# COVID-19

## Virtual Press conference

## 16 October 2020

### Speaker key:

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|---|---|
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| NI | Nina |
| SS | Dr Soumya Swaminathan |
| MS | Dr Mariangela Simao |
| SI | Simon |
| MR | Dr Michael Ryan |
| GU | Gunila |
| MK | Dr Maria Van Kerkhove |
| SB | Dr Sylvie Briand |
| CA | Carmen |
| PE | Peter |
| BA | Bayram |
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| TR | Translator |
| JO | John |

**00:01:07**

FC Hello, everybody. I am Fadela Chaib, speaking to you from Geneva and welcoming you to our global COVID-19 press conference today, Friday 16th October. I am happy to be moderating today's press conference.

As always we have in the room Dr Tedros, WHO Director-General. Joining Dr Tedros is Dr Mike Ryan, Executive Director, Health Emergencies, Dr Maria Van Kerkhove, Technical Lead, COVID-19, Dr Soumya Swaminathan, Chief Scientist, Dr Mariangela Simao,

Assistant Director-General, Access to Medicines and Health Products, Dr Bruce Aylward, Senior Advisor to the Director-General and who leads the ACT Accelerator, Dr Sylvie Briand, Director, Global Infectious Hazard Preparedness.

This press briefing is being translated into the six UN official languages; Arabic, Chinese, French, English, Spanish and Russian, plus Portuguese and Hindi. Now without further ado I will hand over to Dr Tedros. Dr Tedros, you have the floor.

TAG Shukran, Fadela. Good morning, good afternoon and good evening. Six months ago WHO launched the Solidarity trial to evaluate the effectiveness of four drugs for the treatment of COVID-19. The Solidarity trial is the world's largest randomised control trial of COVID-19 therapeutics involving almost 13,000 patients in 500 hospitals in 30 countries.

**00:03:00**

In June we announced that we were discontinuing the hydroxychloroquine arm of the study and in July we announced that we could no longer enrol patients to receive the combination of lopinavir and ritonavir. Interim results from the trial now show that the other two drugs in the trial, remdesivir and interferon, have little or no effect in preventing death from COVID-19 or reducing time in hospital.

We expect the full results to be published shortly in a leading scientific journal. We would like to thank all of the patients and clinicians who participated so far in this unprecedented study and the countries and hospitals who covered the costs of the trial.

The Solidarity trial has been recruiting about 2,000 patients every month and will assess other treatments including monoclonal antibodies and new antivirals. For the moment the corticosteroid dexamethasone is still the only therapeutic shown to be effective against COVID-19 for patients with severe disease.

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There are still many other ongoing trials of therapeutics identified through the research and development roadmap for COVID-19. Through the ACT Accelerator WHO remains totally committed to speeding up development of vaccines, diagnostics and therapeutics for COVID-19 and to ensuring their equitable distribution.

In that spirit we welcome efforts to expand access to COVID-19 tests, treatments and vaccines such as South Africa's and India's

recent proposal to the World Trade Organization to waive patents on medical products for COVID-19 until the end of the pandemic and we would like to use this opportunity to thank South Africa and India.

Ending the pandemic starts with collaboration and sharing at all levels as a global community. This includes the sharing of data, knowledge and intellectual property on vital life-saving health products. That's why WHO and Costa Rica launched the COVID-19 Technology Access Pool or CTAP in late May this year, a voluntary initiative that would allow the benefits of scientific research to be shared and equitably distributed.

As the northern hemisphere winter approaches cases of COVID-19 are rising globally especially in Europe where countries are expending measures to contain it and many people are understandably wary of the disruption the pandemic is causing to their lives and livelihoods.

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Last week the number of cases reported in Europe was almost three times higher than during the first peak in March. Although the number of deaths reported in Europe last week is much lower than in March hospitalisations are increasing and many cities are reporting they will reach their intensive care bed capacity in the coming weeks.

Every hospital bed occupied by a patient with COVID-19 is a bed that is unavailable for someone else with another condition or disease such as influenza. Every year there are up to 3.5 million severe cases of seasonal influenza worldwide and up to 650,000 respiratory-related diseases.

During this year's southern hemisphere winter the number of seasonal flu cases and deaths was less than usual because of the measures put in place to contain COVID-19 but we cannot assume the same will be true in the northern hemisphere flu season.

**00:07:26**

The co-circulation of influenza and COVID-19 may present challenges for health systems and health facilities since both diseases present with many similar symptoms. For that reason WHO is working with countries to take a holistic approach to the preparedness, prevention, control and treatment of all respiratory diseases including influenza and COVID-19.

Many of the same measures that are effective in preventing COVID-19 are also effective for preventing influenza including physical distancing, hand hygiene, covering cuffs, ventilation and masks and although we don't yet have a safe and effective vaccine for COVID-19 we do have safe and effective vaccines for influenza.

WHO recommends influenza vaccination for five target groups; pregnant women, people with underlying health conditions, older adults, health workers and children. These groups remain important targets for influenza vaccination. However one of the challenges we now face is that the demand for influenza vaccines may outstrip supply in some countries.

**00:08:54**

The strategic advisory group of experts on immunisation has therefore recommended that among the five risk groups health workers and older adults are the highest-priority groups for influenza vaccination during the COVID-19 pandemic.

Another under-utilised tool is the use of antivirals to treat people with influenza. We encourage all countries to use all the tools at their disposal. Finally today is World Hypertension Day. Today has a personal resonance for me because I am one of the 1.13 billion people globally living with hypertension.

I have access to good medical care but many others who live with hypertension globally are not so lucky. Globally nine out of ten people with hypertension don't have it under control and two in five people with hypertension don't even know they have it. People with hypertension are at increased risk of heart disease, kidney damage and stroke as well as severe disease and death from COVID-19 and the pandemic has disrupted services for hypertension in more than half of countries.

To support countries to take action against cardiovascular diseases WHO has developed the Hearts Package which outlines the 60 ingredients for addressing threats to heart health including hypertension.

**00:10:48**

The COVID-19 pandemic will end but more than one billion people will still live with hypertension. Even as we focus on ending the pandemic we must remember that COVID-19 is just one health threat among many and that's why WHO's vision remains the highest attainable standard of health for everyone everywhere. Health for all. I thank you.

FC Thank you, Dr Tedros. We will now open the floor to questions from journalists. I remind you that you need to use the raise your hand function in order to get in the queue to ask your question and please unmute yourself.

Let's start with Nina Larson from Agence France Press. Nina, can you hear me?

NI Yes, thank you. Can you hear me?

FC Yes, very well. Go ahead, please, Nina.

NI Thank you very much for taking my question. I want to ask about Pfizer. It says today that it expects to file for emergency use authorisation for its COVID-19 vaccine next month. Can you say something about how quickly you think this process might go and how promising this vaccine looks, if other vaccines are also en route to be released that quickly? Thank you.

**00:12:24**

FC Thank you, Nina. We will ask Dr Swaminathan to take this question.

SS Thanks for that question. As we've said before, we are closely tracking all the vaccines and we maintain a landscape of vaccines on our website that we update regularly right from the early preclinical development stages. It goes through the different phases of clinical trials.

We know that there are now, I think, about 50 vaccines at some stage of clinical trials, over ten of them in phase three and the one that you mentioned, the Pfizer vaccine candidate, is one of those that is in phase three clinical trials.

So basically we're waiting, we have to be patient, we have to wait for the results of the phase three trial that's going to give us both data on efficacy as well as on safety and Dr Simao will talk about the process that we will follow.

**00:13:29**

Once data start becoming available and are made available to us we will look at it. We don't have a pre-decision, we cannot do that until we see the actual data but we're looking forward to seeing data that should start coming in within the next couple of months. Maybe Mariangela will add.

MS Yes, thank you for the question, Nina, and thank you, Dr Soumya, for starting the conversation. Actually just to remind,

each country has its own legislation regarding emergency use authorisation or not. It is usually used when you don't have enough data yet to do a proper licensing.

A couple of weeks ago WHO announced that we launched the emergency use listing for vaccines; an expression of interest for emergency use listing in pre-qualification of vaccine candidates that are in phase 2B and phase three and that will allow WHO to keep the rolling submissions we are expecting.

We already received several initial submissions and the process is that as we receive the documents and dossiers we'll start to have meetings with the companies then assessing the different data that's coming as the trials are continuing.

**00:15:03**

But a proper licensing or a proper pre-qualification will happen at a later stage when you have sufficient data, you have finalised the phase three trials. Thank you.

FC Thank you, Dr Swaminathan and Dr Simao. I would like now to invite Simon Ateba from Today News Africa, joining from Washington, to ask the next question. Simon, can you hear me?

SI Yes, I can hear you. Thank you for taking my question. This is Simon Ateba from Today News Africa in Washington DC. We've seen protests exploding across the African continent from Nigeria to Ethiopia. Right now we have a serious protest taking place in Nigeria to protest against police brutality.

I was wondering if the WHO is, one, worried about Nigerians slipping back into the numbers that we saw two, three months ago, and if the WHO also has the suggestion on how to best carry out protests that are a necessary piece of democracy. Thank you.

FC Thank you, Simon. Maybe Dr Ryan can take this question.

MR Thank you, Simon. Yes, again, as we've said, Africa is a large continent and two of our regions as WHO are represented there; the Afro countries, sub-Saharan Africa and many of the North African countries within our Eastern Mediterranean region; very diverse and the countries having a varying impact.

**00:16:52**

As we've seen a large number of cases in Africa are very stable in terms of the total numbers but there have been rises, although from a small basis, in a number of countries including Ethiopia, Kenya, Nigeria and other countries - Guinea, Cote d'Ivoire and others.

So the pattern overall in Africa is variable. The overall impact has been low and we've spoken before at this press conference of the likely causes and the reasons for that. Many African countries are going into their election cycles. A lot of countries in Africa will have electoral processes in the coming months and we've been tracking those and certainly in many countries the emergence of electoral processes creates and sometimes drives tensions in society and clearly many people in many countries have many issues they want to raise with governments, everything from climate to social justice to employment to COVID-19 and other things.

It's an important part of our global approach to democracy to ensure that people have and always have the right to protest and express their views but obviously we hope that that can be done safely and properly in a risk-managed way and can be done peacefully and that we don't see violent protests.

**00:18:18**

But in terms of people coming together and gathering many, many countries and many groups and many communities have shown that it is possible for communities to come together, to express their views, to vote, to do other thing and that can be done in a safe manner.

Therefore we continue to offer advice to countries and to organisations who are planning gatherings, especially important gatherings and elections are gatherings in their own right and they bring people together and they must be associated with good risk management measures and certainly we will be there to support countries in the African and Eastern Mediterranean regions and on the continent of Africa.

We do call for calm. There are clear frustrations. People are tired of this, people are suffering and when people are tired and suffering there can be a gap in trust that emerges between communities or between communities and the people that govern them.

**00:19:23**

But governments don't govern people, governments are there to serve the people first and foremost and governments should never behave towards their population as the enemy and in that sense should always encourage the safe right to protest and express dissatisfaction as much as is humanly possible at this time so we will continue to provide support to countries to ensure that they support their communities in that way.

FC Thank you, Dr Ryan. I would like now to invite Gunila Van Hall, Swedish journalist from Svenska Dagbladet, to ask the next question. Gunila, can you hear me?

GU Yes, I can. Can you hear me?

FC Yes, very well. Go ahead, please.

GU Thanks for taking my question. It concerns the spike in cases in Europe and, as you were stressing, the importance of masks. We heard from WHO Europe yesterday too. They were recommending systematic wearing of masks as we had this spike.

**00:20:30**

Still Sweden is one of the few countries where they still do not recommend the masks, not even on public transport. One argument is that with masks people would not keep distance and that would increase the risk of spreading the virus.

Is there any truth to this argument and what are your concerns about the country being so stubbornly not wanting to recommend masks? Is it a matter of a misunderstanding about the importance of wearing masks? Thanks.

FC Thank you, Gunila. Dr Ryan.

MR I'll begin and Maria will supplement, I'm sure. I think we end up here many times in false arguments. Masks are a very important public health tool but they must be used properly. Masks are an extremely important public health tool but they must not result in people closing their physical distance.

Masks are a very important tool but they should not necessarily involve people coming together in large crowds. The Director-General, Maria, others around this table have said this.

**00:21:36**

We must do all of these things so there can be concern in that sense that people must wear masks properly and must also do all of the other things. Each country has had to take a different approach in this response and each country has had to determine what its social contract is and what is possible within the context of the relationship that government has with people.

Again I've said it here before; countries like Sweden do not have a laissez-faire approach. They wish to contain the virus but they have a different approach on how they do that. You can argue as to how effective that is or not but I think we would, as WHO, say

that masks are an important part of the strategic approach and comprehensive approach to stopping the spread of this disease especially where you have widespread community transmission and where you do not understand fully the chains of transmission.

So the proper use of masks as part of a comprehensive strategy is a very good approach but again not all governments can do that in the same way and we will continue to work and our European regional office will continue to work with all countries in the region to optimise their strategies. Maria.

**00:23:02**

MK Just to supplement that, I think that we've got a lot of questions in the last few days and the last few weeks about the increasing case numbers across Europe but it isn't just the increase in case numbers that we're seeing. It's the increase in hospitalisation and the increase in the number of individuals who are in ICU.

We know of a number of cities across Europe where ICU capacity will be reached in the coming weeks and that is concerning as we approach the flu season and Sylvie may want to say something about the flu season and all of the preparations that are being made for that.

But I think what we continue to say and what we need to really come together... I think we need almost a rally where people rally together and come together to fight this situation that we are in right now.

We are not in the same position we were in three months ago, six months ago. We know so much more. There's a lot of comparison with what we're seeing now versus what we were seeing in March but the massive difference right now is that we have testing capacity increased, we have a public health workforce that has increased compared to where we were in March.

**00:24:12**

We have medical facilities which have beds, who are better-trained and have better experience of dealing with COVID-19 patients. We have a public who understand what they need to do be able to protect themselves and their loved ones.

So we need to really come together and all contribute to bring this under control and it's a number of things, it's not just wearing of masks. Masks must be used as part of a comprehensive package. They must be. It is not masks alone

because you still need to do your hand hygiene and use your alcohol-based rub. Please carry your alcohol-based rub with you if you can, wash your hands with soap and water many times per day, when you come back home, when you enter the workplace.

Avoid crowded settings and closed spaces, especially with poor ventilation; open the windows; physical distancing. All of this needs to happen and all of the decisions that we make every day - and I know this is focused on Europe but this is true everywhere - all of the decisions that we make every day; we have some control about how we go about our daily lives and there are decisions that we need to make to avoid risky situations.

**00:25:26**

So please continue to, as we say, do it all and do this all together. We are concerned but again I want to say we know so much more than we did a few months ago so now is the time to apply the tools that we have in a targeted way and really bring these clusters of cases under control. Sylvie may want to say something about flu.

FC I think that Dr Sylvie Briand would like to add some element.

SB Yes. We are heading in fact in the northern hemisphere towards the flu season but what we know also that maybe we didn't know a few months ago is first that all the precautionary measures that are used for COVID-19 work also for flu so wearing masks, physical distancing, washing hands and so on are also very useful for flu.

Maybe it's due to these measures that in the southern hemisphere during their influenza season they saw a very limited flu transmission. It was unexpected and very surprising but literally there was nearly no flu this year in the southern hemisphere.

**00:26:39**

So we hope that the situation will be the same in the northern hemisphere and hope that the precautionary measures really are also good for preventing flu as well. Thank you.

FC Thank you, Dr Briand. I would like now to ask Carmen Bone from Politico to ask the next question. Carmen, are you with us?

CA Yes, I am. Thank you so much for giving me the floor. I had a question about what the Solidarity trials mean for

remdesivir. Does it mean for example that doctors and healthcare workers across the world should stop using it in treating people hospitalised with COVID-19?

Also Gilead challenged the result and said, there have been randomised clinical trials that have shown that it does decrease the number of hospitalisations and the Solidarity trial has for example hasn't yet been peer-reviewed. Can you respond to that?

**00:27:44**

Finally I saw that remdesivir was pre-qualified. Is that correct? That appears confusing to me. Can you explain what that meant? Did you already share these results before publication with other jurisdictions like for example member states? Did they know the results before they were published last night? Thank you so much.

FC Thank you, Carmen; three questions. I would like to invite Dr Swaminathan to take the first one.

SS Yes, that's a lot of questions so let me try to answer that and then Mariangela will come in on one of your questions. What does it mean? Any randomised clinical trial can basically report out on the results of the trial so we report in the pre-print and the manuscript that is being currently peer-reviewed so it should be in one of the top science and medicine journals in the next couple of days; that's the usual process of peer review.

What we did do was put out the pre-print so that we make the results available to people as soon as possible because obviously it's important to know about whether these drugs are working or not. People are waiting to see the results and we're all hopeful to find drugs that are effective and safe to treat COVID-19.

**00:29:11**

So we report very factually on what we found and as the DG mentioned this is actually now the largest trial in the world and has the largest body of evidence for remdesivir so we had over 5,000 patients randomised to either remdesivir or standard of care.

The second-largest trial looking at remdesivir is the NIH SETT trial which was published last week so they had about 500 in each of the groups. The other trials are rather small and so the evidence that the Solidarity trial has been able to provide on mortality, on the need for ventilation so progression from coming into the hospital, not being on a ventilator to actually getting on a

ventilator - that was another end point that we looked at - and the duration of hospitalisation.

We believe that the results are very robust because of the large numbers and the fairly narrow confidence intervals to show that remdesivir does not have a substantial benefit on any of the three parameters.

The NIH trial that was published last week agrees, had the same fining on mortality; there was no significant mortality benefit of remdesivir.

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What they did find was that in a subgroup of patients who are not on oxygen there could potentially be a benefit of remdesivir in that small subgroup where actually the number of deaths was very small.

So it's very hard to compare when you're talking about numbers like four or ten versus, we're talking about deaths in the hundreds unfortunately in our trial. But coming to the point of what should doctors do, the guidelines for the treatment of patients are made by guideline development process which considers all the evidence that's available globally on a particular drug or a vaccine for that matter.

Then the guideline development group does what's called a meta-analysis. They look at the evidence from multiple trials, they put it together, they get a consolidated picture and then they make a decision on what they should recommend so whether a drug should be used or not and if so in what group of patients at what stage of the disease, for how long, what's the dosage, what are the side-effects that should be expected.

**00:31:44**

So they will do that so the guideline development group has been set up by WHO. As you know we made recommendations on corticosteroids and that's exactly how it was done so they will now look at remdesivir, at hydroxychloroquine, at lopinavir, ritonavir and at interferon.

That process will take a couple of weeks and then that's the policy guidance, that's what doctors will use. Of course countries make their own treatment guidelines as well but a lot of countries will look forward to WHO's treatment guidelines.

It's an independent process. The Solidarity trial results will be looked at just as we look at all the other trial results done by all the other different groups.

The other question was about who did you share the results with. Of course there are certain practices when you do a trial and when you're analysing and submitting so first of course the data, I should also mention, was only seen by the data safety monitoring committee.

**00:32:44**

So the trial secretariat, the people, doctors involved in the study including all of us here in WHO did not have access to the data. The data is analysed and then the report is presented to the executive committee of the steering group that then makes the decisions on whether to stop a particular arm or to continue.

The results of the trials were made available to the manufacturers ten days prior to the submission of the manuscript. That's what was agreed on, that was in the agreement that we had signed. We had companies donating the drug so Gilead donated for remdesivir; we had Mylan and Sipla and Advi donating the drugs, lopinavir, ritonavir, hydroxychloroquine.

So we have the same agreement so they all saw the results of that particular drug ten days before the manuscript was submitted and they're allowed to come back to us and ask us to remove any confidential or proprietary information of their product.

**00:33:48**

The companies don't have any say in the analysis or the reporting of the results or on how we present it. That's entirely up to the WHO and the co-investigators, the steering group.

So member states would not have seen this data. It's only the companies with whom it has to be shared because of the agreement that we have and the reason we put it on the pre-print server last night was so that everyone could have access to these results.

On the pre-qualification, I think Mariangela's going to make a comment on that.

MS Yes, thank you, Carmen. We were expecting these questions today. As Dr Soumya just mentioned, we have separate processes that run independently in WHO like the pre-

qualification and the Solidarity trial and also the guideline review processes. They are completely independent processes.

The first invitation for manufacturers to a PQ of remdesivir and dexamethasone; they went together early in July and they were based on the best available evidence we had at the time, which was what? At the time we had interim results from the recovery trial from dexamethasone and later on WHO came up with the guidance for dexamethasone.

**00:35:16**

And the NI8 ACTT14 remdesivir so we followed the procedures and issued an expression of interest in a measure of preparedness so we need to ensure that once the final results came out we had manufacturing capacity in place in the world so that you could ensure that generic manufacturers that were licensed to produce remdesivir would be able to provide the drug to the world, especially to low and middle-income countries in case it proved to be safe and effective.

Of course we also relied on the EMA conditional approval and also we used an abridged assessment approval. So what happens next? I think that was another question you had. As per procedure the pre-qualification listing will be reviewed in line with the guideline review process.

Once we have the guideline review process, the guideline developing group looking at all the evidence that came out on remdesivir, WHO will review the listing of remdesivir according to what the guideline review committee will come up with as recommendations. Thank you.

Depending on this it can be withdrawn because it's a conditional listing anyway.

**00:36:57**

FC Thank you to Dr Swaminathan and Dr Simao. I would like now to invite Peter Schilling from the European News Agency to ask the next question. Peter, are you online?

PE Yes, I'm here. Can you hear me?

FC Very well. Go ahead, please.

PE I would like to refer back to a televised news conference a few days ago by the Russian President Putin who announced the approval of a second coronavirus vaccine in as many months. The second one seems to have been developed in the Siberian

biotechnical company in Novosibirsk, the Vector, which was in the past a bioweapons lab.

My question is to what extent and how is the relation between Russia and the WHO on these developments.

FC Thank you, Peter. I would like to invite Dr Swaminathan to take this question.

SS I'll start and Mike may want to add because we've had good discussions with the Russian vaccine developers that we all participated in.

**00:38:10**

Our relationship with Russia is as good and the same as our relationship with all the other countries that we speak with. A number of countries, a number of developers are working on vaccines. We want to work with all of them, support them where we can, advise or guide about our own procedures.

So we had a good teleconference with the Russian developers of the second vaccine so the Vector Institute and they gave us some information and they also asked for clarification on what guidance we can provide on research, on pre-qualification and the EUA process as well as on the policy process and how that works.

So a very good dialogue and we've offered to stay in touch and communicate and we're encouraged to see that there are so many vaccines that are coming and going into testing but again as we have said before we will only be able to have a position or an opinion on a vaccine when we actually see the results of the phase three clinical trials.

**00:39:17**

So we look forward to that and we hope that there will be a lot of rigorous, well-designed, well-conducted clinical trials which will then allow us to see all the data. It's important also for us to be able to see the endpoints, how the trial was conducted, what were the assays that were done, how was it standardised because we need to be able to compare apples and apples ultimately.

That's why we've encouraged from the beginning vaccine developers, companies and those who are doing trials, please align on the product, target product profiles, align on the lab assays, align on the endpoints so that it's easy ultimately for us to make those policy decisions that will be needed.

Mike may want to add because he's been in touch as well.

MR Thank you, Soumya. This, I think, has been part of the process with many countries and many companies, laying out very clearly for them both in videoconferences and in writing what the data needs will be within WHO especially from phase three trials but not just from phase three trials.

**00:40:24**

We have issued an expression of interest for EWELS [?] laying out for companies what will be required by WHO. Mariangela may wish to speak to that. The SAGE has recently met and looked at vaccine policies and again they'll have requirements for information from the phase three trials in terms of target populations and how that will affect and shape the policy for vaccination going forward.

Then beyond that - as Soumya said - the TPPs, the lab assays, the endpoints, standardising around them and providing that data in a structured way will help accelerate the process and beyond that again and again in the terms of EWELs and licensing down the line, manufacturing practice and good manufacturing practice, it's not just about safety and efficacy of the vaccine.

It's the quality of the vaccine as well and the quality issue is something that we need to really focus on as well. I think again it demonstrates within WHO how well the vaccines programme is working with the access to health technologies programme, with Soumya's science division, with Sylvie and the group and Maria within the emergencies programme, working with Bruce and all the external partners in the ACT Accelerator.

**00:41:40**

This is a complex issue, bringing all this together in compressed time, doing it safely, doing it at the highest levels of quality so we can provide reassurance to our populations that every single step is being taken carefully in order that we can deliver a safe and effective product.

WHO has laid out and we will not engage in any process that we cannot stand over from a policy perspective, from a safety perspective, from an efficacy perspective or from a quality perspective. Mariangela.

MS Just complementing what Mike just said because WHO - just before we issued the expression of interest for the emergency use listing we also issued a public consultation, a document on criteria for assessment of candidate vaccines.

So this is a very transparent process so everybody knows, manufacturers know besides the target product profile what are the criteria to which they will be assessed when they apply for an emergency use listing. We expect that this will help also for the other market authorisations in different countries. Thank you.

FC Thank you. I would like now to invite Bayram Al-Turk, Turkish media, from Anadolu news agency, to ask the next question. Bayram, can you hear me?

**00:43:08**

BA Yes, I can hear you. Thank you so much for taking my question, Fadela. Good evening, Dr Tedros. As you mentioned today as well, Dr Hans Klok, WHO Regional Director for Europe, said yesterday that Europe has recently seen an exponential increase in daily coronavirus cases and fatalities.

Under these conditions many sports activities including football leagues have already started in Europe. In some countries a limited number of fans are admitted to the stadiums. So should football matches be played or not, especially in the European region? What's your advice on this matter as WHO has recently had co-operation with FIFA and UEFA? Thank you so much.

FC Thank you, Bayram. I would like to invite Dr Van Kerkhove to take this question.

MK Thanks, Bayram, for this question. I think everyone is really eager to have sports matches beginning to play again because we all love them so much. I think the answer to the question is that countries are looking at what they are able to do and taking a risk-based approach to these decisions.

**00:44:17**

Any decisions about holding sports matches or any type of gatherings or mass gathering events need to take into consideration the local situation of transmission that's happening around them, the capacities they have, the plans that they have in place to be able to hold the event, whatever that event is, and deal with any potential cases and a whole series of aspects.

Across Europe I think it is worth noting that while we are seeing an increase in cases across about 80% of countries in the European region that doesn't mean that the virus is spreading equally everywhere. There are hot spots, as we call them, where you have areas of activity that are more intense and this virus needs people to spread between.

So what happens is when the virus has an opportunity to spread where people are in close contact with one another - some of that could be something at a sports event but there are other types of situations; particularly where you have enclosed settings, crowded spaces, poor ventilation for example the virus can spread readily and you can have outbreaks.

**00:45:27**

So within Europe there are about 37 areas in 13 countries that have an increasing incidence that we're looking at and not only that, increasing hospitalisation and increasing ICU so it doesn't mean that it's spreading everywhere equally.

So what countries are doing to take these decisions - because the question you asked was very specific but countries need to be able to look at the data that they are collecting in their surveillance, through their testing, not only looking for active cases and testing suspect cases but looking at their respiratory disease surveillance systems that they have in country to see how much of the virus is spreading, where it is spreading and who it is spreading among.

With that information then they can look and see for each individual event, should this take place and if so how can it take place safely. So we've outlined a number of guidance documents that outline considerations to take those decisions but each event needs to be assessed individually to determine whether or not it should take place and how it can take place safely.

**00:46:39**

FC Thank you, Dr Van Kerkhove. I would like now to invite the next journalist from Eneshka Shoko, if I pronounce your name correctly. Eneshka, you have the floor.

EN Hello, Fadela. Can you hear me?

FC Yes, very well. Go ahead, please.

EN Thank you for taking my question. I have a follow-up question regarding the use of remdesivir. Today remdesivir is authorised for emergency use in many countries including Japan. So at this stage should countries stop using remdesivir for the patients with COVID-19 or should countries wait until WHO publishes further information? Thank you.

FC Thank you for this question. Dr Swaminathan will respond.

SS I think in addition to what was said earlier many countries - you're right - did the emergency use authorisation and

clinicians were desperate for a drug that they could use to treat their really sick patients in the hospital and remdesivir in very early studies, starting with the lab studies where it showed activity against this virus, showed some promise.

So that is natural in an emergency situation, in a pandemic situation that's what people would do. Now I think the situation is different. We have a large body of evidence from randomised clinical trials; very unusual in a pandemic situation to have this body of evidence on drugs within six months.

**00:48:25**

Now that there is a good body of evidence the guidelines need to be evidence-based and so countries, regulatory agencies are going to be re-looking at the data and making decisions. WHO's going to do that but I'm sure that many countries and many regulatory agencies are going to do that as well because you need to look at the benefits versus the risks and the cost and the equity considerations and then every country will need to make a call on this.

But as I said, WHO will come out with its policy guidance in the next couple of weeks.

FC Thank you, Dr Swaminathan. I would like now to invite Polina Alkazar from Incadena News to ask the next question. Polina, can you hear me?

TR Yes, I can hear you. Can you hear me? Thank you very much and thank you for taking my question. The pandemic and the fact that people can't go out have really impacted the way people think about the disease but some people now feel there's a false sense of security.

**00:49:47**

How can we make sure that people don't feel there's now a false sense of security and that they continue to look after themselves?

FC Polina? Dr Van Kerkhove would like to take this question. Or Dr Sylvie Briand?

MK I can start and I'm sure Sylvie will want to supplement. The question that I heard is, people are feeling they can't go out and how can we - people know how to think about the disease, have a false sense of security.

I think it's a great question right now because many people - we're ten months into a pandemic that we are still learning about

and we know that this virus can be very, very dangerous, it is a very dangerous virus and the reason we say that is because the people, when they are infected, people who are at risk of developing severe disease and death are people who are over 60 and people who have underlying conditions.

There are many ways in which we can prevent that from happening so we need to try everything that we can to do three things. One is to prevent infections from happening in the first place and there's a lot that we know on how to do that.

**00:51:09**

Part of that is an individual responsibility that each of us has in terms of what we do throughout our day, the decisions that we make, where we live, knowing where the virus is, practising physical distancing, hand hygiene, respiratory etiquette, avoiding crowded spaces and closed settings and preventing ourselves, if we are infected, passing it to somebody else; following local guidance.

The second thing is around how we prevent deaths and there's so much more that we know now about how to do that. A lot of this is earlier case detection, earlier access to clinical care pathways. We have oxygen for people who need oxygen, we have dexamethasone for people who have severe disease and there are many more clinical trials that are underway to look at different therapeutics that can help people.

**00:51:57**

The other thing is about engaging communities, making sure that we have informed, engaged, empowered but also enabled communities so if we say things like you need to stay home or you need to wear a mask or you need to practise physical distancing or you need to improve ventilation that will provide an enabling environment for people to be able to do that.

I think it's important that everybody understands that they are important in this pandemic and everyone has a role to play in this pandemic no matter where you live and no matter where you are, regardless of the situation that you're in because viruses don't respect borders and because if we allow it to spread at will we each have a responsibility to play our part.

But I think there are a lot of people that are frustrated that it's ten months on and we have a long way to go but I think it's important people understand that there are things that they need to continue to do to be able to protect themselves.

FC I would like to invite Dr Briand to add a few details. Thank you, Dr Briand.

SB Thank you very much. Yes, just to complement what Maria said, what is important is everybody needs to assess the risk of transmission and, as we have probably said many times already, there are three conditions that really are increasing the risk.

**00:53:33**

It's when you are in crowded spaces, when it's a closed space as well with very limited ventilation. These are places where there is an increased risk of getting the virus.

Then there are three things also, activities that increase the risk of higher transmission of the virus. That's when you do exercise so you breathe very heavily or when you sing for instance. All activities like that that will make you breath more profoundly may also increase the transmission.

So if you combine those two things, the place where you are and the activities that are done in this place then you understand that you can manage your risk also by reducing the time you spend in closed spaces, crowded spaces and poorly ventilated places and also in those places not doing activities that will make you breathe more profoundly.

So having said this, I think everyone can then reduce the risk by also implementing the measures that Maria mentioned earlier, the precautionary measures we all know.

FC Thank you, Dr Briand. I think we are up to the hour. We will take a last question from John Zaracostas, France 24. John, can you hear me?

JO Yes, hello. Can you hear me?

**00:55:18**

FC Yes, very well. John, go ahead.

JO Hi. I'd like to ask a very general question with reference to a press release to IATA. They said they've only had 44 identified cases of COVID out of 1.2 billion passengers and they said even if that's an underestimate, even if they increased that by 90% it would be one infection for every 2.7 million passengers.

Given that IATA have sat on the FIC emergency committee in January what is the answer of WHO to these assessments by IATA?

MR Hi, John. I'm not aware of those exact numbers but let me tell you and reassure you that we've been working with IATA, with IKO and with all agencies involved in travel since the very beginning and working with them on derisking and risk-managing the travel process.

**00:56:21**

While we congratulate the airports, international IKO and IATA and others who've done so much work to derisk what is the international travel process and great strides have been made in ensuring that international travel is safer because of that and we will continue to work with them, as you know, John, that's not the only issue.

Derisking the travel is one thing in the sense of ensuring people aren't exposed to the virus when travelling. It's a very different issue when it comes to deciding who can travel from one country to the other because you carry the risk for a period of time should you move from one country to another and that's a more difficult issue to resolve between countries.

So I think if we're going to see international travel resume in a meaningful way we can commend the travel industry for doing all they can to reduce the risk of exposure during travel but there's still a way to go to create the confidence and trust between countries so that travel can be opened between countries in a way that everyone can rely on the actions being taken right the way through the process to derisk the process after people arrive in a second country.

**00:57:36**

This is going to be probably the more difficult challenge, especially now in the northern hemisphere as we go back into a high-transmission phase where there are all kinds of local travel restrictions. It is going to be very difficult in the coming months to create a properly regulated process whereby people can begin to move in larger numbers between countries.

But, as I say, I would commend the travel industry for doing all they can to ensure that the risk of actually travelling, the risk of being exposed while travelling has been effectively managed in the last number of months.

FC I think Dr Van Kerkhove would like to add some information.

MK Yes, thanks. It's actually not in answer to this question. It's related to the question before because what I'm struck by is right

now it feels as if there's a high sense of anxiety in many parts of the world and especially in the northern hemisphere as we're in the autumn and we enter into the flu season.

I think what a lot of people are hearing are all of the things that they shouldn't be doing but I just want to make one point, that there are so many ways that individuals right now are living their lives, they are making some sacrifices in how they do things.

**00:58:55**

If they have to wear a mask for example in certain situations or they're asked to wear a mask in certain situations; if they have to wash their hands more; if they have to avoid doing some of the things that they love, whether it's related to sport or whether it's related to entertainment industry or whether it's related to seeing our loved ones.

All of us are in that category right now and I think the point I'm trying to make is that there are many things that we can continue to do as this pandemic unfolds while keeping us safe.

So maybe instead of focusing on all the things that we cannot do here are the things that we can do; we can go to schools where schools are opened with the precautions that are put in place. We're seeing many countries right now which have prioritised opening their schools, opening them safely, taking certain precautions in those facilities to make sure that kids remain safe and they wash their hands, they're well-educated for example.

**00:59:55**

We know many companies in many countries are advising people to telework for example and of course that was very challenging in the beginning but I think people are figuring this out and I think we are working towards that.

Those sacrifices of being able to not see our loved ones - and I'm in the same boat; my family's in the United States and we haven't been able to see our loved ones for quite some time but we're finding different ways to stay socially connected using luckily the technology that we have access to and the internet that we have access to.

But the decisions that all of us make, those little decisions that we make, following the advice of our local government in the local situations that we are is having an impact. So if we can hold on a bit longer we will get through this, we have to get through this together because the steps that each of us take add up and they will contribute to bringing this under control.

It's not to minimise the difficulties that many, many people are in and many people who are fortunate to work from home will but there are many who can't. So I think that solidarity that we have within our families, within our communities, within our countries, across our regions is really important right now because as I said previously and as we've been saying, we're not in the same position we were in six months ago. We know a lot more, we just need to use the tools that are at hand smartly, wisely, strategically to get us through this.

**01:01:34**

FC Thank you. I would like to invite Dr Mike Ryan for final comments. Dr Ryan, you have the floor.

MR Thank you, Maria, for that note of hope. I want to just add one more because it probably has escaped the notice of many that in the last two days we've seen the first approval of an effective therapy for Ebola virus for both adult and paediatric populations.

Many of you know and fear this disease, no people more than the front-line doctors and nurses in many countries in Africa and the communities that they serve. It has been a long journey to see he first, inmazib, get over the line, which is - and you're hearing all about this out there - a cocktail of three monoclonal antibodies.

**01:02:29**

The work that it took amongst so many players, Professor Jean-Jacques [Unclear] and his team in INRB, the Ministry of Health doctors and nurses, MSF, Alima, Samaritan's Purse, IMC, IRC. Our research colleagues around the world, Cliff, Libby and other people at NIH; so many others who work within the R&D blueprint framework that myself, Soumya and a great team that are sitting behind me...

They don't normally sit here and I want to name them and their teams; Annamaria Henao-Restrepo, Marie-Pierre Prezozi, Nvasi Sethiamorthi. The team here that's worked on the R&D blueprint and the collaboration around the world over the last number of years has delivered a vaccine that's effective against Ebola. It's delivered the first therapeutic and more to come.

I think that should give us hope of what we can achieve together in COVID because we have the use case; we have a living example of what can be achieved when science, industry, compassion and humanity come together to deliver this.

The implementation of the MURI protocol and the PAN trial in parallel in Congo not only proved the effectiveness of these drugs but saved countless lives during this response. So I thank all of you for this but there is hope. I thank this great team for their dedication, for their professionalism, for their humanity and for leading all of us to such a wonderful outcome. Soumya and I and, I know, the Director-General are extremely proud.

**01:04:10**

We very often sit, Soumya and I, at the higher levels of that system managerially but we're not the ones who do the work and again to Annamaria, to Marie-Pierre, to Vasi and to all the people who work with you across this organisation. You have our deepest respect; chapeau.

FC Thank you, Dr Ryan. I would like to formally close this press conference. I would like to thank journalists who are following us regularly and I do apologise for those I wasn't able to take questions from for time constraints.

Please don't hesitate to contact us if you have any follow-up questions. We will be sending the audio file and Dr Tedros' speech right after this press conference. The full transcript will be available on the WHO website tomorrow. Thank you so much and bon week-end.

**01:05:18**