while waiting for the arrival of a safe and effective vaccine right now is our best strategy for stopping this disease.

TAG Thank you. I would like to add to what my general, Mike, said. Herd immunity is very difficult even when we have vaccines because we need to have a high coverage of vaccine use to have herd immunity; Mike has already said it.

To be honest with you, I think it would be important to focus on what is at hand now. What is at hand now is the simple public health solution we have that many countries used to suppress the transmission and to save lives. I will give you one example which is a country, South Korea.

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In February, I remember, South Korea had the second-largest number of cases after China. I spoke with the Health Minister and the Foreign Minister came to Geneva to discuss with us in our headquarters here. We agreed on the comprehensive approach and we agreed on implementing what's at hand to save lives and to suppress the transmission.

South Korea has shown to the world that without even vaccines or therapeutics it can take the number of cases down and suppress the outbreak. So our message to the world is, if the government can do its best in testing, contact tracing, isolating, quarantining cases, as South Korea did, and if the communities - not only the government but in addition the communities - take their responsibility of doing what's expected of them, starting

from hand hygiene, to the rest that can be done personally, this virus can be suppressed.

Time after time and country after country what we have seen is this virus can be suppressed if the governments are serious about the things they have to do, their share, and if the community can do its share.

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So while doing our best to find a vaccine - which is the right thing to do - our advice from WHO is, we should do everything we can using the tools we have at hand because many countries - including the one example, Korea; I can give you a list of countries - have shown that this virus can be suppressed and controlled using the tools at hand.

So the basics are still important and the basics are non-pharmaceutical and they have shown their efficiency and effectiveness in controlling or suppressing this virus. The reason I'm stressing this is the virus is spreading aggressively. It's very tragic to report to you that we have already surpassed ten million cases and 0.5 million deaths.

Still this could have been prevented through the tools that we have at hand. Please focus on the tools at hand. Of course we appreciate the investment you're making in finding more technology, vaccines and therapeutics but that should be in addition to the maximum use of the tools at hand and these are the simple solutions that the government can do and the public can do and we have already outlined those.

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So that's our message. It's six months once the virus started. I could be like a broken record to say exactly the same thing but the same thing works; test, trace, isolate, quarantine cases. That's for the government to do. Second, hand hygiene for each individual; of course wearing masks; and the other things that can be done - social distancing - at individual level. It works and saves lives.

That's still our message but of course we should look for vaccines and the rest but the simple and basic public health works and that's what we're saying. Thank you.

TJ Thank you, Dr Ryan and Dr Tedros, for this answer. We will now go to Michael Boziutkiw, who is a contributor to CNN. Michael, the floor is yours.

MI Can you hear me?

TJ Yes.

MI Thank you for taking my question. Good morning from British Columbia. Director-General, this question relates to your opening statement that the pandemic has brought out the best and worst in humanity including politicisation of the pandemic.

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Just a few days ago Marco Rubio and Richard Gerbo were among 500 people who warned in a letter that democracy is under threat by certain authoritarian leaders due to coronavirus. They've cited parliaments being sidelined, journalists arrested, minorities scapegoated and most vulnerable sectors of the population face alarming new dangers.

My question is the following, sir; Ambassador William Taylor told me that strongmen do not seem to be winning against COVID-19, the virus is having a devastating effect on strongmen who aren't taking the steps that need to be taken. Do you have an opinion on that or do you agree? Thank you.

TAG Can you repeat? Sorry, I didn't know the Ambassador you mentioned, I think.

MI Sorry; it's Ambassador William Taylor. He's quite well-known as a US Ambassador. He was at the Congressional testimony a few months ago, served in various places around the world and he's now with the US Institute of Peace and studies strongmen a lot. He said that if strongmen believe that they can take advantage of COVID-19 to suppress civil liberties they're wrong, that this will backfire on them.

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TAG Thank you. Our message from the start was very, very simple. I was a politician myself. I was a Member of Parliament. Maybe something I learned while I was a politician was, at the end of the day what you do should be something that helps your people.

One thing maybe I learned, the biggest lesson is, even if we belong to different political parties the citizens of any country - you bring any country - are the same. So whether we belong to the right or left or we're in the centre, what they call a progressive party, what matters at the end of the day is that we do good for the people.

Then if you take COVID, if you see it in doing good for our citizens what you do is saving lives because even one life is important whether it belongs to the left, to the right or to the centre. That's why from the start we said, please quarantine COVID politics, please, we need national unity, unity at the country level, unity among political parties, unity across ideologies, unity across beliefs, unity across races, unity across any differences you can mention.

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There was a reason why we said that. This virus has two dangerous combinations and we have said it many times and even the international expert group that visited China, which was composed of many countries including the US, Germany, Japan, Nigeria, Korea, Singapore, many countries actually, Russia; a very diverse group of international experts said this virus has two dangerous combinations. One is it's fast, it's contagious. Second, it's a killer and it can exploit divisions between us, across all the lines which I have said.

That's why WHO has been saying, please avoid any division. Any differences could be exploited by the virus and we have to fight this virus in unison. That's why, whatever you said, our message is still the same. It's not about one country or two countries or three countries. It's not about something specific to any place. It's about how we should operate globally, whether it's at national level, subnational level or regional level or global level.

With ten million cases now and 0.5 million deaths, unless we address the problems we have already identified as WHO, the lack of national unity and lack of global solidarity and the [sound slip] the virus to spread, as I said in my speech, the worst is yet to come.

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I'm sorry to say that but with this kind of environment and condition we fear the worst. That's why we have to bring our acts together and fight this dangerous virus together. I thank you.

TJ Thank you, Dr Tedros, and thanks to Michael for this question. We will now go to the Economic Times of India and we have with us Divia Rajagopal. Divia, you will need to unmute yourself. Hello.

DI Hello, thank you for taking my question. Am I audible?

TJ Yes. We can hear you.

DI Hi. I want to ask this question to the entire panel. Last week Anthony Fauci of NIH has said that contact tracing is becoming increasingly difficult at this stage of the pandemic. Do you think that as infection spreads in most countries it is still possible to use contact tracing as an effective way of mitigation? Thank you.

MR I think yes but it's very dependent on the background intensity of transmission. In situations where there's very intense community transmission and large numbers of cases every day it's very hard to get on top of case isolation alone, never mind contact tracing so countries may need to make some choices in that regard.

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But what has happened for those countries who've been effective; those countries who've stuck with contact tracing and isolation or quarantining of contacts have found then as the number of cases drops that they can catch up on the contact tracing and improve.

The difficulty has been for many countries who gave up entirely on contact tracing now having to pick that up, now having to scale up the architecture of public health surveillance as they've opened up societies and decreased the public health and social measures or the restrictions on movement.

It's quite tough for the public health system to catch up and it takes time for it to do so and the Director-General said many, many times during this period of so-called lock-downs that this was precious time to prepare. Not only were public health and social measures having an impact on transmission; they were also clearly having a negative impact on social and economic life and this precious opportunity needed to be taken.

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We've seen in countries who've really beefed up their capacity to to contact tracing, isolation, quarantine, testing and all of the things the Director-General spoke about, they have done well. So yes, contact tracing, public health surveillance is a key part of a package of activities and the DG has said it; if individuals and communities can sustain the physical distancing, the hygiene, the mask wearing and the other things that are appropriate and advised by local government, if the public health system can continue to track and trace cases, yes, we should see a situation where the disease comes under control and many countries have proven that.

That is not supposition; many, many countries, through applying a comprehensive strategy, have reached a very low level of virus transmission in their countries but always have to remain vigilant in case there are clusters or small outbreaks. We've seen those situations arise in Germany; we've seen those situations arise in Singapore and Japan, in Korea, in China and other countries and again it's in those situations where your public health surveillance and your contact tracing and your ability to investigate clusters really comes into its own.

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Where you've really seen the advantage of public health and public health architecture is that ability to pounce on disease. What you have to do is push the disease down to the lowest possible level and communities have made a huge sacrifice for that to happen. They've stayed at home, they've stayed away from their families, they've contributed tremendously to suppressing infection.

What public health authorities have needed to do is to put in place the right public health surveillance in order to take advantage of that so as the restrictions are lifted and as we see small clusters appear the public health authorities can react quickly and suppress that infection again.

Great credit goes to countries like Germany, like Japan, like Korea and others who've really focused in on that function of the system. They're able to use a multi-faceted approach, they're able to sustain community commitment to the process, high levels of community acceptance, high levels of community compliance, high levels of community understanding linked with strong public health intervention and a strengthened public health and health system.

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It works. It's not a guarantee of success but what we've seen is that countries that apply a comprehensive, sustained strategy with their communities on board make progress. There are no guarantees with epidemics but this right now is the best package of activities that countries have shown again and again can lead to us arriving at a situation where we can live with this virus.

MK I just want to add two points to what Mike has said. One is that it can be increasingly difficult to apply this comprehensive approach as transmission increases but it's not one activity alone. It is not contact tracing alone, it is not case finding alone, it is not physical distancing alone.

You've heard the Director-General; you've heard us say this all the time; it's worth repeating because there tends to be a focus on a particular intervention but it needs to be all of the above. With an empowered community, with an engaged community, with listening to the community and having the community listen and adhere to the public health measures that are in place this can be done.

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So it can be increasingly difficult but what we have seen is that countries that had been in an overwhelming situation; they've prioritised these activities, these interventions into specific areas within the countries where transmission seems to be of the highest intensity, perhaps related to a super-spreading event or a particular cluster and bringing that transmission down from an overwhelming situation to clusters of activity and from clusters of activity to chains of transmission.

The other point is that it can be turned around. Again many countries are seeing situations where they're feeling completely overwhelmed and we have seen many countries demonstrate that you can turn this around, you can bring transmission under control. It is very, very difficult but again prioritising the work, prioritising the intervention to where it's needed most, bringing situations under control where you can get a quicker gain and then focusing on higher areas of intensity; these approaches in countries need to be administered at the lowest administrative level possible to bring situations under control to as many places as you can as quickly as you can.

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But it can be turned around and we wouldn't be saying this unless we'd seen it happen and unless we'd seen countries demonstrate this repeatedly in multiple regions across the globe.

TAG Yes, thank you. I think this is very important and I would be happy to add my voice to my colleagues', Mike and Maria. Mike Ryan, my general, is a very humble servant of humanity and he wouldn't tell you what the real stories are regarding contact tracing.

I know contact tracing is difficult and I agree with you, our colleague, our friend who asked this question and I know and I understand if countries say contact tracing is difficult. But if you want to try difficult probably add contact tracing the number of cases you trace with a situation which is dire to your life; meaning, try it in a place like North Kivu in DRC where 20 rebels

operate, armed rebels and where security is not there, where your own security is precarious.

When Mike Ryan was leading the whole effort he was in DRC, North Kivu for several months when there was engagement between different warring parties almost every single day and when you would do contact tracing of 25,000 a day despite that security situation.

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He didn't sent me... Somebody sent me from the front lines Mike Ryan wearing the bulletproof helmet and also the bulletproof jacket and going to communities to do contact tracing and the rest because he had no option.

If you can do contact tracing in that condition, risking your life - and he's the most senior person in terms of emergency response, one of the most senior - doing contact tracing in a stable and peaceful place, wherever it is, in many countries; should that come as even an issue? I'm just asking.

If there is a single failure for many of our countries to really not hunt down this virus it's our failure in contact tracing because we have lame excuses, saying it's too many and they're very difficult to trace because they're too many. Trust me; there is no too many, even in a war situation.

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If contact tracing helps you to win the fight you do it, even risking your life. Forget about a place where there is peace. The reason I'm saying this is we don't talk about the stories of a simple human being like Mike Ryan, who would do this in a situation that risked his life.

So if you want to know if contact tracing is difficult then I will send you his picture in his bulletproof helmet and bulletproof jacket because he believed that he had to do everything to stop Ebola and to show that saving lives actually needs that level of commitment.

So my answer is just brief; I explained and hopefully you will understand why I will say the simple phrase because I want you to understand the background. Trust me, no excuse for contact tracing; if any country is saying contact tracing is difficult it is a lame excuse. Thank you.

TJ Thank you, Dr Tedros and Dr Ryan, Maria as well, for this detailed answer on the question of contact tracing. We will now

go to Presselstein and we have with us Moise Appelblatt. Moise, can you hear us? You just need to press unmute.

MO I did it now. Okay. Hello, everyone.

TJ Yes, we can hear you.

00:43:28

MO Okay, thanks very much. First perhaps two lessons learned. The previous question was about contact tracing and, as you said, it was not very much applied perhaps in the beginning because most countries were overwhelmed by the number of infections and that was not a bad excuse for not carrying it out.

But that begs the question if you have any lessons learned about the type of contact tracing which should be applied. I'm talking about, let's say, manual contact tracing and digital contact tracing, which also involves questions about privacy.

That brings me to my overall question because I remember that there was a World Health Assembly which took place in May, I think, and decided that the WHO should, at its own choice of timing, perhaps initiate some kind of evaluation of its lessons learned of the response to the coronavirus. So I would like to ask if it has started or if you think it is perhaps too early, although already, as you said at the beginning - Director-General, Dr Tedros, said half a year has passed since you got the first report of the outbreak.

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The other investigation which was decided by the Assembly was to find out the zoonotic cause or source of the virus. Maybe we somehow already know it more or less but I wonder if that operation or investigation has started. Thank you.

TJ That's a lot of questions. I did forget to remind everyone, as I do usually, that we take one question per person. Dr Ryan will try to help.

TAG The last one on the zoonotic source; WHO has been saying that knowing the source of the virus is very, very important. It's science, it's public health. We can fight the virus better when we know everything about the virus, including how it started. We will be sending a team next week to China to prepare for that and we hope that that will lead into understanding how the virus started and what we can do for the future to prepare. So we're planning to send a team next week. Thank you.

MR I think if we listen to interviews and others done by people who've led contact tracing in places like Singapore, in Japan and in other countries the primary success of contact tracing has come from a well-organised human workforce able - number one - once a case is detected, once there's a positive sample in the lab - maybe it's from the emergency room, from the hospital, from the community - that there's an incident response where a case or their family can be interviewed, that contacts can be identified quickly and in that sense the highest-risk contacts.

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You can have a contact list that's ten and you can have a contact list that's 10,000 people and you have to decide how far and how deep you go with listing potential contacts. They all have to be contacted and followed up.

Of those who are followed up in most countries' situations you're asking for those contacts to be self-isolated or quarantined at home. In some situations people are asked to quarantine in a facility so it's a very complex set of investigations and then communication between different groups and one group has to hand off the process to another group so it's a complex interaction of public health activities.

Obviously when you're moving information around the lab has to inform the contact tracers and the contact tracers have to inform the people organising quarantine. All of those require a lot of transfer of information and there are a number of digital tools that have really helped with that process, like the system developed by WHO, GoData, which has been implemented in a number of countries.

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That allows public health authorities to integrate data from different sources within the system. There're no privacy issues there because that's really about being more efficient with publicly-held data.

There are then other applications that have been developed which allow for mobility tracking or identifying potentially other high-risk contacts, Bluetooth-enabled apps that allow that to happen. Some countries have implemented apps like that and those apps can be useful in identifying contacts who may not have otherwise been listed and in some ways also for looking at overall population risk for transmission.

Some have worked; some have not. Some have been very well-accepted at community level; some have raised real issues regarding data protection, human rights and other issues. So it's important that we continue to innovate with these tools but it's also important to recognise that that aspect of the digital revolution is innovating and providing potential solutions and tools.

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The core process is still a core, human-driven process. It's about humans contacting humans and asking questions about potential exposures and following up with other human beings. This is not an automated process. It cannot be automated in that regard and I think that's where most countries have struggled.

It's one thing to develop an app; it's another thing to identify and train a human workforce that can go out and be disease detectives and you'll see that in most countries who've been successful. What they've really managed to do is train community-based people who know their localities, they've trained them in how to do contact tracing, they've trained them in how to follow up within their own communities and that's much better-accepted.

We found the same in the Ebola in Congo; if you bring contact tracers into small villages where people are outsiders it's a potential flashpoint so the more localised the response is the better and localisation of public health intervention is a very important concept and it's something that governments need to address.

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So I think that would be my advice; localised contact tracing, bring it down to the lowest level, have it as much as possible based in and done by the community and enhance the efficiency of that where you can with digital systems and applications as appropriate but they're not in themselves the answer.

With regard to your second question, what have we learnt, we're learning a lot. Interestingly when we talk about contact-tracing, we had a major meeting two weeks ago with experts from all over the world who've been implementing contact tracing. Today we have a meeting with the steering committee of GORN, which is considering the outcomes of that meeting.

I think tomorrow we begin a meeting on what we've learned in research over the last six months, in the next few days and right

now at this six-month period we've been doing ourselves internally a number of internal retreats looking at what we've learnt over the last six months.

Our programme, the Emergencies Programme, here is under the routine assessment of the independent oversight and advisory committee, which is a body that reports directly to the World Health Assembly. They've completed their first interim review of the response and the performance of our programme in that. That review was published at the time of the World Health Assembly and in fact that committee has had a briefing today with the mission representatives of all the WHO member states.

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We will continue and that committee will continue with that review. There are currently reviews planned around the IHR review committee and obviously the Director-General is pulling together a systematic, independent evaluation based on the WHA resolution but we're doing internal operational reviews.

We continue to review all of our performance. We review all of the language and I'll hand over to Maria because she may be able to tell you also how we're really looking at the science and what we've learnt over the last six months.

MK Thanks, Mike. Yes, we are - we've said this almost every time we've been up here; that we are constantly learning and we are constantly evolving our guidance to fit what is known about this virus that we didn't know about six months ago.

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I think the way that we do that is through our international networks where we are speaking directly with front-line workers every day, whether these are clinicians and public health professionals, whether these are virologists, laboratorians who are working with specimens, with samples, looking at sequences.

Whether we're looking at people who are working on infection prevention and control to prevent transmission in healthcare settings, looking at epidemiology and modelling, understanding transmission and where transmission is happening, how transmission is happening and how that affects our guidance and our advice.

We are constantly looking at how we adapt our information that we share with you and we are very careful with how we explain the situation about what we know, about what we don't know and most importantly how we're working with our partners to address

those unknowns because that is a constant evolution, especially with a new pathogen.

I just want to mention one last thing about what you can do yourself. The Director-General mentioned this in his speech but please feel empowered, please know that you can do things yourself to prevent yourself from getting infected and importantly not only protecting yourself but protecting your family and potentially somebody who is part of a vulnerable category, who has an underlying condition or maybe has advanced age, who will go on to develop severe disease if they are infected.

So knowing what you can do; if you're in a situation where there is increasing transmission or intense transmission, if you're asked to stay home please stay home because there are many people who can't and those individuals who are working in healthcare facilities, who are caring for infected patients who are in ICU or in hospital beds; they can't stay home.

If you can please do. We know this is difficult and we know that people want this to be over. There are many things that we all want to do but it's going to be difficult for some time before we get out of this but we will. So not only do governments need to have strong leadership and be very clear on what needs to be done, adapting that to the most localised level possible; you yourselves can also play a role; men, women, children, all of you; all of us have a role to play.

TJ Many thanks. We have a bit longer answers today but it is because questions were good. We will take two more questions before concluding this press briefing. First we will go to Chen from China Daily. Chen.

00:55:17

CH Hi. Dr Tedros, you have repeatedly voiced concern over stigmatisation and politicisation of COVID-19. The US President, Donald Trump, has just last week in speeches and rallies continued to use words like Kung Flu or China Virus. Does WHO consider this as seriously undermining the global solidarity and do you, WHO, usually convey such concerns to your US contacts like the US CDC? Thank you.

MR From WHO's perspective we obviously want to have international discourse that's based on mutual respect and in that sense we encourage all people at all levels and in all countries to use language that is appropriate, respectful and is not associated with any connotations that are negative.

In that regard we'd put that message out globally. Many people around the world have used unfortunate language in this response and we certainly haven't been immune to receiving a lot of it but we try to focus on the way ahead, we try to focus on what we need to do and we need everybody focused, as the DG said, as Maria has said; we need everyone focused.

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Everyone has a job. We can actually do better than we're doing right now. We have a lot of vulnerable people to protect and shield. We have a lot of communities with poorer health systems and poorer living conditions that we need to help and support and we need to focus on that.

It is unfortunate if our global discourse is reduced to base language. That never helps but we want to focus on moving forward; we want to focus on getting this job done.

TJ Thank you, Dr Ryan. Our last question will go to Jamil, our Geneva neighbour who is working for a number of Brazilian press. Jamil.

JA Yes, Tarik. Thank you for taking my question. My question is on Brazil. What is your current evaluation on Brazil and is this strategy that you just talked about for over an hour actually being implemented? Thank you.

MR Certainly in the Americas - I'll come to Brazil but overall in the Americas the situation is difficult. The Americas as a whole represent half the cases and almost half the deaths in the whole world.

00:58:34

If you look at Brazil itself it has quite a proportion of all the cases in the Americas, 26%, that's one in four of all the cases and one in four of all the deaths in the continent so there's no question that Brazil is still facing a big challenge.

It continues to report over 30,000 cases a day from all 27 federal or all of the different state levels so Brazil is still facing a challenge and, yes, a comprehensive approach to the response is needed at all levels.

It is tough; the force of infection is high. There are many challenging situations in Brazil. There are deeply congested and densely-populated areas of the urban setting that have very poor services. There are people living deep in rural conditions as well that are difficult to reach and difficult to serve.

So it would be silly to underestimate the size and the complexity of a great country like Brazil but equally it would also be important to recognise that Brazil has a huge and proud history in the management of infectious diseases and has many excellent scientific and other institutions and has shown a tremendous capacity not only for combating infectious diseases but developing vaccines that have stopped diseases like yellow fever in so many other countries.

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So yes, we would encourage again once more that Brazil continues the fight against the disease, that Brazil links the efforts at federal and at state level in a much more systematic way, that there is a focus on a comprehensive approach to controlling the disease and doing that in a sustained fashion.

It is easy obviously to criticise any individual country and no country, no organisation is without criticism or without fault or without difficulty in this response. Again today's message is not about what happened last week, last month or in the last three months.

When the Director-General talks about politicisation as well, we all need to recognise that in many countries the government is the government of the day and we need to find a way for each government to find a way forward, for each government to serve its citizens, for each government to serve its people and we need to encourage and support governments in doing that.

01:01:15

We need to find all-of-government, all-of-society approaches and when we talk about avoiding politicisation of the virus that cuts both ways. We may in many situations as individuals in society have to provide encouragement and support for a government that may not be of our choosing or liking and that is the difficulty and the challenge of national unity against a common enemy.

When you choose national unity against a common enemy you sometimes don't get to choose who leads you in that fight and you have to find a way to be able to take that forward and that's the challenge for all countries now. I would just say from my personal perspective that we cannot continue to allow the fight against this virus to become and be sustained as an ideologic fight. It cannot be; we cannot beat this virus with ideologies. We simply cannot.

I think everybody now needs to take a step back at six months, everyone, every individual needs to look in the mirror and say, am I doing enough? Every politician needs to look in the mirror and say, am I doing enough to stop this virus?

I think we need to have a big conversation with ourselves on this and now is the time because we don't have time to waste.

01:02:49

MK If I may briefly add, it has nothing to do with the politics but it's about the science and I would like to ask us to side with science and on the side of public health and experience. We are learning from experience, we are learning about this virus. We know what works.

We're not saying that it's easy. We're not saying that it will not take more time. It will be difficult for individuals, families, communities and nations but we are adapting our approach and tailoring our approach based on what we are learning and we need people to be with us with this science.

As we communicate this to you, as we adapt it within our guidance, as we modify these approaches going forward we know what works in suppressing transmission and we know what works for reducing mortality. Let's do that.

TJ This will conclude a longer-than-usual press briefing. Still we will have an audio file sent to you soon and the transcript will be posted tomorrow. From my side I wish you a very nice evening.

TAG Thank you. Thank you, Tarik, and thank you, all, for joining. As I said earlier, we have a new timeline of the past six months and would really appreciate it if you have a look and give us your feedback. I look forward to seeing you on Wednesday. Thank you.

01:04:43