COVID-19

Virtual Press conference

23 October 2020

Speaker key:

FC	Fadela Chaib
TAG	Dr Tedros Adhanom Ghebreyesus
CA	Carmen
SS	Dr Soumya Swaminathan
JD	Dr Janet Diaz
MR	Dr Michael Ryan
JA	Jamil
MK	Dr Maria Van Kerkhove
NA	Natalia
ST	Stephanie
LA	Larry
TR	Translator
KO	Kostas

00:02:27

FC Hello once again. I am Fadela Chaib, speaking to you from WHO headquarters in Geneva, the very rainy city of Geneva today. You can even hear the beautiful and noisy sound of the rain on our roof. I welcome you to our global COVID-19 press conference today, Friday, 23rd October.

As always, we have in the room Dr Tedros, Director-General of WHO. He is joined by Dr Mike Ryan, Executive Director, Health Emergencies, Dr Maria Van Kerkhove, Technical Lead, COVID-19, and Dr Janet Diaz, lead on clinical care response, COVID-19. In the room also we have Dr Soumya Swaminathan, Chief Scientist, and remotely joining us Dr Mariangela Simao, Assistant Director-General, Access to Medicines and Health Products.

Now without further delay I would like to hand over to the Director-General of WHO, Dr Tedros, for his opening remarks. DG, you have the floor.

TAG Thank you. Thank you, Fadela. Good morning, good afternoon and good evening. We are at a critical juncture in this pandemic, particularly in the northern hemisphere. The next few months are going to be very tough and some countries are on a dangerous track. Too many countries are seeing an exponential increase in cases and that's now leading to hospitals and ICUs running close to or above capacity and we're still only in October.

00:04:25

We urge leaders to take immediate action to prevent further unnecessary deaths, essential health services from collapsing and schools shutting again. As I said in February and am repeating today, this is not a drill. We're calling on governments to carry out five key actions today.

First assess the current outbreak situation in your country based on the latest data you have at hand. Conduct honest analysis and consider the good, the bad and the ugly. I have a specific message for those countries that have successfully brought COVID-19 transmission under control. Now is the time to double down to keep transmission at a low level. Be vigilant, be ready to identify cases and clusters and take quick action. Do not allow the virus to take hold again.

Second for those countries where cases, hospitalisations and ICU rates are rising make the necessary adjustments and course-correct as quickly as possible. Making changes when needed shows leadership and strength.

00:05:48

Third it's important to be clear and honest with the public about the status of the pandemic in your country and what's needed from every citizen to get through this pandemic together. Fourth, put systems in place to make it easier for citizens to comply with the measures that are advised. This means if people are told to isolate or quarantine or businesses have to close temporarily, governments need to do everything they can to assist individuals, families and businesses.

Fifth, the next few months for many people would be difficult. There are incredible stories of hope and resilience of people and businesses responding creatively to the outbreak and we need to share this widely.

Governments need to carry out the basic steps of speaking to people who are infected with the virus and their contacts and giving them specific instructions on what to do next. If governments are able to hone their contact tracing systems and focus on isolating all cases and quarantining contacts then mandatory stay-at-home orders for everyone can be avoided.

We have seen many times from around the world that it's never too late for leaders to act and turn the outbreak around. Key to a united front against the virus is sharing resources equitably. Oxygen is one of the most essential medicines for saving patients with COVID-19 and many other conditions.

00:07:29

Many countries simply do not have enough oxygen available to assist sick patients as they struggle to breathe. I'm going to talk to you about what WHO and partners are doing to fill the global oxygen gap. Estimates suggest that some of the poorest countries may have just five to 20% of the oxygen that they need for patient care.

Through the pandemic the demand for oxygen has grown exponentially. Back in June when there were approximately 140,000 new COVID-19 cases a day the global need for oxygen was estimated to be at approximately 88,000 large cylinders each day across the world.

As daily cases rise around the world to over 400,000 the need for oxygen has gone up to 1.2 million cylinders each year just in low and middle-income countries alone, which is 13 times higher. Early in the pandemic WHO's approach was to scale up oxygen in the most vulnerable countries by procuring and distribution oxygen concentrators.

00:08:46

This led to over 30,000 concentrators, 40,000 pulse oximeters and patient monitors to reach 121 countries including 37 that are classified as fragile. This includes installing pressure swing absorption plants or PSS that would be able to cover the supply needed for a large hospital and district health facilities in the area.

Somalia, Chad and South Sudan have to rely exclusively on oxygen cylinders from private vendors that are often travelling long distances and come with a high price tag. WHO is working with the Ministries of Health in these three countries to design

oxygen plans fit for their local needs which will result in sustainable and self-sufficient oxygen supply.

WHO is committed to working in solidarity with all governments, partners and the private sector to scale up sustainable oxygen supplies. The oxygen project reflects WHO's commitment to end-to-end solution and innovation to do what we do better, cheaper and reach more people.

For example we're working with partners to harness solar power to run oxygen concentrators in remote places where electricity supply is unreliable and to reduce costs.

00:10:23

One of the main barriers to medical oxygen is the high transport costs of cylinders to the health facilities. In Kenya a private-sector company has positioned oxygen plants near clusters of health facilities and uses a milk delivery system to deliver oxygen to more than 140 clinics.

Incentivising the business sector to change its approach and model is key to ensuring sustainable oxygen in low and middle-income countries. Asante sana, Kenya.

To be successful the health workforce needs to be ready. Not only doctors and nurses with experience in caring for severely ill patients but also biomedical engineers, respiratory therapists and maintenance staff.

Oxygen saves lives of patients with COVID-19 but it will also save some of the 800,000 children under five that die every year of pneumonia and improve the overall safety of surgery. A better world means ensuring oxygen is available for all where they need it and when they need it.

00:11:46

Tomorrow marks World Polio Week and partners around the world led in particular by Rotary International are organising events and raising awareness about the need to eradicate polio. Over the summer the world collectively welcomed Africa's historic success of ridding the continent of wild polio virus. Thanks to hundreds of thousands of health workers reaching millions of children with safe and effective vaccines across the continent the world celebrated one of the greatest public health achievements of all time.

However while there is polio anywhere the world remains at risk of resurgence. Following suspension of polio and routine

immunisation due to the pandemic vaccination drives have now been restarted. We applaud and encourage governments for doing catch-up campaigns so that no child is left behind and we can soon consign polio to the history books alongside smallpox.

Smallpox eradication, as you know, is a remarkable achievement not least because it was completed at the heart of the Cold War. Health did then and should now always come above politics and it's with sadness that this week we lost one of the great titans of smallpox eradication with the passing of Dr Mike Lane.

00:13:29

Dr Mike Lane spent 13 years chasing down the last remnants of smallpox, finding cases and vaccinating communities in some of the remotest corners of the Earth where smallpox was still endemic. At CDC Dr Lane was the last programme director of the smallpox eradication programme and received many awards including the US public health service's commendation medal.

For many years Dr Lane was an advisor to WHO on smallpox. I wish to express my deepest sympathy to Dr Lane's friends and family. We will continue to honour his legacy.

Finally telling stories is as old as human civilisation. It helps us understand our problems and can inspire action that changes lives. WHO is proud to announce the second Health For All film festival to cultivate visual storytelling about public health. Submissions are open from tomorrow to 30th January 2021.

We look forward to receiving original short films from across the world. More details are available on our website. I thank you.

00:15:02

FC Thank you, Dr Tedros. I would like just to remind journalists that we have simultaneous interpretation. It's provided in the six official UN languages plus Portuguese and Hindi. We will now open the floor to questions from journalists. I remind you that you will need to use the raise your hand function in order to get in the queue to ask your questions.

I will start by inviting Carmen Pone from Politico to ask the first question. Carmen, can you hear me?

CA Yes, Fadela. Thank you so much for giving me the floor. I have a question about remdesivir. The FDA announced that they are giving a full approval to it yesterday and given what we were discussing last time about the Solidarity trial results for remdesivir people may be confused with the two developments.

So I wanted to ask, I assume, Dr Soumya Swaminathan, what does this mean...? Normal people that are not following these developments very closely should know about these two separate developments, the Solidarity trial results and the FDA announcing full approval for the medicine.

Also last time you were mentioning about the guidelines that are still being developed by the WHO group specifically designed for that. Can you give us a timeline on when you expect them to release their recommendation about remdesivir. use or not? Thank you so much.

00:16:46

FC Thank you, Carmen. Dr Soumya Swaminathan will answer this question.

SS Thank you, Carmen, for that question. You've raised an important issue but let me start by saying that the Solidarity trial is a randomised clinical trial that was looking at four different drugs that were considered to be promising early in the pandemic, in February/March. These were all repurposed drugs and when we presented the results it was the trial results.

The trial results are used both by guideline developers as well as by regulators to make decisions about how and when and where best to use these drugs so the guideline development process in WHO is a distinct, separate process that has begun and Dr Janet Diaz is here; she may say more about that and the timelines later.

00:17:40

The regulatory approvals are yet another set of processes and regulators look at data that companies provide to them on efficacy and safety and of course on the manufacturing processes as well before they give approval and there are different types of approval.

As we know, remdesivir. was given an emergency use authorisation a few months ago and that's done in the case of en emergency in a pandemic for example. It's based on very preliminary data and it's essentially a temporary measure while more data is being accumulated.

So what we understand from the FDA decision yesterday was based on data submitted to them from Gilead which did not include the Solidarity trial results. We have submitted the Solidarity trial results to Gilead. They first saw the results on 23rd September then saw the full manuscript on 28th September so

they did have the results even before they were made public through MedArchive. We give it to them ten days in advance.

So it appears that the Solidarity results were not considered, were not provided to the FDA. We believe that it is the largest trial in the world globally. 5,000 patients were randomised to either remdesivir. or standard of care. We looked at very important endpoints; in-hospital mortality; no difference.

00:19:13

Progression to ventilation so people who came in... 92% people who entered this trial, were randomised to this trial were not on mechanical ventilation so they were either not on oxygen at all or they were receiving oxygen. So we looked at how many of those progressed to need ventilation, exactly similar numbers in the remdesivir. and the control arm and same for the other drugs that we tested.

Then we also looked at proportion of patients who got discharged at the end of seven days of hospitalisation and we found that when we compared remdesivir. with some of the other drugs like hydroxychloroquine or lopinavir there was no difference in that proportion compared to standard of care.

One of the criticisms that we've seen is that this was not a placebo-controlled trial and that it was not double-blind, which means the investigators and the participants were not blinded to the arm.

We believe that our trial is still very robust because we looked at endpoints like mortality, like death. It's not a soft endpoint; you cannot fudge that endpoint. We looked at progression to ventilation, which is again very objective.

00:20:25

On the other hand the NIH trial, the ACTT trial looked at time to recovery and recovery was defined in a number of ways but it was based on how patients were feeling and whether they needed oxygen and so on, whether they needed hospitalisation.

All the other elements of the trial like the good clinical practices, the way the randomisation was done, the way the data was monitored and put together, the way it was analysed; done to the highest standards.

So we believe that our results are very robust and we hope that people who are doing treatment guidelines in other countries as well as regulators around the world will take note of our study

results in addition to the other evidence because you need to look at the global evidence for a drug before you make decisions and we should have the paper published fairly soon.

I'm not sure if Annamaria wants to add to that or Janet probably on the process of treatment guidelines, which is something we're working on.

JD Thank you, Soumya. WHO has a very well-developed approach to developing guidelines and treatment recommendations. What we're doing now in the pandemic is to try to continue with that approach in a transparent and trustworthy way but do it faster and do it more quickly.

00:21:42

So since the resulting of a Solidarity trial we would anticipate that the guideline would be available within three to four weeks and I have to acknowledge that that is a fast process for guideline development because there are many steps that have to be taken in order to develop that guideline so that's already in process.

We have convened our independent guideline development group panel and that panel has already been convening and they will convene next week to look at the totality of the evidence. As Soumya already said, what we are looking at is not just one trial result but we are looking at all the trials on the specific interventions, looking at it in totality and then grading the evidence and trying to figure out the certainty, how much we believe the results and the evidence.

00:22:25

That is done in a very systematic fashion so that meeting will happen next week and we anticipate after that meeting about one or two weeks more until the final guideline is published. So that is the timeline and that is the process that we are on so thank you.

MR Can I just add for those out there, the general public because I think part of the question was how can people understand this out there; one authority says one thing, another authority says another thing.

The primary function of a regulatory authority at national level is to assure that safe products are put on the shelf and that they have certain indications and certain levels of proven efficacy or indicative efficacy.

In that sense the regulatory process of EMA or FDL basically is a signal for what can go on the shelf. What clinicians ultimately used is based on complex clinical guidance for the day-to-day practice, diagnosis and treating of patients.

Therefore it is the clinical guidance package that's most important in guiding physicians to use what's on the shelf and in that sense regulatory authorities may place items on an approved list. That doesn't necessarily mean that they will be used in any particular practice unless they pass into clinical guidance that's given to doctors and nurses through these kinds of processes.

00:23:52

There's no inherent conflict between these two processes. They're in some senses mirror processes and they should be mutually complementary and there certainly should be consistency. But when you see differences between them it doesn't mean that something's wrong. It just means we need to get on now and develop the clinical guidance using all of the available information so that we can give the best possible templates to our member states to make good decisions for clinical practice.

FC Thank you all. I would like now to invite Jamil Chad to ask the next question. Jamil, can you hear me?

JA Yes. Can you hear me, Fadela?

FC Yes, very well. Go ahead, Jamil.

00:24:33

JA Thank you very much. Dr Tedros, Jair Bolsonaro refused to buy Chinese vaccines. Is there any scientific reason for this?

Secondly, if I may, some other cities in Brazil have seen, as Mike Ryan said, in the last couple of weeks a reduction of cases or at least a stabilisation in some of these cases. Is there a threat of a second wave as in Europe or is this a very specific situation just for Europe and those in other places in the world can simply relax? Let's say it like this.

FC Thank you, Jamil. Dr Ryan will take the second part of your question. Thank you.

MR Thanks. I'll answer the second part. I think the Director-General was quite clear in his opening statement. The first thing he said was each country needs to look at their individual situation. No country is out of the woods and what we've learnt

certainly in the northern hemisphere is that second waves are not only possible but highly likely anywhere in the world.

Those that have been hit hard first time round can get hit hard a second time round and those that were hit hard and hit a glancing blow the first time around can get hit a harder blow in the second so there is no predicting what your circumstances will be.

00:26:00

So the only way you're going to get at that is to clearly understand and in places like Brazil understanding now the true trajectory of the virus, the seroepidemiology of the virus in the population across different population groups and then to learn the lessons of follow-through.

Countries have got to low levels of disease and then not necessarily followed through on the testing, on the tracing, on the isolation, on the community support, on the measures to reduce transmission and are seeing disease creep back in and in some cases exponentially rise.

So for countries like Brazil where there are very strong scientific and public health infrastructure it is time to step back, continue to drive the curve downwards, continue to work hard at that and to ensure that everybody follows through to ensure that if a second wave does arrive those key structures - the health system, the community empowerment, the governance and co-ordination mechanisms and the public health surveillance, isolation and quarantine capacities are in better shape than they may have been in previous waves.

00:27:12

Those countries who learn in the first wave do better in the second. I think that can be assumed. With regard to your question on vaccines, again it is the sovereign decision of our member states to decide where they buy and who they buy vaccines for. WHO has a pre-qualification process and we're entering into that and there have been expressions of interest issued already for potential candidates that may be approved by WHO at some point in the future.

Our vaccine policy is to find - or the Director-General is advised by the advisory group on Immunisation, SAGE and they have already developed outlined policy advice. The COVAX facility working with all the partners is putting together a massive global

partnership to ensure fair and equitable distribution of the vaccine.

But ultimately despite all of those measures it is still the sovereign right and responsibility of government to ensure that they have the right vaccine policies in place, that they co-operate internationally. We will leave it to the government of Brazil at the federal and state level to work out what the best path is for the people of Brazil.

00:28:23

SS Can I just add to that very quickly to add to what Mike said that the COVAX facility exactly provides an opportunity for all countries to ensure that the best chances of getting the most effective and safe vaccine at an affordable price - because we're pooling risk so we're distributing the risk of investing across multiple vaccine candidates so you have a better chance of success.

We're also going to pool procurement and currently the COVAX facility is catering to 184 countries, collectively representing 90% of the world's population and Brazil is part of that as well. I think that's probably the best thing for countries to do, to be part of the COVAX. It shows global solidarity but it also gives you the best chances of getting a vaccine that's safe and effective in the shortest possible time. Thanks.

FC I think Dr Van Kerkhove would like to add something.

MK Yes, thank you. I just want to reinforce some of the things that the Director-General has said and Mike has said about the countries that are reducing transmission and countries that have transmission low. The circulation of this virus is not even all over the world and I think that's really important because many countries are in a very dangerous situation.

00:29:49

Many other countries are actually in a very good position. They've brought transmission down to a very low level, they're opening up their societies. But the message that we have - and we cannot stay this stronger - is to keep it up and in fact I would say even scale up.

The systems that you have in place to keep yourself at the ready, to remain vigilant, to quickly identify any cases that are there and really carry out the case finding, isolation of the cases adequately in appropriate medical care, to carry out the contact tracing.

What we mean by that is for every case that is identified, every cluster that is identified carry out a cluster investigation, look for all of those individuals who had contact with a known case, contact them, personally contact them, use the systems that are in place to find them, put them into quarantine.

By doing so, making sure you follow them, put them away from other people in terms of the quarantine and support them through that quarantine period you will continue to break chains of transmission.

00:30:51

I think making sure that those systems are in place and using the systems that you've worked so hard to put in place will ensure that transmission can remain low. It is not the time to let your guard down. It is not the time to close any systems that are in place. Make sure your testing is still happening, make sure you have your systems that are working and your workforce is supportive.

I think we just want to really emphasise it is not the time to let your guard down because you can keep transmission low.

TAG Why don't I give...? Thank you. It has been said but just a few seconds; one, as the journalist, Jamil, said, the number of cases and deaths is on the decline and we're happy that it's on the decline but at the same time, as Mike and Maria said, Brazil should not let its guard down so it should really continue with the momentum. We're glad that it's declining so it should keep that momentum.

00:31:57

Second, on the vaccines, the only thing we advise is that as long as it's safe and effective it's up to Brazil to choose whatever vaccines it wants. Thank you.

FC Thank you, DG. Let's move now to Spain; Natalia Segura from Catalan News Agency. Natalia, can you hear me?

NA Hello, I can hear you. Can you hear me?

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

NA Okay. I wanted to ask two questions. First of all I wanted to know if you're worried about the increase of cases in Europe. I don't know if you could make an assessment of the current situation and if you think that Europe is at risk of a second lock-down.

Secondly I also wanted to ask on the development of vaccines if you have any new forecast on if it is still possible to have a vaccine to prove effective and secure by the end of this year and if not when that could happen. Thank you.

FC For your first question Dr Van Kerkhove will answer it.

MK Yes, the first question around the worry in Europe; absolutely. I think as the Director-General has pointed out and as we have been pointing out over the last few weeks, as our Regional Director in Europe has pointed out there is a very worrying situation that is happening in Europe where we're not only seeing increases in case numbers but we're seeing increases in hospitalisation and we're seeing increases in the rate of individuals who are needing intensive care.

00:33:41

In many cities across Europe the capacity for ICU is going to be reached in the coming weeks and that's a worrying situation as we're in October, we're in the autumn in the northern hemisphere, the influenza season is just about to begin and so the demand for testing for people with respiratory diseases will increase, the demand for hospital needs for people who are sick will increase.

So we're in a worrying situation and in fact in the last 24 hours we've had almost 445,000 cases reported. Almost half of those are from Europe and so while we're in a different situation now where we can test more and we can carry out more surveillance the worry that we have is the numbers of individuals who are requiring hospitalisation.

00:34:27

I think what the Director-General pointed out in his speech today is what we need all countries to do, particularly those that are in a dangerous situation, particularly those that are in Europe and North America.

I will repeat them because I think they are worth repeating; we need all countries to carry out an honest assessment of the situation that they have right now with all of the data that they are collecting. Again we're not in the same situation we were in in March and in April. There are systems in place that are capturing information about where is transmission occurring, who is infected, what is the age profile, are there certain clusters that are happening in particular types of settings.

Do an honest assessment of that and then look at the system that you have and the strategy and the plans and the actions that you have in place. Do any course corrections need to be made? The Director-General said it himself; course corrections are not weaknesses. These are actually looking at the systems you have in place and making those necessary changes to reach your goal.

That goal is to reduce transmission and save lives and save livelihoods. Next is to talk to the populations and say, here is the situation that we're in, this is what it is going to look like in the next few months.

00:35:38

Some of those discussions are going to be more challenging than others and I think everyone as individuals needs to understand that they have a role to play and do what you can as an individual right now to contribute to reducing transmission.

Some of this will require some sacrifices that you will need to make as individuals and as families but the sacrifices that you make as individuals will help others who can't make those same sacrifices, who need to go into work to carry out those essential services that keep food on our table and keep us cared for in hospitals.

We also need governments to support people to carry out those necessary actions. If people are asked to stay home, if businesses are asked to reduce hours or partially close how can we support those businesses so that they don't go out of business, how do we make sure that families can continue to telework, etc?

00:36:31

Lastly to really share messages of hope. Mike and I did a Facebook Live this week where we talked about hope, we talked about resilience and I think many people across the world are scared right now and we need to share the stories of how we are getting through this together.

So just please remember that many countries are getting through this, many countries have shown us the way that we are getting through this. We can learn from them, we can listen to them. They're in solidarity with us as well and we will get through this but do what you can as individuals and as your families can do to really support us getting through this period.

MR Fadela, just on that point before Soumya comes in, I think also within this, while Europe is experiencing a very large rise in the number of cases and we do see increases in hospitalisations and are tracking upwards on fatalities, we also need to make our best efforts to ensure we keep that fatality rate low. Let me give you some numbers to compare.

If we go back to March, April, May in our European region we were seeing about 40 to 50,000 cases per day with almost 5,000 deaths per day. It was really, really bad from that perspective.

00:37:51

We are seeing now anything up to 150,000, 160, 170 up to nearly 200,000 cases a week - sorry, that was a weekly number before - and we're seeing about two to 2,500 deaths or below that. I'm not saying that those deaths won't catch up; they can and they are catching up but there're still a lot of lives to be saved here.

So while the numbers are extremely high we are lucky that the deaths have not immediately tracked that so supporting our front-line workers in Europe, ensuring they have the right equipment, there's enough of them, that they're rested, that they're able to work, that the system remains efficient and calm and that we're able to prioritise the clinical pathway for people through that system, that people are getting into early care and we're prioritising care for those most vulnerable will save lives.

We don't have to see deaths absolutely track back to the horrific levels they were as a proportion of all cases in springtime. Things have changed. We're better now so yes, we need to prevent transmission but we also need to focus on reducing the death toll, which will rise in the coming days, I have no doubt, but we need to also put some more investment into ensuring that our front-line system does not collapse in the face of an ever-increasing caseload of very sick patients. Sorry, Soumya, I cut across your...

SS No, I think that's very important, Mike. On the vaccines, as you know, we've been tracking it. We continue to track the progress. There's good progress in terms of the number of clinical trials that are starting up and moving ahead from phase one and two into phase three so currently we have ten trials in phase three.

A couple more candidates are likely to move from phase two to phase three in the next month or two. Our best expectations, as far as we know by watching the trials that are moving ahead, is

that we may have results from one or two of the vaccine trials before the end of the year, possibly starting late November.

This is going to be just the bare minimum, the results that are considered by regulators to be eligible to be at least looked at for an emergency use authorisation so it's data on efficacy and limited data on safety.

00:40:27

SS Based on this regulators will have to look at the data and decide what they're going to do with it and so will WHO. As you know, we have criteria that we've put out, bare minimum criteria for an emergency use authorisation and also there's an expression of interest for companies to submit their dossiers and their data to WHO on an ongoing basis so that we can keep up with the progress of the trials.

From the submission of data it takes a few weeks for regulators to look at it or for WHO to look at it for that matter so in early 2021 is when we're likely to see some decisions being made and again we cannot guess before we see the results as to which and how many of those vaccines will actually prove to have efficacy and safety data which are above the benchmarks which we've already set.

But certainly early in 2021, I think, is when we're going to start seeing more and more results coming out and so somewhere in the first quarter of 2021 we're talking about the world but there may be some vaccines available for the most high-risk groups in countries across the world.

00:41:39

As we've said before we are focused on a fair and equitable distribution of vaccines so if there're limited supplies of vaccine in the beginning - which is going to be the reality - we'd like to see that fairly distributed so that the highest-risk people, the health workers, the front-line workers have access to the vaccine regardless of which country and where they live in the world.

We also need to balance expectations because we know that the success rates of vaccine trials are ten to 20% and the good thing is that there are many candidates in trial. There are going to be successes. There may also be failures and we have to be prepared to accept both. Thanks.

FC Thank you, Dr Swaminathan. The next question goes to Stephanie Nebahe from Reuters. Stephanie, can you hear me?

ST Yes, thank you. A question please regarding the concerns or controversy in South Korea following deaths after influenza vaccines which may or may not be related. Are you in touch with Korean authorities, does WHO have concerns about this and do you see it happening anywhere else? Thank you.

MK Stephanie, thanks for the question. Yes, we are in touch with colleagues from Korea and what we understand so far - I'm looking at my notes here - more than 13 million people have been vaccinated in Korea this year for influenza and we understand that there have been 28 deaths that were reported following flu vaccine between 19th October and 23rd October and the Korean health authorities are looking into these deaths.

00:43:27

They've said in a preliminary investigation into the six deaths they didn't find any direct link with the vaccines and that there were no toxic substances uncovered but we are in very close contact with Korea and looking at them.

As with all vaccines there's active monitoring and follow-up of all of those who received their immunisation and we will continue to work with our colleagues in WIPRO and in Korea to provide more information as it becomes available.

FC Thank you. I would like now to invite Larry Mullen from National Geographic to ask the next question. Larry, can you hear me?

LA Yes, can you hear me as well?

FC Yes, very well. Go ahead.

00:44:11

LA Thank you. We've heard that WHO is finalising its plans for the mission to find the coronavirus' potential animal origins in China. What specifics can you tell us about what the investigation would look like including the type and number of experts who would participate, technology and tools they might use, methods they might use and so on?

Also I wanted to ask, if that's taking place what do you expect to find considering it's been nearly a year since the pandemic began and there are reports that the Wuhan market where the pandemic potentially began might have been cleared out or closed.

MK Thanks for the question. I can begin. What I can say is that progress is being made on the plans for the mission. As you

know, we had a team that went to China, a pre-team from WHO to establish the terms of reference and to set the plans in motion for an international team to carry out further studies to evaluate the origin of the SARS-CoV2 virus.

The terms of reference were agreed over the summer and they include a number of different types of studies that need to be done, studies that will begin in China because in any emerging outbreak, any start of an outbreak of the zoonotic pathogen - that means there's a jump between animal and human - you need to start at the source and those first cases were detected in Wuhan in China in December.

00:45:40

So the early studies will begin there and then the next phase of the studies will be developed as the evidence and the results from those first phase studies become available so that we will follow the science and follow the necessary steps that need to be taken there.

So the progress is being made and we've reached out to the international team and so we will be able to share more in the coming days.

MR Yes, we certainly have had a pre-briefing with the international team members and they do represent a very broad range of scientific skills and each and every one of them are leaders in their own field and they represent a broad geographic base of expertise as well.

We expect and we're making great progress with our counterparts in China and we expect to have a virtual meeting of the two teams together before the end of the month and, as Maria said, we have a two-phase strategy.

00:46:46

Some of the studies in phase one have already begun because there are local studies that need to be carried out and what we will hope is that preliminary information on those studies will be shared between the two teams, the virtual teams and the idea will be that the teams will work together virtually, they will explore the results that are currently available based on that, they will redefine those priorities for field missions and then we hope to see a team deploy to look at both continuation of phase one studies and also plan and design the implementation of phase two.

We thank all those experts who've agreed to participate and to support this process and that's both in terms of Chinese and international scientists and we look forward to working with our member states in ensuring the best possible studies that can be carried out.

The group will also look at the broader context. As you've seen, going back to February WHO recognised the need for the animal/human investigations. This has always been part of our DNA in terms of looking at everything from MERS to SARS to Ebola, many, many other diseases in the past.

00:47:54

Soumya, myself and others convened a meeting in February of the research and development meeting that was carried out then and as part of that roadmap a very extensive set of research targets were laid out clearly as a result and we very much welcomed the resolution of the World Health Assembly, WHA 73.1 which also highlighted the need for accelerated animal/human studies and on the basis of that and our previous work and plans under the R&D blueprint we've been working with all parties to put together the necessary studies to better understand the origins of this virus.

So I believe we are making good progress. Please bear with us as we continue on this journey of discovery and knowledge and I am sure we will be organising, I hope, as this thing moves forward more regular briefings, particularly with those science journalists who follow this closely to ensure that we keep you well informed of the scientific developments.

00:48:55

We do trust that this process can remain a scientific collaboration aimed at discovering knowledge that we will need to prevent this disease happening again and that is the basis and the spirit in which all enter the process.

FC Thank you. I would like now to invite Adrian Agil from Sumedico - I believe he's based in Mexico - to ask the next question. Please don't forget to unmute yourself. Adrian, can you hear me?

TR Hello. I'm Adrian Aguira and a journalist at sumedico.com and I have two questions. One is, what is your opinion on the situation in Mexico? Secondly, people in the nation aren't always following the rules, they have a habit of not following the rules and there are still people who believe that the pandemic isn't

real. What advice could you give the government to make people aware of the reality of the pandemic? Thank you.

FC Thank you, Adrian. I would really like journalists to ask only one question to allow for more participants. I would like to invite Dr Van Kerkhove to take the first part of your question.

MK I'm actually going to take the second part of the question, Fadela. The question on the people complying with measures in the pandemic; we can assure you that the pandemic is very real but I think the question that you asked about compliance is a good one because I think there're different reasons why people don't comply or can't comply.

00:50:42

I think this is not an answer specifically to Mexico but I think globally there are many individuals who are taking steps and doing the things that they need to do as individual measures which include the hand hygiene, carrying your alcohol-based gel, practising your respiratory etiquette, wearing a mask where you are asked, staying home if you are asked, making sure that you follow the local guidance that is being put in place.

But there also needs to be an enabling situation that individuals can comply because in many parts of the world - again this is not Mexico-specific but in many parts of the world individuals need to leave their home to be able to buy food, to be able to go to work, to ensure that they receive a salary, so that heat can be in their home and they can feed their children.

So there are a number of reasons why individuals may not be able to comply and I think in those situations it's really important that communities and governments and religious leaders and other leaders figure out how we can support individuals, families, communities to comply with the measures that are needed.

00:51:58

On the other side there are many individuals who I know that may not want to comply because it's difficult, it's inconvenient. But I think what we need globally is this collective unity to come together and see what it is that I can do within my power to be able to take control of the situation; what is it that I can do that can reduce the opportunity for the virus to reach me and my family, to reduce that exposure so that I don't get infected and that I don't pass the virus on to other people.

In some situations it means not having people over to your house, it means that you aren't able to go out to eat, maybe you

can buy food and have it delivered to your home so that you could support local businesses. It may mean not having that birthday party for your kids, which is something that I will have to do for my little boy this year, and just have it a different way.

So I think there are different situations and it's very hard to give a global answer to something like that because there are some situations where people cannot comply and we need governments and others to support individuals to be able to carry out those actions.

00:53:14

But in other situations all of us have a collective responsibility to do what we can so please, if you can, when you can, where you can do what you can to be part of this global fight.

MR Just on Mexico specifically, Mexico has plateaued at a relatively high number of cases. Mexico's having about 35,000 cases a week, 2,500 deaths per week, a total of over 860,000 cases and nearly 87,000 deaths overall so Mexico's been one of the most affected countries in the Americas and has suffered with many countries in Central and South America and in many other parts of the world.

The disease has plateaued, has taken a little jump in the last couple of weeks but some of that was due to changes in reporting requirements but stability is good, it's better than exponential rises we're seeing elsewhere. But as Maria said earlier, now is the time for everyone to consider how you're going to push that curve down.

00:54:29

We've seen parts of Mexico increasing in their numbers, other parts decreasing and now the need is to get the whole of the country moving towards much lower numbers and then to follow through on that.

Mexico's been through a tough time, the health workers in Mexico have been through a tough time. Mexico has done some very good things. It's been very good at tracking infections in pregnant women for example and looking at some higher-risk groups.

It's also been very flexible in its epidemiologic definitions and been willing to really look at epidemiologic confirmation of cases where testing wasn't available so Mexico's shown an openness to really trying to measure the problem despite absence or lack of testing at times.

So I think, again going back to what the Director-General said in his first five points, every country needs to step back and look at where you are now. If you're plateauing you need to find a way to get down to the next level on the mountain and then when you're down there you get to the next level down.

If you're increasing exponentially you need to find a way to blunt that, you need to try and crush that or you're heading very much in the wrong direction. Everyone has work to do.

00:55:41

Those who are down and doing well need to avoid slipping back into high levels of transmission. Those on the way up need to find a way to get off that escalator because that is not going anywhere good for your health system.

FC Thank you. I would like now to invite our next journalist from Greece, Kostas Davalis from ERT. Kostas, can you hear me?

KO Do you hear me? Thank you, Fadela.

FC Yes.

KO Thanks for taking my question. I'm wondering; we have been talking now for a long time about vaccines and treatments. We need urgently to finally defeat our invisible enemy, the coronavirus but we are not talking about other means of precautions except for masks and washing and keeping distance.

00:56:39

So my question is, is there another way to prevent a coronavirus infection with our knowledge today, ten months after the first case? According to a study by a German university a few days ago it seems that inorganic polyphous [?] fats can naturally prevent the coronavirus from entering through the mucosa into the lung cells by creating a natural barrier in the mouth and the nose. Thank you.

MK Thank you for the question. Yes, there are many, many, many things that individuals can do to protect themselves, protect their families and so while the entire world has come together in incredible global solidarity and scientific pursuit to find therapeutics, to advance the development of therapeutics for people with COVID-19 and to develop safe and effective vaccines and to ensure that there will be equitable access to this globally; there are many things that we could do right now.

There are three things to focus on; first of all is what we need to do to prevent infections, to reduce transmission. The second area

is to save as many lives as we can so prevent those that have been infected from developing severe disease and prevent those from dying.

The third is to ensure that we have engaged and empowered and informed populations and people so that everybody knows what they can do to protect themselves. A lot of this is very, very low-tech so one of the things that everyone can do right now is physical distancing; at least 1m apart, make sure that you remain physically distanced from others outside of your immediate family but still remain socially connected so make sure that you still have that social connection with individuals.

00:58:36

You can avoid crowded spaces so there are situations in which transmission can be amplified, meaning that it can spread more easily and these tend to be in situations where people are in close quarters with one another, they spend prolonged periods of time indoors with poor ventilation.

You can avoid those situations as much as you can and if not you can wear a mask. You can open the window to ensure that you have natural ventilation coming in or fresh air if you live in a location that has fresh air to fill that space.

Hand hygiene; it's incredibly simple but not in all parts of the world. WHO is working with partners to ensure that we have access to water and soap and hand-washing stations, access to alcohol-based rub that you can use because if the virus is on your hands, if you wash your hands or use an alcohol-based rub you can kill the virus, you can inactivate the virus and not infect yourself.

00:59:34

One of the most important things that you can do every day is be informed; know where the virus is in the area that you live. As we keep saying, the virus is not spread evenly all over the world and in many countries that have successfully controlled transmission; those societies are opening up and they can go about their daily life in a very different way than in some countries that are seeing really intense transmission.

So know your local situation and follow that regularly, find out good-quality sources of information so that you know what is your risk; when I leave my house, if I can leave my house what is my risk, and take decisions that reduce your risk.

It also means making some sacrifices of avoiding some gatherings that you may want to have and again I'm in the same situation, we're in the same situation here but all of those things are actions that reduce the amount of exposure that you would have and it reduces the risk of infection and that's really important before we have those therapeutics and vaccines that are underway.

01:00:38

There are a lot of therapeutics that are in development. We have dexamethasone, which is for severe and critical patients and so that is something that is also happening in parallel. But the other thing that you need to know is making sure as an individual and for my family what I need to be able to do to know the virus, if the virus is around me, how can I get tested if I need to get tested and how can I keep my family safe.

Last thing; if you have been asked, if you are a case please contact your authorities if they don't contact you and say, what do I need to do? If you are infected with the SARS-CoV2 virus you need to be isolated. Ideally isolation would take place in a medical facility and of course if you need medical care seek that medical care immediately but contact your healthcare provider.

In some situations isolation for infected individuals can take place safely at home but you need to make sure if you are in isolation at home you keep yourself separate from your other family members.

01:01:40

If you are a contact of a known case you need to be in quarantine and quarantine means - again contact your authorities to find out what that means in your area, if quarantine needs to take place in a specialised facility where you are cared for and looked after or you're in quarantine at home.

But again if you're in quarantine at home that means that you don't go to work, it means that you don't go to the grocery stores, you need to remain separated from other individuals. Those actions break chains of transmission. That's very difficult to do and you need to be supported in doing that. I just wanted to highlight that those are things that everyone can contribute to breaking those chains of transmission.

MR May I just add that we're constantly scanning the landscape of research for any possible therapies, preventive, therapeutic and others and Annamaria, the R&D blueprint team,

Soumya and many other scientists in the various clinical networks...

We are not specifically aware of the agents that you refer to but we are constantly looking and receiving direct inputs many times from clinicians, developers, companies and others and every single potential product gets looked at to see if there is potential for that. Annamaria may wish to comment on that.

01:02:59

But also, going forward on what Maria said and while we have Janet with us and what I said about the fact in countries now an exponential growth; yes, we have to try and push down disease but we have unfortunately that kinetic energy that this virus has in many countries right now.

That's going to result in a lot more people arriving at hospital and a lot more people needing really, really good care. Janet and her team - and her team is not just the people in Geneva, it's the people in our regional offices, our country offices and the hundreds and hundreds of clinicians and doctors and nurses, engineers, architects, biomedical engineers, logisticians who are working around the world on end-to-end solutions, on building clinical pathways.

Today we started the process of releasing seven new clinical training courses on openWHO.org. 500 doctors and nurses around the world have contributed to the development of those courses. That's reaching millions of front-line doctors and nurses.

01:04:02

The O2 work that Janet referred to; early diagnosis gives patients a chance to get into good clinical pathways in which they get the things like oxygen when they need it before they have deteriorated.

We need safer environments in which doctors and nurses work. WHO has worked with the TEKNE [?] network, a network of engineering and architectural firms who on a pro bono basis have helped us to provide thousands of extra safer beds around the world.

We have teams going everywhere in the world, working directly on adapting existing facilities, looking at ventilation, looking at airflow; doing everything we can to make the healthcare environment as safe as possible for the patients and for the people who care for them.

Because we believe our best asset right now is our health workers, our front-line health workers; ten months in the front line fighting this disease. We need to look at how they're protected, how they're trained, how they're supported, how they're rested.

01:04:59

There is no excuse right now to have health workers in the front line ten months into a pandemic who don't have PPE, who don't have proper rest schedules and cycles of work, who don't have the support they need to do what they have to do for some of our relatives and friends and others who may need their help in the coming weeks.

So while we must focus on controlling this virus we need to look at what we can do to save those who've already been exposed. I thank Janet; her teams all around the world there are absolutely outstanding in what they've tried to deliver for patients everywhere. I never get a chance to thank you, Janet, but well done and to all the people who work with you.

FC Thank you, Dr Ryan. It's already more than an hour since we started this press conference. Before I close it I would like to invite Director-General Dr Tedros for final comments. Dr Tedros, please.

TAG Thank you so much to all colleagues who have joined here and also thank you so much to journalists and others who have joined us online today and see you in our next presser. Thank you. Thank you, Fadela. Shukran jazeelan.

FC Shukran, DG. Just to remind journalist, we will be sending you the DG's speech plus the audio file of this press conference. The full transcript will be available tomorrow on our website. I do apologies to journalists who were not able to ask their question. As always, you are welcome to send any follow-up question to the media team. Thank you and have a nice weekend.

01:06:59