

COVID-19

Virtual Press conference

9 October 2020

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00:00:20

FC Hello, everybody. This is Fadela Chaib speaking to you from the Geneva WHO headquarters and [inaudible]. We have in the executive board meeting room Dr Tedros, the WHO Director-General. Joining him is Dr Mike Ryan, Executive Director, Health Emergencies, Dr Maria Van Kerkhove, Technical Lead for COVID-19, Dr Soumya Swaminathan, Chief Scientist, Dr Bruce Aylward, Senior Advisor to the Director-General, who leads also the ACT Accelerator, Dr Kate O'Brien, Director, Department of Immunisation, Vaccines and Biologicals, and online Dr Mariangela Simao, Assistant Director-General, Access to Medicine and Health Products.

Welcome all. This press conference is being translated. We have sound issues. This press conference is being translated into the six official UN languages plus Portuguese and Hindi. Now without further delay I will hand over to Dr Tedros. Dr Tedros, you have the floor.

TAG [Inaudible]. Shukran jazeelan, Fadela. Good morning, good afternoon and good evening. First of all I would like to congratulate the World Food Programme on being awarded the Nobel Peace Prize today. Every day WFP does incredible work in many countries. We're delighted for our friends and colleagues at WFT and for the entire UN family. Congratulations to WFP and the whole UN family.

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Vaccines are one of the most powerful inventions in human history. Smallpox has been eradicated and polio is on the brink thanks to vaccines. Once-feared diseases like diphtheria, tetanus, measles, meningitis and cervical cancer can all be prevented thanks to vaccines.

We now have effective vaccines for Ebola and the world's first malaria vaccine is now being piloted in three African countries. As you know, the world is eagerly anticipating the results of trials of vaccines against COVID-19 which are needed for WHO authorisation.

Once we have an effective vaccine we must also use it effectively and the best way to do that is by making sure it's available to all countries equitably through the COVAX facility. COVAX is an unprecedented partnership between WHO, GAVI, manufacturers and CEPI and has the largest portfolio of potential COVID-19 vaccines with several in advanced human trials.

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This week China, the Republic of Korea and Nauru joined the COVAX facility, bringing the total number of countries and economies that are part of the global initiative for vaccine access to 171 and we're discussing with the rest of the countries.

Initially supply of vaccines will be limited but by sharing supply equitably countries and economies that are part of COVAX can distribute vaccines simultaneously to priority populations including health workers, older people and those with underlying conditions.

The aim of COVAX is to ensure that two billion doses are manufactured and distributed equitably by the end of 2021. We

also welcome the announcement by one vaccine developer, Moderna, that it will not enforce its patent rights over its COVID-19 vaccine during the pandemic and this is in line with what we have launched with Costa Rica in CTAP.

We look forward to learning more about what this announcement means in terms of technology transfer though. We appreciate this act of solidarity which is in line with the principles of the COVID-19 technology access pool or CTAP, as I said earlier.

Sharing the benefits of innovation is the best way to end the pandemic and accelerate the global economic recovery.

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The advice WHO gives to the world on vaccines is guided by the strategic advisory group of experts on immunisation or SAGE. SAGE met earlier this week to review the latest developments for vaccines and vaccination against polio, measles, rotavirus, pneumococcus and COVID-19.

SAGE has recommended that any decisions about the allocation and prioritisation of COVID-19 vaccines should be grounded in ethical values including equal respect, global equity, national equity and reciprocity, as outlined in the WHO SAGE values framework published last month.

Second, SAGE issued a prioritisation roadmap which is designed to help countries make decisions about who should be prioritised to receive the initially limited supply of vaccines for COVID-19. SAGE also reviewed evidence from around the world on the impact of the COVID-19 pandemic on immunisation activities.

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All regions have reported disruptions to immunisation activities for many reasons including constraints in supply and demand, reassignment of health workers, travel restrictions and low availability of personal protective equipment. We are pleased to see that some countries have resumed immunisation services, returning to or even exceeding the levels of vaccination prior to the pandemic.

But many other countries are still recovering gradually and there are still gaps to close. Millions of children globally are missing out on life-saving vaccines. Rapidly restoring immunisation clinics, campaigns and outreach activities is the only way to prevent predictable outbreaks and deaths from diseases like measles and polio.

SAGE has issued new recommendations that all countries urgently prioritise implementation of catch-up vaccination campaigns. Even as we work together to end the pandemic we must remember that there are many other diseases and conditions that strike people down every day, which have been exacerbated by COVID-19.

That includes stillbirth. Almost two million babies are stillborn every year or one every 16 seconds according to the first estimates of stillbirth published yesterday by UNICEF, the World Bank, WHO and the UN Department of Economic and Social Affairs.

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The report shows that 84% of stillbirths are in lower-income countries, often due to poor quality of care during pregnancy and birth. Most stillbirths are preventable but the pandemic could make this tragic situation even worse. Disruptions to services for maternal care could lead to even more stillbirths and even more heartbreak.

The COVID-19 pandemic has also taken a heavy toll on the mental health of millions of people and highlighted the urgency of increasing investment in this neglected area of health. Tomorrow is World Mental Health Day. Close to one billion people are living with a mental disorder and 1% dies every 40 seconds by suicide yet relatively few people globally have access to quality mental health services.

In low and middle-income countries more than 75% of people with mental, neurological and substance use disorders receive no treatment for their condition at all. It's time for this to change. It's time to increase investment in mental health services on a massive scale so that access to quality mental health services becomes a reality for everyone.

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Tomorrow WHO will host the big event for mental health, an online global advocacy event that will bring together international and national leaders, advocates, sportspeople and artists including the K-Pop group, SuperM, from the Republic of Korea and Korede Bello from Nigeria.

During this unique event you will see and hear through stories of people living with mental health conditions the challenges they face due to the ongoing pandemic and how they're dealing with them. I hope you will be inspired by the many examples of

successful programmes on adolescent mental health, suicide prevention, dementia and many more that are being implemented by WHO in collaboration with our partners.

You can watch the big event on WHO's website and through our social media channels including Twitter, Facebook, TikTok, LinkedIn, YouTube and Twitch. The big event is part of a large campaign to focus attention on mental health with many partners. I welcome the announcement earlier this week of the healing arts auction hosted by the auction house, Christie's, the WHO Foundation and UN75.

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This is a year-long auction that will raise money for the WHO Foundation that will be used to support the mental health response to COVID-19 through the arts and beyond. Together let's move for mental health. No health without mental health. I thank you.

FC Thank you, Dr Tedros.

[Portuguese language]

00:14:12

TR There was the meeting point - we apologise; the channels were confused - in Cancun. Perhaps we could ask the speaker to start again. Can you hear me, says Paulina.

FC We still have some sound quality problems. Can you just repeat your question slowly for the translators to be able to translate to us your question? Thank you, Paulina. Go ahead.

TR Thank you. Greetings from Cancun. Thank you for taking our question. A week ago we had the first direct flights from Frankfurt and another country where there was a meeting point of at least 37 European countries. Even though we're prepared with 7,000 secure and health-protected companies the hurricanes passing meant that we had to evacuate tourists and when people are put into refuges what recommendations would you give for tourism in these situations?

The interpreter apologises; the sound deteriorated at the end.

00:15:43

MR I think I got the core of your question and this is something that many countries have faced. This has certainly been faced in India, Bangladesh, certainly around the Caribbean

area with the unprecedented number of storms and hurricanes that we've had this year.

Dealing with two disasters effectively at one time is never easy because what you're obviously trying to do in a natural disaster is get people away from the point of the disaster, which often means concentrating those people in a place where you can provide them with safety, with shelter, with medical care, with food and clean water and therefore it's quite a task to be able to manage both risks at the same time.

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But it is possible to do so and it has been shown in all of the countries I mentioned that a lot of work can be done both to provide that shelter and provide that support but doing that in a way that acknowledges the risks of COVID-19 transmission and in effect being able to create enough distance between people; the increased use of masks, hand sanitisation, good ventilation and all of the other things.

But it means obviously doing it in a more planned and intensive way and really trying to plan for those individuals, for how long they're going to need that form of shelter and how you're going to manage those risks during that time. There is no zero risk in this and authorities and obviously affected communities have to balance the risk of COVID-19 against the real risk of injury and from the consequences of a natural disaster.

Certainly the Americas has seen that through the wildfires in the United States, the hurricanes in the Caribbean and many other disasters that have occurred. We've seen the same in Sudan with the floods and, as I said, with the monsoon and rains-related flooding and typhoons in Asia.

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So it is a very important part; we have issued guidance on how to deal with the humanitarian consequences of COVID-19 and how to derisk those situations and we will continue to offer direct support. Certainly in the Americas the Pan-American Health Association, our regional office for the Americas, is very experienced at dealing with disaster risk reduction and disaster risk management and I'm sure our office there is working closely with all countries and will provide any extra assistance and support and technical advice that Mexico and other countries would need at this time.

FC Thank you, Dr Ryan. The next question is for Emme Farge, Reuters. Emma, can you hear me?

EM I can hear you. Hopefully you can hear me.

FC Yes.

EM I was wondering; as cases rise and restrictions come back or increase in many places, what can WHO tell us about what it has observed about the broader impact of lock-downs or semi-lock-downs on people's health? I'm thinking about the sedentary lifestyle, the diet, tobacco use. It comes with many people's interpretation of staying inside. Thank you very much.

00:19:09

FC I would like to ask Dr Van Kerkhove to take this question.

MK Thank you, Emma. Yes, indeed we've certainly seen an impact on people's lives all over the world based on the pandemic and notably people who have been asked to stay home as part of the measures to control transmission.

In many situations we're finding that individuals are trying to find ways to remain active; if they can leave their home to go for a walk and if they're not able to leave home to be able to do some exercises within their household.

Of course that's challenging in different types of situations but we are encouraging individuals all over to remain active as much as they can even if they have to remain in their home, to eat a healthy diet, to remain engaged socially with their loved ones through different technologies.

We've also seen people out on their balconies exchanging pleasantries and singing with their loved ones but certainly there has been an impact of these so-called lock-down measures in many parts of the world.

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What we are learning from many countries is as societies open up we are learning that people are becoming more and more active in their daily lives and finding ways to resume normal activities through work, through school, through engagement with others but what countries are teaching us all over the world is that many of the measures that are put in place - the physical distancing, the hand hygiene, the respiratory etiquette, avoiding the three Cs - still need to remain in place while people get back to their daily lives and we're learning how to do that.

I think every day is another opportunity for us to learn even more but it is really critical if you are in a situation where you're asked to stay home that you find different ways to keep your body active, to eat a healthy diet, to keep your brain engaged with others, find a book that you enjoy, listen to music, reach out to your loved ones because this has not only had an impact on people's physical health, it's also had an impact on people's mental health.

MR Maybe to follow up in the way in which you posed the question because I think it's important. You said, as cases come back and restrictions come back. These are not absolutely equivalent. There are many countries in which cases have come back and through a mixture of intensified surveillance and increased community empowerment and participation that can be kept under control.

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What we want to try and avoid - and sometimes it's unavoidable, we accept that but what we want to try and avoid are these massive lock-downs that are so punishing to communities, to society and to everything else.

So we don't want to flip from no cases, everything's open; a few cases, everything shuts down again because that's exactly the sort of scenario that we want to try and avoid. What we really need to focus on is ensuring that as cases come back - and they will and do come back and this virus is clearly showing that it's got a lot of life left in it; the vast majority of people in the world are still susceptible to the disease - we need to make sure that we're also focusing not just on restrictive measures but on the surveillance, on the testing, on the tracking, on community empowerment, on education, on everybody taking their responsibility, the community their responsibility and the government their responsibility and that we try as much as possible to minimise the broader effects on society through large-scale, complete national shut-downs.

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This may be unavoidable where the disease has got out of control again but we shouldn't accept that in every country the return of cases should be seen as an immediate return of the need for lock-down restrictions at a national level. There are many things that can be done between those two points and we should make every effort to do so in order to keep our social and

economic lives open and particularly schools and other vital services.

FC Thank you, Dr Ryan. The next question is from Toni Waterman from CGTN. Toni, can you hear me?

TO Yes, I can hear you.

FC Go ahead, please.

TO Thank you very much for taking my question. I just wanted to talk about China joining the COVAX facility. I'm wondering what sort of impact you think this could have when it comes to getting those two billion doses out by the end of next year. Does it speed up the timetable, you think, at all, what would be the impact of China joining?

00:24:18

Also whether or not you know what sort of commitment China is making when it comes to the money and the vaccines both and how much?

FC Thank you, Toni. Dr Aylward will take this question.

BA Thank you very much. As the Director-General has laid out multiple times, the more countries that participate in the COVAX facility the greater the opportunity of being able to roll out vaccines as rapidly as possible, as fairly as possible to reduce the risk of severe COVID disease globally.

So the more countries that join the COVAX facility, the more economies that are part of that the better so in terms of the timelines once again the more countries that join the better; it's quite simply as simple as that.

There was a second question, I think, in terms of some of the details. That's still being worked out as we understand and we anticipate by the beginning of next week that there'll be specifics on volumes and the like.

00:25:32

FC Thank you, Dr Aylward. I would like now to invite Kamran from Azerbaijan Real Television to ask the next question. Kamran, welcome. Can you hear me?

KA Hello. Yes. Do you hear me?

FC Very well.

KA Hello from Azerbaijan, from Real TV. Thank you, Ms Fadela. You know about the situation in Azerbaijan and the war

situation; we're fighting for our lands which are occupied by Armenia [unclear]. At this time we have information that ambulance cars opened fire [sic] by Armenians and four doctors died. The doctors sacrificed their lives during the coronavirus pandemic and at this time I want to say that to the World Health Organization.

We know they have social isolation, they have many rules from the WHO at this time but of course the Armenians fight, opened fire on our doctors, on our ambulance cars.

FC Kamran...

KA I know it's not [unclear] to your authority but I want to know your reaction, please.

00:26:57

FC Kamran, what is the question, please?

KA What we can do for our soldiers during the coronavirus to save them from coronavirus. They are fighting for our lands. What can we do to save them from coronavirus?

FC Okay, thanks, Kamran.

KA And are they...?

FC Yes. Dr Ryan, if you want to take this question, please.

MR First of all let me sympathise with... The wrong one came on. First of all our hearts go out to all of those civilians who are suffering in that conflict which has taken off again and our regional office for Europe and our country offices in the area are working very closely with governments on all sides to establish the impact on civilian populations.

First and foremost I would say that whatever the conflict is between countries civilians need to be protected and that is the responsibility under the rules of war for all participating parties.

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Second, health workers within that are a special group and should never be attacked by any side. I'm not aware of the specific report you refer to but WHO wishes just to restate that all parties engaged in conflict must not only respect the lives of health workers but facilitate and support the work that they do.

COVID-19, as we know, respects no uniform or office so from that perspective everyone is susceptible to infection. Soldiers are no exception to that. What soldiers do have is a younger age profile,

they're fit and healthy young men and it is a terrible tragedy that such young men are sent to war.

But COVID in itself represents a small threat in their lives but a significant one that needs to be managed. Certainly in the 1918/19 pandemic the concentration of young soldiers and young conscripts in large army camps was a major factor in amplifying the disease and spreading that disease and moving it around the world in fact.

The lack of information on that from within military systems was one of the reasons that the world was very unaware of the spreading pandemic because the requirements to manage military intelligence superseded the need to tell people.

So it's really important that soldiers have the opportunity to get the information to protect themselves, that they are billeted in places that maintain proper social distance and hygiene and obviously will get the opportunity in due course to access vaccination when there's a safe and effective vaccine available.

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But again just let me restate from WHO's perspective that the involvement of or attacking of civilians in any conflict is wrong and contravenes the laws of war. Equally attacking health workers represents the same abomination.

TAG I'd just like to add a bit, just two things and I fully agree with what Mike said. First of all we would like to call all parties in the conflict for a ceasefire. This is a pandemic which is affecting the whole world so I hope they would agree to a ceasefire.

Second any differences could be resolved amicably and we hope this conflict also will be resolved amicably without loss of life from any of the parties. Thank you.

FC Thank you, Dr Ryan, Dr Tedros. I would like now to invite Antonio Broto from EFE, the Spanish news agency, for the next question. Antonio, can you hear me? Antonio, can you unmute yourself, please?

00:31:22

AN Yes, sorry, Fadela. Good afternoon. I'm going to ask the question in Spanish.

FC You are welcome, okay.

TR Dr Ryan said earlier that he hopes that the increase in case won't lead to greater lock-downs in zones such as Europe

but in Spain it's already the case. Since today in Madrid we have had a state of emergency declared and the Spanish capital is in a similar situation as that which we had in March and April.

It's a situation in addition which has led to a political debate between the national Government and the local government so I wanted to know what the WHO's assessment is of the declaration of a state of emergency and if they have advised the Government of Spain on the decision-making and if they think it's the right decision to have made. Thank you.

FC Thank you, Antonio. Dr Ryan.

MR That's a lot of questions, Antonio. I'll first of all say that it's the sovereign right of the Government of Spain and people of Spain to determine their path through this pandemic and WHO does not try to influence decisions made by national governments on behalf of their citizens. We offer advice when we're asked to offer advice regarding any potential course of action that a country may take.

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Secondly just to clarify, I didn't state that lock-downs were not necessary. I said that lock-downs were not the absolute and only consequence of new cases, that there were many situations in which numbers of new cases can be contained in the ways that we have been speaking about and the ways many countries have demonstrated since the very beginning of this epidemic.

If you catch this disease in the early, early stages and even not so early sometimes - as many countries like South Korea and Japan have seen - and you work hard on surveillance and cluster investigation and isolating cases and quarantining contacts and ensuring that we can break chains of transmission even though many of the cases can be asymptomatic and sometimes it's hard to find them.

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But by focusing in on these symptomatic cases, by focusing in on shutting down those chains of transmission you catch up. That's the problem; you start behind and, as in any race, the further you start behind the harder it is to catch up. The closer you are to the finish line or the starting line when the race starts the more chances you have to catch up.

Then when you catch up you can speed up and the problem in many countries is they're getting caught behind the line and then they're not accelerating quickly enough and then they're getting

themselves into situations where the disease is very, very established and very, very intense and then there are no options but to shut down and lock down in many situations, particularly at a municipality or a city level because it becomes very, very hard to stop the virus unless you separate people from other people and that is a very difficult thing for everyone to accept.

If we go back to the experience of many countries in the western Pacific and south-east Asia lot of their struggle was trying to stop transmission even in households. It wasn't just at mass gatherings; there was a lot of transmission going on within houses and that ability to isolate individual cases was difficult because people live in multi-generational households of many people living together.

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Governments need to support the process of isolation of cases and quarantining of contacts and it's a massive investment. Governments need to support really, really detailed surveillance, proper testing, fast turnaround of tests, contact-tracing and these things and this takes a massive effort.

There are many, many countries right now who are not so far along that implementing those kinds of measures will have an impact on this epidemic curve and may avoid the worst aspects of major, major lock-downs.

In the case of Spain and particularly in the case of places like Madrid, clearly the transmission there is very intense and clearly both the government at local and at national level are concerned. I believe they differ in the scale and type of response. It is not for me to...

I don't see that data at that level but I would ask or we would as WHO ask that one of the biggest problems in this response has been when governments differ people die so let us make sure that we come together and make good decisions.

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Sometimes compromise is the best way forward and everyone should remain reasonable on this. It is very difficult to translate science into action and the same data presented to two different people may result in two different pieces of advice so it is tough for government to pull that together into a single policy that everyone agrees with.

But that is the role of government and that unfortunately comes with the job and we would support governments, especially

governments in federated states that the provincial or state level work very closely in consultation with national governments and importantly the national government consult with the subnational level because it goes both ways and we've seen examples of both.

We've seen examples where local governments have acted without consulting national governments and we've seen the exact opposite; we've seen situations where national governments have not consulted and involved enough local government in their decision-making processes.

TAG Yes, I would like to add just a few words to what Mike has said. We have said it before; we have worked with Spain very closely and we respect their leadership and we also believe that without good reason and without the local condition, I don't think the government decided the measures that it decided to take and we're very confident.

00:38:08

The second is co-operation of the community is very, very important because this is everybody's responsibility. Then the third part is the good side. When the COVID pandemic was at its climax in the week of March 30th for instance in Spain the number of cases was high and the number of deaths was also high but what we see now is very different.

The number of cases is high but the number of deaths is low and that's very important progress and we hope the focus on keeping the number of deaths low will continue and we also hope that these measures will bring better outcomes. Thank you.

FC Thank you, Dr Ryan and Dr Tedros. I'd like now to invite Helen Branswell from Stat to ask the next question. Helen, can you hear me?

HE Hi, yes. Thank you very much. This is probably a question for Maria. I'm wondering what WHO thinks now about duration of immunity post-infection and whether or not in cases where people could be having a second infection; is the second infection as severe, more severe, less severe? Thank you.

00:39:52

MK Hi, Helen. Thank you for the question. This is a question we discuss with our international networks every day, looking at immunity, the body's response to infection. There are many studies that are underway that are measuring this, that are demonstrating this.

What we understand is that individuals who are infected with the SARS-CoV2 virus develop an immune response. People that have mild disease, have moderate disease all the way through severe disease develop this immune response. Even people who have had asymptomatic infection - that is no symptoms at all - also develop an immune response.

What we're trying to get a better handle on is how strong this immune response is as it relates to the different types of antibodies that develop and also looking at T-cell responses as well, which is different, to neutralising antibodies for example, and for how long this antibody response lasts.

Our gold standard of a test is called a longitudinal study which follows the same individuals over time, taking repeat samples for the same individuals to look at that antibody level. Ideally we'd want to be looking at neutralising antibodies and also at T-cell response over time.

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There are very few of these that are currently underway. However we are discussing with the researchers that are carrying these out right now and the results are not finished because these studies are ongoing. Ten months into a pandemic we need to follow individuals for longer periods of time.

In some studies we see this antibody response stay strong over several months, three or four months, five months that they're following and in some studies there's a slight decline so I don't have a complete answer to that yet.

In the situation of reinfection there are case reports of reinfection that we are aware of from a number of countries and in these instances the reinfection has been demonstrated by sequencing so there was a sequence that was collected during the first infection and then there was a sequence that was collected in the second infection.

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We have a specific working group specifically on reinfection because we have a lot of questions. Right now these are case reports from a handful of countries. We don't have estimates at a population level but there are some that have been reported and what we want to understand is what was the immune response, the antibody response after the first infection and what was the antibody response at the time of the second infection; did those antibodies indeed wane or decline as we call it, what is

happening in these instances so we don't know yet; we're learning about this.

The other question that you have about a second infection; will there be more disease or less disease? Again we only have a handful of examples and in some examples the second infection resulted in less disease or more mild infection and I have seen some where the second infection was more diseased so again I don't have a complete answer to that.

But what is important, I think, and everybody needs to understand is that after 35, 36 million cases globally and from all of the research that we have seen we see individuals time and time again in all of the studies that we have seen develop a strong immune response. We don't know how long that lasts and I don't have that answer yet.

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We have some clues from other coronaviruses, from the common cold coronaviruses but also from SARS-CoV1 and MERS coronavirus and those tell us that we don't have a lifelong immunity to one infection so it is possible that antibodies will wane over time but we need those studies to be conducted.

So it is important that everybody continues to do it all, as the Director-General continues to say, with our physical distancing, our respiratory etiquette, our avoiding the three Cs; all of the measures that are put in place that will keep all of us safe, keeping ourselves from getting infected and also from passing it to someone else.

MR We have Helen on board. Helen, I'm sure, as you report on this, you're tracking this very closely but certainly we're making progress in Congo collectively with all our partners in the Government and we've only had two confirmed cases reported in the last 21 days. We currently have gone overall in this epidemic from 42 health areas and 13 health zones now down to three health areas and three health zones.

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Bikoro, which was a very big hot-spot in this epidemic, has now not had a case for 21 days. The three health areas still affected are Mikanza, Lutombe and Bulomba, again with over 35,000 people vaccinated and with very intense surveillance on the ground and lots of community engagement.

We're still not out of the woods there yet and again all agencies responding are struggling to get the necessary funds to continue

these activities and we are working with the surrounding countries as well on preparedness issues.

I think on a day when we see intensification of the COVID outbreak it is great to see progress being made on Ebola in Congo and again the use of a novel vaccine taken into the field at -80 degrees, the use of novel therapeutics including monoclonal antibodies, demonstrating what a difference these innovations can make in the long term if properly developed and tested.

I think with COVID moving along those same pathways certainly Ebola represents a path-finder on research and development and roll-out of some of these solutions over the last number of years but, as I said, we're not out of the woods yet. We need to maintain very great vigilance on this response but again testament to the NGOs, to the government, to the UN partners on the ground who continue to fight Ebola while the world's attention is very focused appropriately on COVID-19.

00:46:05

FC Thank you. I would like now to give the floor to Jamie Keaton from Associated Press. Jamie, can you hear me?

JA Yes, I can, Fadela. Can you hear me?

FC Yes, very well. Go ahead, please.

JA Great. Thank you so much for taking my question. This is for Mike. Mike, the epidemic is doubling every few weeks in the UK, France is running out of ICU beds. Spain has just overridden the local Madrid authorities - you mentioned the disconnect between local and national authorities - to impose a lock-down.

People clearly don't respect the measures and believe authorities. The world looks to the WHO for guidance so what should governments be doing exactly if not lock-downs?

00:46:53

If I can sneak in a second question very quickly because it's been a long time, have any of you accepted President Putin's offer to take the Russian vaccine or do you plan to?

MR Thanks, Jamie. We could stay around for the next ten minutes, Jamie, and tell you what governments should do because we've been saying it since January 30th and before because there are no new answers on that. We know what we need to do and we know that it is a combination of all of those things and not one of those things by itself addresses all of the issues that we face in this pandemic.

In that sense I know it's not necessarily what people want to hear but that is it. We have the tools we have, we have seen how effective those tools can be if applied in the right proportions at the right time and in the right way at country level.

It is though sad to see many countries in Europe experiencing a rapid rise in cases and governments do have to take decisive action in order to try and shut down transmission and it is very, very difficult when transmission reaches a certain level to not put in place restrictions that...

It's not about putting in lock-downs. What governments are trying to do is not to lock down. What governments are trying to do is break chains of transmission. They're trying to stop the disease jumping from person to person and there are certain circumstances in which trying to do that becomes exceptionally difficult when there is intense community transmission.

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What we've said since the beginning of this pandemic is we need to avoid situations in which the disease can run rampant at community level. We need to keep the disease down to the lowest possible level, sporadic cases, clusters of cases. We need to jump on clusters, we need to try and prevent the disease becoming a rampant epidemic at country level and spilling into older populations and vulnerable populations and causing high numbers of deaths.

We need to protect those populations and I would say in situations for example now in Europe, as the disease is spreading fairly intensely in many, many countries one very important aspect of the response now beyond the attempt to shut down transmission is to ensure that we protect the most vulnerable, the older populations and those people most likely to do very badly clinically in this disease.

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Again we need to empower communities, we need to tell people how to protect themselves by physical distance, by hygiene, wearing masks, avoiding crowded places, taking care with ventilation in places where they can't avoid being inside and everyone being their own risk manager.

We need to have very, very strong surveillance, case detection, lab testing, quick turn-around, quick results, good contact tracing, cluster investigation. We need to support people who

isolate at home. We need to support contacts to quarantine at home and support means real support to do that.

We need to be very, very careful with any forms of mass gathering that bring people together at close quarters. We need to shore up our health system and ensure that the health systems right now can cope with the increasing number of very sick patients and we need to protect those most vulnerable from exposure.

We need to work really, really hard to fund the effort to develop vaccines that will hopefully take us a long way along the way to coming to a way of living with this virus and bringing it finally under effective control. Lots of things to do, Jamie, and none of them are easy.

00:51:09

MK Very briefly to say, we are not in the same situation that we were in five, six months ago. We know so much more now than we did in the beginning of this pandemic, than we did a month ago, than we did two months ago and all of the measures that Mike has just outlined, that we have been saying for months, that governments have been doing for months work. It's the implementation that is the challenge.

But what countries are doing, what they're learning from is from their own experience and how they have applied the tools, how they are now applying the tools, using the data that they are capturing through their surveillance systems, through their testing systems, through their hospital-based systems, through the research that they are conducting to apply to the most local level.

00:51:50

As Mike has said, this is hard and this will continue to be hard as we are trying to find this balance of opening our societies back up, getting schools open again because we recognise how important this is, getting essential medical services back online, making sure that people who need vaccines are getting vaccines, making sure that babies are born safely, making sure that people receive cancer treatments; all of that needs to continue to happen while we still work on suppressing transmission.

That balance that we are working towards, that countries are working towards is applying what is learned so I think we need to recognise that we will continue to gain knowledge about this virus, how we can apply the tools that we have because we have

so many tools right now that reduce transmission, that break chains of transmission, that save lives because of earlier actions around surveillance and detecting cases, getting those results back quicker, getting people into clinical care quicker, making sure that they receive oxygen if they need it, dexamethasone if they are in severe or critical condition, ventilation support.

All of this saves lives and if you notice, the case numbers may be increasing in many countries but, as the Director-General has said, the mortality has reduced and that is because we know so much more. Our clinicians, our nurses, our medical professionals have direct experience with this virus, are better-trained, are better-experienced and are providing that life-saving care but we are also working towards - as you've heard us say many, many times - not only informing the public but engaging the public, empowering the public and enabling them to take the actions that they need.

00:53:32

Every individual, all communities need to be supported in taking these decisions. As Mike has just said, if there is a stay-at-home order that is in place they need to be supported in being able to do so; making sure that they can feed their families, making sure they don't lose their jobs.

So this is very challenging and I think as we move through this calibration period of trying to figure out how to apply these at the local level we need to be supportive of governments, we need to be supportive of communities and we need to be supportive of individuals because we are absolutely all in this together and these viruses do not respect orders, they don't respect any of this so we are in this together whether we like it or not.

So let's focus on the positive ways in which we can support each other in getting through these very difficult times.

00:54:21

MR There was a second question from Jamie on the vaccine and Russian vaccines. I'd just like to say that WHO will apply the same criteria to all vaccines ultimately both in terms of research and development, in terms of any vaccine trials that come along and also in terms of vaccine policy.

Kate O'Brien is here and can speak to that. I know SAGE have been working very, very hard on setting out the vaccine policy and the strategy but again we are engaged with and we've had some excellent calls with colleagues in Russian institutions and

have laid out to them, as we have laid out to other researchers around the world, what WHO's criteria and data need are for vaccine trials, for pre-qualification, for good manufacturing practice and the data that will be needed by SAGE in order to determine vaccine policy down the line.

So a lot going on with many countries to determine what the best products are and again much of that selection and much of that policy is generated by independent experts who operate and advise WHO. I don't know, Soumya or Kate, if you want to add anything to that.

FC Thank you, Dr Ryan. We will take maybe the last question from Corinne Gretler, Bloomberg. Corinne, can you hear me?

00:55:47

CO Yes, thank you. I had a very quick question on whether you've got any steer from China on how far along we might be from them approving the scientific team for the second mission and also when do you expect you could start that.

FC Thank you, Corinne. This question is for Dr Mike Ryan. Mike, please.

MR We are making progress but let me clarify here; we provide lists of names to countries as a matter of generating scientific collaboration here and we're really, really trying to connect the best Chinese scientists with a collection, a selection of the best international scientists so we can make progress on this investigation.

This is not about WHO or the Director-General seeking the permission of China for the list of names. We share as a courtesy to have a dialogue around the best team, not as a means of blocking or not blocking individuals or whatever so it's really important at this point that we reflect on that.

00:57:08

We are ready to move very, very quickly on this. We can put teams in the field in 24 hours in most epidemic responses so the issue is not logistics; the issue is getting that agreement around the final shape of that team.

We would like the team - and the Director-General has made this clear and has been in discussions on this with senior Chinese counterparts and the terms of reference allow for this; that the teams can begin work virtually and then deploy at the appropriate time.

So we would like to see this international team establish a virtual relationship with their counterparts to review the existing data, to review the phase-one progress made by Chinese colleagues and then to plan and implement phase two and then to deploy to the field at the appropriate time and I think all of those things are possible in the very near future and we look forward to concluding that process with the Chinese colleagues very soon.

FC Thank you, Dr Ryan. I think we are reaching the end of this press conference. I would like to thank the DG for his presence and all my colleagues here. I would like to remind journalists that you will be receiving the audio file and the DG's opening remarks as soon as this press conference is over. The full transcript will be available for you on the WHO website tomorrow. Thank you for your presence and your participation and I do apologise as usual to journalists whose questions I wasn't able to take.

00:58:54

You know that you can reach us any time through mediaenquiries@who.int. Thank you so much and have a great weekend.

TAG Yes, Fadela.

FC Sorry. I would like to ask the DG for his closing remarks.

MR Just before the DG closes - because he gave his personal and our organisational congratulations to the World Food Programme - may I just say also on behalf of the staff of WHO but most especially those of us who work in some of the most dangerous places in the world, WFP not only feeds the hungry but it moves most of the humanitarian force around into the most extreme of environments and we've worked very closely with WFP on life support and camps and tents and all of the things that are needed to keep teams in the deep field.

00:59:45

So WFP doesn't just feed the hungry; it feeds and protects us in the field as well and allows us to do our job on behalf of those who we serve. We used to say in West Africa and other outbreaks and I'll say it to the world; what we say within the staff of the UN system is WFP rocks so well done, WFP.

FC Thank you, Dr Ryan. I would like to give the floor to Dr Tedros. Sorry, DG. You have the floor.

TAG Okay, thank you so much. I agree with Mike that WFP rocks although I would like to add the UN rocks so I'm proud to be UN. I would just like to thank all who have joined us today and I would like to remind again that tomorrow WHO will host a big event on mental health. I said it so I'm just reminding; please join us.

I would also like to appreciate K-Pop group SuperM from Korea - kam samida - and also Korede Bello from Nigeria, who will be joining the big event. You can watch the big event on WHO's website and all the other things I have listed earlier. Please join. As I said earlier, no health without mental health. See you tomorrow. Thank you so much.

01:01:30