

COVID-19

Virtual Press conference

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FC Hello, everybody. I am Fadela Chaib, speaking to you from WHO headquarters in Geneva and welcoming you to our global COVID-19 press conference today, Monday 16th November. Present in the room is the WHO Director-General, Dr Tedros. In the room also are Dr Mike Ryan, Executive Director, Health Emergencies, Dr Maria Van Kerkhove, Technical Lead for COVID-19, Dr Mariangela Simao, Assistant Director-General, Access to Medicine and Health Products, Dr Ed Kelley, Director, Integrated Health Services, and Mr Steve Solomon, Principal Legal Officer at WHO. Welcome, all.

As usual we have simultaneous interpretation in the six official UN languages plus Portuguese and Hindi. Now without further ado I will hand over to Dr Tedros for his opening remarks. Dr Tedros, you have the floor.

TAG Thank you. Thank you, Fadela. Good morning, good afternoon and good evening. This is not the time for complacency. While we continue to receive encouraging news about COVID-19 vaccines and remain cautiously optimistic about the potential for new tools to start to arrive in the coming months right now we're extremely concerned by the surge in cases we're seeing in some countries, particularly in Europe and the Americas.

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Health workers and health systems are being pushed to their breaking point. WHO has issued guidance and tools to increase capacity for the medical and public health workforce and supplies and facilities to manage COVID-19 patients.

At present WHO has 150 emergency medical teams assisting countries in the planning and implementation of their emergency responses. WHO and partners are working with governments and health leaders to ensure that there is cover for health workers that are sick, that there are enough beds for COVID-19 patients and for essential health services to continue safely, that there enough masks, gloves and other protective equipment, that governments have access to enough tests, therapeutics and supplies to cope with demand now and that health systems will be ready when safe and effective vaccines are rolled out.

Health workers on the front lines have been stretched for months. They're exhausted. We must do all we can to protect them especially during this period when the virus is spiking and patients are filling hospital beds.

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In this moment when some governments have put all-of-society restrictions in place there is once again a narrow window of time to strengthen key systems. We have seen that those countries which invested in case finding, care and isolation, cluster investigations, adequate testing with rapid results, contact tracing and supported quarantine are facing much less disruption.

Cluster investigations and contact tracing are part of the bedrock of a successful public health response. These actions help

prevent individual cases from becoming clusters and clusters turning into community transmission.

During recent Ebola outbreaks the Democratic Republic of the Congo and WHO have invested in people and trained up a sizeable number of contact tracers who work closely with local leaders and communities. In just two days, in part down to active case finding and contact tracing, they will be able - I hope - to call an end to the most recent Ebola outbreak.

As countries take extreme measures to curb the rapid spread of COVID-19 now is the time to invest in the systems that will prevent further waves of the virus. Invest in a well-trained and protected public health workforce so that you have enough contact tracers in place and ensure that those who are sick can isolate away from others and contacts are identified, notified and managed properly.

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Where cases are starting to come down keep investing so that you're prepared. This is a dangerous virus which can attack every system in the body. Those countries that are letting the virus run unchecked are playing with fire. First, there will be further needless deaths and suffering.

Second, as we featured two weeks ago in a press conference, we're seeing a significant number of people experiencing long-term effects of the virus. Third, health workers in particular are facing extreme mental health pressure and cases are severely burdening health systems in too many countries.

Health workers went into medicine to save lives, as you know. We must avoid putting them into situations where they have to make impossible choices about who gets care and who doesn't.

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We need to do everything we can to support health workers, keep schools open, protect the vulnerable and safeguard the economy, from calling up students, volunteers and even national guards to support the health response in times of crisis to putting strict measures in place that allow pressure to be removed from the health system.

There is no excuse for inaction. My message is very clear; act fast, act now, act decisively. A laissez-faire attitude to the virus, not using the full range of tools available leads to death, suffering and hurts livelihoods and economies. It's not a choice

between lives or livelihoods. The quickest way to open up economies is to defeat the virus.

Last week leaders came together at both the World Health Assembly and the Paris Peace Forum. High on the agenda was the ACT Accelerator and ensuring equitable access to new rapid tests, therapeutics and COVID-19 vaccines.

The European Commission, France, Spain, the Republic of Korea and the Bill and Melinda Gates Foundation pledged US\$360 million to COVAX, the vaccines pillar of the ACT Accelerator. New contributions bring the total committed to US\$5.1 billion. This is very substantial but to ensure that tools are rolled out quickly across the world so that we save lives, stabilise health systems and drive a truly global recovery another US\$4.2 billion is needed urgently and a further US\$23.9 billion will be required in 2021.

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With countries spending trillions to prop up economies COVAX represents the best possible deal as it will mean a quicker recovery for all and an end to stimulus. G20 leaders will meet this weekend. This is an opportunity for them to commit financially and politically to the ACT Accelerator and COVAX so that together we can end this pandemic quickly.

It's also a moment for us to strive for the world we want. This cannot be business as usual. The time has come for a fundamental shift towards health being seen as an investment rather than a cost and the foundation of productive, resilient and stable economies. Health is centre.

To reflect this last week I launched a new Council on the Economies of Health For All, to be chaired by distinguished economist, Professor Mariana Mazzucato, to put universal health coverage at the centre of how we think about value creation and economic growth.

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Health, like the climate crisis, inequality and conflict, cannot be tackled in silos. A new collective way forward is needed to ensure that we deliver on the promises of the past and tackle these intertwined challenges together. I thank you.

FC Thank you, Dr Tedros, for those remarks. I would like just to add information; we have with us Dr Soumya Swaminathan, Chief Scientist, and Dr Kate O'Brien, Director, Immunisation, Vaccines and Biologicals, remotely.

Now I would like to open the floor to questions from members of the media. I remind you that you need to use the raise your hand function in order to get in the queue to ask your question. I will start with Antonio Broto from EFE, the Spanish news agency. Antonio, can you hear me?

TR Yes, Fadela. Good afternoon. I wanted to ask about the vaccines that are giving good results and in particular Moderna because Moderna is the only one of the three that has shown results above 90% and which is in the COVAX network.

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How is this good preliminary news from Moderna affecting the research programmes and the distribution programmes that the WHO and GAVI are working on through COVAX? Thank you.

FC Thank you, Antonio. Dr Swaminathan, can you hear me?

SS Yes, I can. Thank you for the question. I can start and maybe [inaudible] can come in. The question, I think, was about the news of the Moderna vaccine, which is quite encouraging. We've heard about the interim results from the press release from Moderna. It's a fairly detailed press release and we know that in the interim analyses it appears that the vaccine actually has a protective efficacy of over 90%; it's about 94%.

Of course we need to wait and see what the final efficacy and the safety profile of this vaccine will be when the whole data is analysed after they reach their primary endpoint and also have enough follow-up of at least two months of half the trial participants for the side-effects and that will then be submitted to the regulatory agencies.

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As far as the COVAX facility's concerned we're working very closely with GAVI and CEPI. The facility has been established and the facility is discussing with vaccine manufacturers from around the world. We're open to procurement of vaccine doses. There are criteria of course for the procurement and there is an independent prioritisation group that's been set up that will look at the dossiers, that will look at the data that manufacturers are submitting.

Then there are the cost considerations as well; there's affordability and then there are practical considerations like the need for cold storage, the number of doses of vaccine that will be required, the number of doses that may be available early in 2021.

So there will be, apart from efficacy and safety, other considerations that the facility will consider when making a decision on whether or not to go ahead with the contract.

At this point we cannot announce anything further about which companies. There are negotiations going one of course with several at the moment and one very encouraging thing is to see that at least with the two mRNA vaccine results that we've heard, Pfizer and Moderna, we seem to be achieving high efficacy but there are many, many questions still remaining about the duration of protection, the impact on severe disease, the impact on different sub-populations, especially the elderly, as well as the adverse events beyond a certain period of time.

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So we also hope that the clinical trials will continue to collect data because that's really going to be important for us to know about in the long term and we're looking forward to getting more results in the coming weeks from the other vaccine trials that are currently in progress.

FC Thank you, Dr Swaminathan. Dr O'Brien, do you have something to add?

KOB Thank you. The only thing I would add to that really good explanation from Dr Swaminathan is that the delivery characteristics of vaccines are also important and we will be looking really carefully at the ease with which different vaccines can be delivered and certainly at the number of doses that are required.

This is a two-dose vaccine and certainly any vaccine that can achieve a one-dose vaccine is easier to deliver than a two-dose vaccine and of course the cold-chain characteristics are also important so information from the Moderna vaccine about its requirements of both -20 and then refrigeration for what they're indicating may be a period of a month is welcome news as well.

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FC Thank you, Dr O'Brien. I would like now to invite Bayram Al-Tuk, Anadolu News Agency, to ask the next question. Bayram, can you hear me?

BA Hi, Fadela. Thank you very much for giving me this opportunity and good evening, everybody. China seems to have recorded almost no or very few new cases for months. Can we assume that Chinese authorities have successfully contained the virus to close in on and end the pandemic?

If this is the case to what does WHO attribute that success and what are the lessons learned from the rest of the world? There have also been unconfirmed reports of the Chinese toll being much higher so what would you like to say about this question? Thank you.

MR Thank you for the question. Many countries have dealt with sometimes serious epidemics within their own countries and have found a comprehensive means by which to control the infection, test and trace contacts, quarantine contacts, treat their sick and, once they've had it low, keep the virus at a very low level. China is amongst those countries but others like Korea, Singapore, Japan, New Zealand, now Australia and others.

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So this has been a fight that many countries have taken to the virus. While their approaches have been very different and they're very different cultural settings what has been common in their approach is really a relentless focus on doing it all, a relentless focus on mobilising community action as in Thailand with community-based surveillance and response, a relentless focus on testing, tracing and quarantine, as you saw Australia really fight back against a very difficult epidemic in Melbourne and Victoria.

The people of Victoria sacrificed 101 days, I think, in virtual lock-down with ramping-up of surveillance and they have turned the corner there significantly. So from that perspective I think what we can see between countries is that capacity both to chase the virus, take the fight to the virus, protect vulnerable groups, keep the health system ticking over and when you get to that low level following through with very aggressive measures when cases and clusters occur; very good cluster investigation as we've seen in places like Japan, both prospective contact tracing and retrospective investigation of cases to find out whether they were part of clusters.

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Much of that is the stuff we've been saying for months and months; a comprehensive strategy aimed at controlling the virus, aimed at protecting the vulnerable, aimed at saving lives.

With regard to the other part of your question with regard to current incidents in countries, I think many countries have very, very low numbers of cases. There's always the risk of importation of cases or undetected cases in any country. We have no evidence right now that the situation in China is anything other

than extremely low levels of the virus with a very aggressive response to any up-surges that you've seen, again with much of the mass testing that's going on and mass testing is not something that's accessible to all countries but takes a huge amount of resources to do and for many countries that's not a feasible or even advisable option.

But in the situations where it has been done very few cases have actually been picked up as part of that mass testing. If there were a large number of undetected cases in the context of local transmission one would expect to find cases through that process.

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So no, we don't believe at this point that there's any evidence that points to a significant problem in China. Maria?

MK Yes, just to highlight the part of the question, what can we learn from others? I think that's exactly the right question we need to be constantly asking because there's so much that we're learning from each other. As Mike has pointed out, this is a comprehensive set of measures like China, Japan, Australia and so many countries - Germany - have been using right now.

I think some of the things that stand out are the doing it all, making sure that there's a comprehensive, aggressive approach in case finding but using the system that's also in place to find cases that may be picked up in the community so using your influenza surveillance system or your respiratory surveillance system that exists in country to also test a subset of those for COVID-19 is incredibly helpful to see if you might be missing chains of transmission.

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Some of the things that work you've heard us say many times before. Arguably some of the most important things to do are to be able to isolate cases, really isolate those cases in a medical facility if possible, in a community centre that specifically caters for COVID patients depending on the severity of their systems, or if they need to be cared for at home making sure that they're isolated from other family members.

This is difficult to do with multi-generational homes or homes that have a lot of different people but having a known case in the home, they need to be isolated from their loved ones and that will really help break those chains of transmission.

The other thing is supported quarantine so finding the contacts of known cases and putting these individuals safely, securely supported in a quarantine facility or again if they need to be quarantined at home away from others. This is what breaks chains of transmission.

The last thing to highlight; one of the things we repeatedly see in countries is where you have a supported, enabled, empowered community to carry out individual-level measures where they know, where I know, what do I need to do, what does my family need to do, what does my community need to do. All of that contributes to reducing the spread and that is something we cannot emphasise enough because right now we need everyone, everywhere to really be doing what they can to make sure that they don't get infected themselves and to make sure that they don't pass the virus to someone else should they either be infected or exposed.

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These are things that we need to continue to focus on and we will continue to put these messages out day in and day out.

FC Thank you. I would like now to invite Gunila Van Hal to ask the next question. Gunila, can you hear me?

GU Yes, I can hear you. Can you hear me?

FC Yes, very well. Go ahead, please.

GU Thanks, Fadela. Thank you for taking my question. It comes from Sweden. Sweden has had a very different strategy from the rest of the world until now, until today actually when the Government has introduced very, very tough restrictions. It's basically the end of what's called the Swedish Strategy.

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I'd like to hear what you think about this. Is this radical shift a sign of a misunderstanding or misjudgement of what has been really needed to stop the virus and how useful can it be in this situation with a surge in cases to recommend the use of face masks in Sweden, which is basically the only country not recommending face masks? Thank you.

MR I think all countries have had to adapt to the realities of this wave of transmission of the virus. I think it was quite clear in the first months of the spread of this disease that while it had a major impact the vast majority of people still remained susceptible to the virus, in most cases more than 90%.

As the virus has spread again, particularly in the European region and as people have suffered that fatigue of maintaining physical distance, wearing masks, hand-washing, not attending crowds and gatherings it is difficult but it's difficult for all to maintain self-managed discipline in that.

The Swedish authorities had engaged and had had, I believe, very high levels of compliance with their original measures back in the spring and that social contact that exists in Sweden, the fact that the majority, I think over 50% of households in Sweden are single-person households; they did see issues in long-term care facilities, amongst some immigrant populations who live in multi-generational homes so it wasn't without its difficulties.

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I think this time around Sweden has begun to implement and ask its population to do even more in terms of behavioural adaptation and it has added into that some mandated measures. WHO's advice regarding mask wearing, I think, is quite clear; masks work, masks work in particular environments where you can't maintain physical distance, where you're in a crowded setting.

We would like people to look at all aspects of how you project yourself, to look at your risk score in a sense on a weekly basis. We need to look at all of the activities in terms of the locations, the durations and the intensity of the contact you're going to have with people in those situations.

There are many situations where wearing a mask is a very good addition to all of the other measures; maintaining physical distance and washing hands, avoiding crowded places and in particular linking the hand sanitisation and hand washing to mask use as well.

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It's really important that people wear masks properly, use the right kind of masks but also wear masks properly fitted on their face and not under their nose and also take care that when you're applying the mask and taking off the mask you're using your hands and therefore that should always be done with proper regard for sanitisation.

So we would advise all countries in situations of widespread community transmission to consider the utilisation of masks in those specific contexts where transmission risk is high. I'll pass to Maria for the specifics on that.

In all of these situations countries are on a journey and countries are trying to use the data as best they can to protect their populations. These decisions are made in good faith. They are evidence-based and they represent the considered view of people who advise on policy.

Adjusting and shifting and changing those policies is not a weakness; that's a strength. It takes courage sometimes to move away from a path and recognise that you have to add additional measures. That's not a failure. That's a sign that the system is capable of listening, adapting and adjusting to new realities that you didn't expect to be the case.

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So this is not a time, I believe, for recrimination. This is a time for solidarity, moving forward together, finding the right combination of measures that works and then implementing it in a consistent and fair fashion with the least recrimination possible, maintaining unity if at all possible between all sectors of society and government.

FC Thank you, Dr Ryan. I would like now to invite RFI, Jeremy Lunch from Radio France International to ask the next question. Jeremy, can you hear me?

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

FC Yes, very well. Go ahead, please.

JE Thanks. A question; I would like to know what is the dominant feeling right now at WHO; are you more amazed by the results of Moderna, Pfizer and the likes or are you more worried that those vaccines, if proven effective, would only be available in rich countries? Thanks.

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FC Merci, Jeremy. Dr Simao.

MS Let me start and then Dr Soumya can complement. Of course we're very happy to hear positive results but there are many vaccine candidates coming up with results before the end of this year and the beginning of next year.

Some will be easier to implement at country level and some will be more challenging but overall we see the landscape as very, very promising so far and the fact that we have already two vaccine candidates that are showing interim results at 94.5 efficacy is quite encouraging.

Of course, as I mentioned, there are challenges in the implementation but we are also aiming through the COVAX facility to ensure that countries will have an opportunity to have access to the vaccines they prefer in due time and that we don't have a long lag period between these vaccines reaching developing countries and developed countries.

Soumya, I don't know if you want to complement.

FC Dr Swaminathan, go ahead, please.

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SS I think Mariangela has answered the question. We remain optimistic and we would like to work with all manufacturers and developers with the COVAX facility to ensure that we have the widest possible selection of candidates available because some candidates will suit more certain situations, perhaps in certain sub-groups like the elderly; some will have different storage conditions and so on.

So it would be good to really have a portfolio of products so that countries can also have some choice in the matter but I think we're looking at at least the first half of next year as being a period of very, very limited doses. Supplies are going to be limited.

There are bilateral deals that many of the companies have done so many of the doses have already been booked by some countries. We are hoping that there will be enough in the facility so that the AMC countries, the 92 countries in the AMC group will also get access to these doses at the same time.

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But right now it's just a question of planning week-by-week and day-by-day but our goal is to ensure that the highest-risk people in all countries - Dr Tedros mentioned the health workers who are under tremendous strain and who are also being disproportionately affected by this pandemic; we want to make sure that these front-line workers, regardless of which country they're in, are protected.

That's our goal and we're trying to work with all countries to see that this happens but this again, as Dr Tedros has said many times, requires global solidarity to really ensure that we achieve the goal of equitable access.

FC Dr Ryan, please.

MR I think it's good for us too to reflect on the amazing journey that we've all been on in terms of global science and to reflect on the fact that before this pandemic started as part of the research and development blueprint we had target product profiles for coronavirus vaccines, for disease X, for therapeutics and the world and many scientists had come together to agree on what we would need to be doing really quickly in the face of a pandemic.

That transformed in February within a few days of Dr Tedros declaring the highest level of global alert into a research and development roadmap which was the result of hundreds of scientists coming together under the leadership of people like Soumya, Mariangela, Maria and so many others who support the R&D blueprint.

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That roadmap then was used as a blueprint to bring together technical partners. Dr Tedros has been working at political level on this issue since March, since April, talking to global leaders going way, way back, trying to build an alliance and a coalition between multilateral organisations and powerful member states to create the momentum that could drive this forward.

But we are at that moment of great hope but we need to hope with attitude, we need to hope with determination, with planning, with investment, with financing, with implementation, with readiness; the issues that Kate mentioned about getting countries ready to be able to deliver this vaccine to those who will benefit from it and ensuring that's done with equity.

So yes, it is a moment of great hope and it is a moment that demonstrates what human civilisation and what science can deliver when it works across ideologic and country boundaries, when it works towards a common good, a common goal, a global good and when we see that happening we should take hope from that.

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Science, solidarity and solutions, as Tedros has said almost every day at these press conferences - and he says it every day to us - that's what we have to focus on and I think we should have hope but we should have realistic hope but we're not there yet and a testament to everyone in COVAX and everyone in the R&D blueprint, everybody who supports the work that Mariangela's doing leading on equitable allocation.

We're not there yet but I certainly would strike a note of hope in this regard.

FC Thank you all. I think Dr Ed Kelley would like to add something.

EK Just really briefly on Mike's point that we're not there yet but we're getting there, I think these points that we've raised earlier about the measures that continue to need to be taken now and will be needed even after the vaccine is introduced.

Last week we had 60,000 deaths, we had four million new cases, we'll have more of those weeks before the vaccine is out there.

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I'm sure my partner, Kate, would mention and Soumya and Mariangela would also mention, it's not vaccines that save people; it's vaccinations that will actually save people so the delivery function and the work on the ACT Accelerator is an important piece of that.

We have spent recently work over the past two weeks plus to really integrate the work of the vaccines pillar of the ACT Accelerator with the health systems, strengthening work that's there, working with ACT Accelerator partners as well as with the World Bank and really focusing on ramping up delivery in 100 countries over the next 100 days to really look at how we can accelerate readiness and I think that piece is going to be key.

FC Thank you. I would like also to ask Dr Kate O'Brien, who has something to add. Dr O'Brien.

KOB I really want to emphasise the great excitement there is not only at WHO but, I'm sure, around the world with the results that are coming out now from two phase-three clinical efficacy trials.

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The part I really want to emphasise is we have plenty of vaccines that are life-saving vaccines - measles is an example of that; a highly efficacious vaccine, over 95% efficacy and yet we still have measles outbreaks. So the importance of having achieved... Obviously the data need to be reviewed by regulators and a full analysis of the data needs to be taken and these trials need to be completed, as Soumya has emphasised.

But there was a really nice analogy recently; getting to vaccine efficacy is like building base camp at Everest but the climb to the peak is really about delivering the vaccines and this cannot be

overemphasised; that the people who need to receive these vaccines are the ones who really are the focus now as we start to see that we have vaccines that may in fact really have very strong efficacy.

So the work is really beginning in every country around the world of exactly how are we going to manage in every country to immunise health workers. We don't have strong programmes for immunisation of adults in many, many countries around the world so this is really going to have to lean on the programmes for immunisation that we have in every country around the world but they have largely focused on infants, children and adolescents.

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So there's an enormous amount of work to do and resources that will be needed to actually deliver the vaccines to everybody who needs these vaccines should they in fact come forward, as some of these press releases indicate they should.

FC Thank you all. I would like to give the floor to Tomo from Kyodo. Tomo, can you hear me?

TO Yes, can you hear me, Fadela?

FC Very well. Go ahead, please.

TO Thank you. Dr Tedros, congratulations that you're back on the podium, not virtual on this press conference. You have finally tested negative for coronavirus?

Another question, if I may, to Dr Van Kerkhove; we see the reports of Associated Press that there's a cluster of infections going on in WHO. Could you clarify how many cases are in WHO headquarters and how serious the situation is? Thank you.

00:39:27

MK Thank you, Tomo, for the question. It's nice to hear your voice again. Yes, as you know, as all workplaces, we are following infections and we're monitoring the health of all of our staff all over the world. We have had cases that have been staff members and, yes, I did also see the AP story.

There have been 65 cases associated with HQ staff, headquarters staff, not all of which have been on the premises. There've been 36. Those 65 are from the start of the pandemic so let us be very clear on that and clearly the AP is reporting on an email that was sent to staff about that so those are 65 cases reported since the beginning of the year.

36 have had access to the premises so have been on the premises. As I'm sure you know, we've greatly reduced our staff in the building. We're working in these different types of phases depending on the epidemiologic situation in the areas that are around us, as most workplaces are doing, and we have had some cases that have been associated with the premises.

We do have some cases in the last week that are linked together. We don't know if they're an actual cluster so what we do when we have any cases is we first make sure that they have access to a test, make sure that they have access to appropriate care, all are doing well, all have mild disease or asymptomatic.

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We are tracing back and we're also tracing forward so what we do is we carry out contact tracing to see who we can make contact with to see if there is any further onward transmission, as most countries are doing, but we also look back to see what they did during the previous 14 days for example.

So we do have cases that are linked within a team but there are possible ways in which they were infected outside of the premises so we're still doing the epidemiologic investigation with these individuals but they are all doing well.

Just for your information, we have initiated a number of practices in the building, again as all workplaces have, with our physical distancing, with the use of masks when we can't physical distance, making sure ventilation is appropriate, making sure that we reduce the footprint on campus, we limit our in-person meetings.

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We have utilised a lot of the different online platforms to have our meetings so that we continue to do the work that we do. We have tape on the floor that helps us, where it's appropriate, to sit so that we keep our spacing.

So we are constantly looking at the measures that we have in place, we adjust them as necessary and we will continue to do so. Thank you very much for the question and the concern for our staff.

MR I think it's also important to clarify that Maria, myself, Tedros or anyone at this table; we don't control the contact tracing or other processes in-house, we don't get to stay who stays or who goes. Dr Tedros has stayed at home not because I

told him or he told himself but because our contact tracing teams made that decision.

We have a special working group made up of key experts around the house. They meet, they decide, they investigate, they apply the principles of our standard operating procedures for managing cases in-house. There's no policy discussion of, someone should come in or should not come in.

That is purely made on the basis of our SOPs and of science and that has worked very well and served us well over the last nine, ten months.

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We also are able to increase and decrease the number of staff on site, we're able to increase and decrease the levels of restriction which are commensurate with the local epidemiology and I can remind you that the cantons of Vaud and Geneva that surround us have some of the most intense transmission in the world right now so our staff are out there living in communities.

To my knowledge the cluster being investigated is the first evidence of potential transmission on the site of WHO but we can't completely protect ourselves from our own - or you, many out there from your own - social or other engagements with family and school and so many things.

We all are human beings and we live within a society and we're not entirely within a cocoon here and I'll be glad to confirm that, as Maria said, I was joking with Ed beforehand that we've significantly replaced the red tape with yellow tape here at WHO.

00:44:11

MK Sorry, I need to come back in because I'm being asked to clarify. When I said that there were 36 cases associated with the premises, that's since the beginning of the pandemic. There've been five cases testing positive in the last week so we just want to clarify that point but also to say, as Mike said, we're normal human beings, we do our grocery shopping, we have to take our kids to school.

We are living in an area right now that has very high incidence surrounding us and so we as individuals also need to take into account the measures to keep ourselves safe. What we recommend to you and what you hear us saying every single day is what we say to our own staff, to our loved ones.

But just to clarify that it's been 65 cases associated with HQ since the beginning of the pandemic, 36 have had access to the premises and only five in the last week.

MR Could I just clarify, Maria, because you used the word associate there; to all those amateur epidemiologists out there, that does not mean that transmission occurred on these premises. Those individuals were people who were designated as working on-site and therefore they were left home to self-isolate and their contacts traced outside.

When we use the word associated, I'm sure we'll get a lot of feedback. This last cluster under investigation, to our knowledge, is the only evidence on potential transmission on this campus over the last ten months.

00:45:46

FC Thank you both. I would like now to call on Ilana Gordon from the World GBH to ask the next question. Ilana, can you hear me? Can you unmute yourself, please, Ilana?

IL Yes. Can you hear me?

FC Yes, very well. Go ahead, please.

IL My question - and I hope that everybody is doing well - was related to this Associated Press outbreak - or not outbreak but cases that have been reported recently within the WHO. I wanted to follow up on that and ask; it was reported that a member of the leadership team had also tested positive and I wonder if you have more details about that and I hope that that person is doing well.

MK Again there's no outbreak at HQ, headquarters here in Geneva. What we are doing is we are actively monitoring the health and safety of all of our staff members.

00:46:51

Every day we fill in a questionnaire that tasks how we're doing, that takes our temperature where we are working and gives our contact information. If anyone fits a suspected case definition they are followed up and they are tested and we make sure that people get the appropriate care that they need.

We have been doing this since day one. We have taken a number of steps to make sure that we reduce our opportunities for infection, we reduce the opportunities for any potential transmission in the building and elsewhere.

So this is something that we take very seriously, as all workplaces do and so those who test positive are confidential, as that is confidential in other locations as well. But the people who have tested positive in the last week are doing well, they are being followed up, they are resting comfortably at home, we're checking in on them every day and making sure that they have what they need and if they need any support then we will drop off care packages if necessary.

We are also making sure that those who are contacts have been identified and are also being supported in quarantine. That is something that we will continue to do until this pandemic ends.

00:48:02

FC Thank you. Dr Kelley.

EK Just to add to that since it's a question about leadership team, I think it's also important to add that last week we just completed the first fully digital World Health Assembly with all of our leadership participating, Dr Tedros obviously at a distance.

As someone who's been here with the team since the beginning of the outbreak I can tell you, as Mike said, the amount of yellow tape telling you which way to go up the corridor, which way to come down the corridor, where you can sit, where you can't sit, the amount of space in between, the amount of space shut down in terms of any eating establishments, the amount of cleaning that is happening in all of the offices is exponential and has gone up during the time that we've been here.

We've also looked at it as an opportunity to really change the way WHO does its business, how it engages with countries, how it engages with senior leadership and how our leadership engages with them so I think those are also opportunities.

00:48:59

FC Thank you. The next question is from Agnes Pedrero from Agence France Press. Agnes, can you hear me?

AG Yes, hello. I can hear you. Hi, everybody. Thank you for taking my question. It's just a follow-up of one question that was asked before by my colleague. It was just to know if Dr Tedros has tested negative to come back to the headquarters. Maybe I didn't hear the answer but sorry. Thank you.

TAG Thank you. First of all, glad to be back and second, working from home is very tough. Of course I work on weekends and evenings even before COVID, during COVID but when you do

it during the working days, working hours from home it's very, very difficult; especially co-ordinating, running an Assembly while under quarantine is very, very tough, as you can see; the busiest two weeks while I was under quarantine because of the Assembly but at the same time the most difficult.

But I was okay, no symptoms, it's day 17 now and followed the protocols. Because of no symptoms and also the full follow-up of the protocol I didn't see the need for testing. I can assure you that I'm okay and actually very, very busy so the most important thing is following the protocol. Thank you.

00:51:04

FC Thank you, Dr Tedros. I think we are coming to the end of this press conference. Before I close it formally I would like to invite Dr Tedros for his final words. Dr Tedros, the floor is yours.

TAG Thank you. Thank you, Fadela, and thank you so much to those who have joined today. See you in our upcoming presser. Thank you. All the best.

FC Thank you, Dr Tedros, and colleagues for your participation and many thanks to journalists who are regularly following our press briefings and special thanks also to our interpreters team. I remind you that we will send you the audio file and Dr Tedros' remarks right after the press conference. The full transcript will be available as of tomorrow on the WHO website.

If you have any follow-up question please don't hesitate to contact the WHO media team. Thank you and have a nice evening.

00:52:11