COVID-19

Virtual Press conference
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Speaker key:

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MV	Dr Maria Van Kerkhove
MR	Dr Michael Ryan
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00:00:00

FC Hello, everybody. I am Fadela Chaib, speaking to you from WHO headquarters in Geneva and welcoming you to our Global COVID-19 Press Conference today, Monday 26th October. Before we start, please excuse us for the delay. Present in the room is Dr Tedros, the Director General of WHO. Joining him, is Dr Mike Ryan, Executive Director Health Emergencies. Dr Maria Van Kerkhove, Technical Lead for COVDID-19. Dr Soumya Swaminathan, Chief Scientist. Dr Mariângela, Assistant Director General Access to Medicines and Health Products. Welcome all.

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I would like just to remind you that we have simultaneous interpretation in the six UN languages today plus Hindi. Today, we are sorry, Portuguese

interpretation is not provided. Sorry for that. Now, without further delay, I will hand over to Dr Tedros for his opening remarks. DG, you have the floor.

00:01:19

TAG Thank you, Fadela. Good morning, good afternoon and good evening. Last week saw the highest number of COVID-19 cases reported so far. Many countries in the Northern Hemisphere are seeing a concerning rise in cases and hospitalisations. Intensive care units are filling up to capacity in some places, particularly in Europe and North America.

Over the weekend, a number of leaders critically evaluated their situation and took action to limit the spread of the virus. We understand the pandemic fatigue that people are feeling. It takes a mental and physical toll on everyone. Working from home, children being schooled remotely, not being able to celebrate milestones with friends and family, or not being there to mourn [?] loved ones. It's tough and the fatigue is real.

But we cannot give up. We must not give up. Leaders must balance the disruption to lives and livelihoods with the need to protect health workers and health systems as intensive care fills up. In March, health workers were routinely applauded for the personal sacrifice they were making to save lives.

Many of those health workers who have themselves gone through immense stress and trauma are still on the frontlines, facing a fresh wave of new patients. We must do all we can to protect health workers and the best way to do that is for all of us to take every precaution we can to reduce the risk of transmission for ourselves and others.

No-one wants more so-called lockdowns. But if we want to avoid them, we all have to play our part. The fight against this pandemic is everybody's business. We cannot have the economic recovery we want and live our lives the way we did before the pandemic. We can keep our kids in school. We can keep businesses open. We can preserve lives and livelihoods. We can do it. But we must all make trade-offs, compromises and sacrifices. For individuals, families and communities, that means staying at home and especially if you have been exposed to a case.

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Furthermore, you continue to maintain physical distance, wearing a mask, cleaning your hands regularly, coughing away from others, avoiding crowds or meeting friends and family outside. For governments, it means doing the same things we have been calling for since day one. Know your epidemic. Break the chains of transmission. Test extensively. Isolate and care for cases. Stress and provide supported quarantine for all contacts.

With these measures, you can catch-up to this virus. You can get ahead of this virus and you can stay ahead of this virus. We say this because we have seen in many places around the world get ahead and stay ahead of the virus. There are not magic solutions to this outbreak. Just hard work from leaders at all levels of societies. Health workers, contact tracers and individuals. Then once you have the upper-hand, it is important to strengthen health systems, the health workforce and contact tracing systems, so that the virus does not take hold again.

Signs continue to tell us the truth about this virus. How to contain it, suppress it and stop it from returning, and how to save lives amongst those it reaches. Many countries and cities have followed the signs, supressed the virus and minimised deaths. From Dakar to Melbourne, Milan to Islamabad, New York to Beijing.

When leaders act quickly and deliberately, the virus can be suppressed. For leaders, as my colleague Dr Mike Ryan said back in March, the most important thing to do is move fast, have no regrets. But where there has been political division at the national level, where there has been blatant disrespect for science and health professionals, confusion has spread and cases and deaths have mounted.

This is why I have said repeatedly, stop the politicisation of COVID-19. A pandemic is not a political football. Wishful thinking or deliberate diversion will not prevent transmissions or save lives. What will save lives is science, solutions and solidarity. That is why we say solidarity, solidarity, solidarity.

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Finally, last week WHO conducted its first global e-learning courses on health and migration, addressing a critical and often neglected topic of global health. The course included being directly connected live with health and migration projects on the ground, so that they could receive direct feedback from those in the field.

There were people attending from 122 different countries worldwide and I would like to take this opportunity to congratulate all individuals, all involved in this course. All of public health suffers when any community is excluded. It is vital that all countries include refugees and migrants in their national policies as part of their commitment to universal health coverage. I hope the knowledge gained through this course will act as a catalyst for health policies that include migrants and refugee communities. Help [?] for all means all. I thank you.

FC Thank you, Dr Tedros. We will now open the floor to questions from members of the media. I remind you that you need to raise your hand, use the raise your hand function, in order to get in the queue to ask your question. Please don't forget to unmute yourself. Let's start with Naomi Kresge from Bloomberg News. Naomi, can you hear me?

00:09:12

NK Yes, I can. Can you hear me?

FC Yes, very well. Go ahead please.

NK Great. Thank you for taking my question. I was just wondering given the current rate of spread of the virus in Europe, whether you think it will be possibly at this point to stop this wave of the virus without another lockdown.

FC Thank you, Naomi.

MV I'll begin and then perhaps Mike will add. First of all, the virus is spreading differently in different parts of the world. Even across Europe, the virus is not universally spreading. There are hotspots of activity in terms of virus transmission, where we are seeing increases in case numbers. Mainly, in

many parts of the world because we have better surveillance to be able to detect.

The worry that we have right now are increases in hospitalisations and increases in ICU rates. In many cities, we're seeing beds filling up too quickly and we're seeing many projections of saying that the ICU beds will reach capacity in the coming days and the coming weeks. But there are many things that countries can do to be able to bring this under control.

Countries across Europe remember, countries across Europe brought countries under control into springtime, into the summertime, with case numbers at very low levels. They can do this again. I want to repeat that they can do this again and they will do this again.

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How it is done is what is important right now. There are many countries that right now are taking a very critical look at the situation currently in their countries. They're looking at where transmission is occurring and looking at where it is most intense, to see what interventions need to be put in place in those specific locations.

We are still hopeful that countries will not need to go into the so-called national lockdowns. What they will be able to do is use the tools that they have in hand with ample testing, with finding suspect cases, individuals who are sick to stay home. If you have been exposed to a case, you stay home. Where we have good clinical care for individuals so that they can seek the medical care and receive the medical care that they need.

We need everyone to contribute. We can avoid national lockdowns. We can avoid massive restrictive movements if everyone plays their part. This does mean, as the Director General has said, as we have said, it means individual sacrifices. In many parts of Europe and in North America in particular, there are many things that each of us can do. The decisions that we make every day about avoiding crowded spaces, about avoiding enclosed settings for prolonged periods of time, about postponing some of those gatherings that we may want to have

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It is sacrifices that we all have to make, but these are the tough decisions that each of us can make in the fortunate situations that many of us live in, to be able to contribute to reducing our exposure and reducing the chances of us getting infected. By taking these measures, our schools can stay open and we need to do everything we can to keep our schools open. Especially for the youngest kids across the world, because of the benefits that we have for young children.

So, there are ways that we can apply the measures at hand. Isolation of cases, identification and isolation of cases, and really critically identification support for quarantine for contacts. This can go a tremendous way to be able to bring these under control. The other option is, if we don't quarantine contacts of known cases, then everyone is going to have to be in quarantine and that's what we want to avoid.

FC Thank you. Dr Ryan would like to supplement.

MR I think Maria covered it, but again just to say that in the last week 46% of all the global cases in the world were from our [?] European region. That obviously extends from Vladivostok to Reykjavík, so it's a larger conceptual footprint than the European Union. About nearly one third of global deaths. So, there is no question that the European region is an epicentre for the disease right now, but as Maria said, that's not consistent across the whole…

The DG said something very important, I think. He said, we need to get ahead of this virus and then we need to stay ahead of this virus. Sometimes in a race, you can use certain tactics at a certain time. Right now, we're well behind this virus in Europe. So, getting ahead of it is going to take some serious acceleration in what we do and maybe a much more comprehensive nature of measures that are going to be needed to catch up with and get ahead of this virus.

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But as we've seen in other countries, once you get ahead of the virus, you can stay ahead. But you need to follow through on those measures. You need to follow through on the public health surveillance and the follow up on contacts. On community engagement, on supporting people in quarantine. I think this is going to be a double-pronged approach here.

I think we will have to get ahead of the virus and it may require further sacrifice for many, many people in terms of their personal lives. But once we do get ahead, we can't squander that opportunity and we have to put in place stronger measures to keep ahead of the virus. Some countries have done that around the world. They have managed to stay ahead of the virus, keep their numbers low.

The difficulty in Europe and particularly in the European Union… This is a genuine difficulty. The European Union is an economic, social integration organisation that has had huge success in bringing social, economic rights, environmental rights and many things across Europe. It is in its construction, probably prevented a third world war and was constructed so we could come away from a huge conflagration [?] in the middle of the 20th Century.

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In that sense, it is built on a principle of openness and transparency and sharing of responsibilities. It is not so easy in that context to put barriers and walls up again when Europe has spent 50 or 70 years trying to break down barriers and break down walls. So, it is not an easy thing to build a coherent response across so many countries with such different approaches, with so many land borders. So, I think we have to look at that very seriously in the context of the European Union and the context of the region as a whole. There is a lot of free movement and therefore on those principles it may require shutting down and restricting movement and having stay at home orders, in order to take the heat out of this phase of the pandemic.

But it doesn't mean that then we shouldn't move forward with the other measures. I think this is going to be the trick. Can we get to the holiday periods at Christmas with a lower number of cases, then can we sustain that lower number and then introduce vaccines at a low number of cases, thereby

magnifying and amplifying the effect the vaccine will have on behalf of the people we serve?

FC Thank you. I would like now to invite Jason Beaubien from National Public Radio to ask the next question. Jason, can you hear me?

JB I'll unmute myself. Thank you. I appreciate you taking my call. Sticking with the Northern Hemisphere, the testing positivity rates that are coming back in Europe are extremely high. 17% and 18% in some of these countries. What exactly do you think is driving this huge surge in the Northern Hemisphere? Is it complacency? Is it the weather? Is it somehow an inevitable part of the process? What is it that's driving this big surge that we're seeing?

MR I'll begin and Maria will give you a much better, technical answer. But I think you're correct. You answer in a sense your own question. It's complex, it's multi-pronged, multi-faceted reasons why that is the case.

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But let me first say that we have got better at detecting this virus. You will see that in March and April, when this virus wasn't fully understood, the majority of people that were being tested were sick people showing up at hospitals. We've become better as testing has become more widespread. The age distribution of those tested and those positive has broadened out. So, in a sense, as the numbers have increased, it doesn't necessarily mean that the overall size of the epidemic is growing at the same exponential rate.

But what is concerning is that within that we're seeing the disease leak now into older, more vulnerable age-groups. We're seeing more people in nursing homes becoming more exposed. So, that has generalised increase in transmission across the age-groups, now it's resulting in increasing hospitalisations. We're seeing a slight, or more than a slight, a progressive uptake in the number of deaths.

The difficulty is predicting, will that protectory continue on an upwards cycle? We've got better. Particularly in many European countries, we've got much better at clinical pathways, early diagnosis, getting vulnerable patients into very intensive clinical care streams early. The use of drugs like dexamethasone. We've got better at detecting and early treatment and long-term treatment of the disease. So, there are reasons too why our death rates may be down, but the case numbers may be up.

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The positivity rates though cannot lie and you are right. When positivity rates are going up, that means your disease is getting more established at a community level and you don't necessarily have control over virus transmission. That in itself is a very... I think right now testing, tracking positivity rates, tracking hospitalisation rates, tracking death rates, are probably more informative parameters to measure than purely measuring the absolute number of confirmed laboratory cases, and I think we've been doing that for quite a while. Maria?

MV Thanks. I fully agree. But I do think what we need to do when we look at the percent positivity rate, and percent positivity of 17% or 18%, or even higher, is quite high, we need to look at that at the subnational level. Where is

it the most intense? There are a number of reasons, as you've pointed out, as Mike has pointed out, for this.

There is a shift in the average age of cases now than it was in the springtime. That is because we are testing more. Our surveillance has improved, our testing capacity has improved. We are picking people up on the milder end of the spectrum, which is typical in an outbreak and a pandemic as the months pass on. Because in the beginning you always, always focus on the severe cases. Those that show up to healthcare.

But I think what we're seeing in the fall... We need much more analysis on this to determine what is happening in Europe, but there is travel that has happened, here are outbreaks that have happened in universities. So, these are much younger individuals where there has been some transmission in some universities. I'm not saying any of this to blame any one particular group. I want to be perfectly clear on that.

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But there has been some transmission in social gatherings. We've seen bars, we've seen restaurants. Those tend to be younger people than older people. But if you have a lot of transmission that's happening in younger people, eventually that reaches older individuals and it reaches people who are vulnerable.

So, the big worry, and what we are starting to see now, is a creeping up of the average age. Because people who are young or younger have family members who are younger, or live with parents, or visit grandparents and visit people with underlying conditions, and that will force the mortality and the hospitalisation in the ICU to creep up.

We do see some outbreaks in nursing homes. Again, we've known that if the virus can enter a nursing home or a long-term living facility, it can have some devastating effects. So, there is a lot that is driving this. But again, it is important if we look at that percent positivity, which is a good indicator, to look at where is the percent positive the highest? If that is a national indicator, what does it look like in cities, what does it look like at the provincial or state level, so that we could really break down the problem?

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It's easy for me to say here, break down the problem, but without doing that, just looking at something at a national level does not really give us the granularity of detail that we need to be able to tackle it. So, again, we will say that many countries in Europe brought these outbreaks under control, brought transmission down to a very low level and they can do this again. They need to apply the tools that they have to be able to turn the corner and to get ahead, stay ahead, as we've seen in a number of countries.

FC Thank you. I would like now to invite Nina Larson from Agence France-Presse. Nina, can you hear me?

NL Yes, hello. Can you hear me?

FC Yes, very well. Go ahead, Nina.

NL Thank you very much for taking my question. I wanted to ask, US President Trump's Chief of Staff, Mark Meadows, indicated yesterday that the administration's focus had moved to mitigation basically, instead of trying to control the pandemic. So, basically letting it run its course whilst waiting for a vaccine. I was wondering if the situation in the US is so bad that could make sense in any scenario? Or if this is a dangerous message? Thank you very much.

MR Thank you. Well, first and foremost, this isn't about competing strategies. In every epidemic, you need to do everything possible to protect those most vulnerable from being exposed. Right now, we have older persons, we have older people, for who we need to do everything possible to reduce their exposure. Ultimately, if they do become sick, to ensure that the healthcare system can take the best care of them. So, there is absolutely no contradiction in that being a primary objective and it has been a primary objective of WHO's comprehensive strategy since the very beginning of this pandemic.

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The difficulty arises in actually trying to achieve that goal. Because if in achieving that goal... If that is your goal to say, let's protect those individuals who are most vulnerable, if you can identify all of those individuals and those individuals are all in nursing homes, then you have a possibility of doing that. But the vast majority of vulnerable people live amongst us in multigenerational households. The old, the young, the vulnerable. People on chemotherapy, people with underlying conditions, people with diabetes and hypertension. Their mums, their dads, their brothers, their sisters, their sons, their daughters.

So, the best way to protect those individuals is to do as much as possible to reduce the transmission of this disease at community level. In doing that, we will provide protection for the vulnerable. In that sense, we should not give up on trying to supress transmission and control transmission. It is difficult. It is difficult in the US, it is difficult in Europe, it is difficult in many countries that have high levels of community transmission to do that.

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But if every individual did everything today to reduce their exposure to this virus and reduce the chance that they may expose others to this virus, if every individual did that through physical distancing, through wearing masks, through ensuring they avoid crowded space, through hand hygiene and they were supported in doing that... If every person who was a contact or knows themselves to be a contact of a case was to quarantine themselves and be supported in that by government, then we would have significant success, as has been demonstrated in many countries in containing this virus.

It would not require stringent lockdowns over long periods of time. It might require some geographically targeted measures. Our problem is and our challenge is that not everybody is doing that and not everybody has the knowledge to do that. Not everybody accepts that is what is needed to be done, because they don't believe in this disease. They don't believe that we have a pandemic on our hands.

How can you convince someone to do something if they don't actually believe that there's a problem? It's truly impossible to think about this. So, I do think we need to convince people, we need to persuade people. Persuasion is not about forcing. Persuasion is a discussion. Persuasion is a dialogue. Persuasion involves the exchange of resources between people. Governments need to look for and persuade people to do the right thing.

But they need to support people in doing that. So, when we say contacts should be quarantined, they need to be supported in quarantine. They need to have food. They need to have access to connectivity. They need to be supported, they need contact with their families and the lockdowns and all of these huge measures, are in effect a replacement for what is a comprehensive approach to containing and controlling this virus, and mitigating its impacts.

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Mitigation is a very important thing. But to give entirely up on control on a principle that you have all the capacity to mitigate... There were many places in the US and elsewhere that had a lot of trouble back in March and April using mitigation, when our emergency rooms were overwhelmed and we were wheeling freezer trucks up to the back of hospitals. That's the reality of mitigating the disease in the face of a tsunami of cases.

You run out of capacity to cope and that is the fear right now. I hope we don't run out of that capacity. What governments are trying to do now is to move quickly to ensure we don't run out of capacity, by trying to supress the flames of this pandemic. That is a responsibility on all governments, no matter where they are. So, I hope that the measures that everyone needs to take are understood and that we can have this balanced approach.

But I would agree with the Chief of Staff. Protecting our most vulnerable is a very honourable objective. But the means by which we do that requires us to come together as a society to do that by breaking chains of transmission. The only way we'll do that is in a proper social contract with our communities, to support them in doing that and putting in place the necessary measures to make that happen.

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MV I just want to briefly add, it's not specific to the United States, but you remind me, Nina, of your question when we were having conversations back in February, March and April. About this idea that there was a dichotomy between containment verses mitigation. There is this argument that you could only do one. But in fact, the comprehensive approach that we have outlined, that many countries are using, has elements of both. It isn't one or the other. There is no dichotomy between containment verses mitigation.

The approach includes both. Active case finding, cluster investigation, supported quarantine for all contacts. That is important as well as protecting the vulnerable and making sure the virus doesn't reach those who are most at risk of infection, those who are most at risk of developing severe disease and death.

So, there is no time to lose here. There is no waiting right now. There is an incredible global effort to develop safe therapeutics, safe vaccines that are effective and working on increasing access, and making sure everyone will have access who needs it. But there is no time to lose. There is no waiting in all of the things that we need to do. We need to be very clear on that.

Everyone who is listening to us, who can hear us right now, you can hear the passion in our voices. You have a role to play. There is good information that you could find about what you need to do in the local area that you live. Please take those steps. Talk with your families about what you need to do as a family. Talk to your loved ones about what they need to do where they live. It will include making some sacrifices, but we can do this, we will do this and we have to do this.

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

KA Yes, Fadela. Thank you so much for giving me the floor. I would like to come back to what Mike said and spoke about mitigation. I would like to speak about banalisation of testing. You now see a lot of people saying, I've been tested negatively. My test is negative so I can travel, I can attend parties and I am not in danger and I cannot transmit anything. What is your reaction towards that kind of behaviour? Thank you.

MR Thank you. I'm certainly fully aware that people are using a single test as a reason to go out and party. But if they are, then it's very, very short-sighted and quite frankly very silly and very dangerous. It depends on the test that you've taken. Testing is very important. Testing tells you... Essentially, the testing we have right now, be it PCR based testing or antigen testing, it tells you whether you have effectively got the virus in your body or not. In other words, whether or not you have an active infection.

It tells you nothing about your future risk. It tells you what is the case right now. If you are negative for a test, that means you are negative. In PCR testing, if you're negative, you're negative. But you can be positive the next day, based on the exposure you had a week ago. So, therefore, testing tells you what your status is today, this hour. It tells you nothing about what your status will be tonight, tomorrow or the next day.

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To base your activities or behaviour on that, is frankly a dangerous thing to do. Because certainly, you would not want to bring disease home to your family if you've tested negative two days previously and then are positive unknowingly and bring disease home to your family, or give it to your friends, or attend a social gathering and give it to others, or attend church and give it to other people. Nobody would want to do that.

So, I think you said the word, banalisation. Testing has a very specific purpose. It's there to be able to pick up people who are sick or people who have the disease, in order to make sure that number one, they get care, and number two, we can identify contacts. In doing that, these are vital actions and testing

should drive that process. Testing is not a passport to doing whatever you want to do.

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

JL Yes, I ca hear you. Can you hear me?

FC Yes, very well.

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JL Thank you for taking my question. Just quickly for Dr Tedros. You warned again yesterday against vaccine nationalism. It's not the first time that you used these words and I was wondering does it mean that you don't see any improvements on this side? Even that the situation is worsening, that the message behind that is that the COVAX programme won't be enough to secure a vaccine for all countries? Thanks.

TAG Yes, thank you so much. Of course, as you rightly said, I have been saying all along about the risk of vaccine nationalism. Our world should really avoid at any cost the danger of vaccine nationalism. The reason for that is WHO believes that the world can recover faster, especially economically faster, if it shares any tools. Especially vaccines, that we hope to have at the end of this year or early next year.

The reason we were worried about vaccine nationalism was because we had PPE shortages, as you know, at the start of the pandemic and some countries were hoarding PPEs. So, the same thing can happen now. But at the same time, we see some positive developments now.

Of course, we have a concern of vaccine nationalism, but there is a positive signal or progress. Because as we speak, 184 countries have joined COVAX facility. That's really progress, meaning the overwhelming majority of countries are in COVAX facility. We hope they believe that vaccines should be global public good.

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But still we will continue to remind the world that having a vaccine and using it as a global public good means sharing it. Meaning, as far as WHO is concerned, it means vaccinating some in all countries rather than all people in some countries. Sharing this vaccine and having the vaccination in all countries, especially targeting those who need it, is in the interest of each and every country in the world.

Because it can help us to save lives if we follow this approach and also it can help us with addressing the livelihood problems. So, sharing can help us to help lives and livelihoods. As I said earlier, it is in the best interest of every country.

But as you know, this is not easy. Each and every political leader of any country would be worried about their own constituency [?]. It will need a very strong leadership, convincing their constituencies, saying, when we share, we can have better value. Meaning, we can have both lives saved and livelihoods. So, open and honest dialogue of each and every political leader, with their

respective constituency or citizens, will be very important saying it's to the advantage of any citizen in any country to share the vaccine.

So, we still have a concern on vaccine nationalism, although there is a significant progress. 184 countries have already joined. But we need to continue to remind ourselves that the political commitment should be real and the sharing could help us to address both lives and livelihoods. Thank you.

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FC Thank you, Dr Tedros. I would like now to invite Izmir from Bosnia, Izmir, can you hear me?

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

FC Yes, very well. Go ahead please.

IZ My question is regarding the elections. Because now we are going to have elections in the United States and also in 15 days we are going to have local elections here in Bosnia and Herzegovina. How dangerous is it to have the election process at the moment in a situation like this? Especially in Europe when the numbers are rising exponentially and we have a lot of problems with numbers here in the Western Balkans, especially in Bosnia, Serbia and Croatia. Thank you.

MR Hi. Elections are obviously hugely important processes within national democracies and should be preserved as processes to the extent possible. We have been advising many governments and many governments have asked us for advice on risk-managing those processes. Many governments have tried to implement mixed voting platforms, including absentee mailing, balloting and other issues. That's not an option in many countries for logistics and many other reasons.

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De-risking the process of voting during an election has become an important part of our advice to countries. In the same way that we have advised many sporting organisations on how to de-risk the process of running sporting events and other gatherings, we've done the same on the election side. We're currently finalising more formal guidance that will be released to all countries on that matter, which learning lessons from the last number of months and good lessons learnt from a number of electoral processes that have been carried out successfully.

May I add that a number, a large number, of electoral processes have been completed successfully, right the way through this pandemic. With adequate de-risking, adequate control measures, adequate hygiene measures, adequate physical distancing measures, the use of masks and good planning. Maybe sometimes the extension of voting days, the extension of voting hours and reducing the density of people around voting stations, and other measures, can very much help in creating a safe electoral process. It takes extra planning, it takes extra resources, it takes more advanced planning and it takes a risk management approach to bring risks down to the lowest possible levels.

We believe in that circumstance, that elections are extremely important processes within any democracy. It's a decision of sovereign governments to proceed with, delay or carry out face to face or in-person elections. But in doing that, when governments do make that decision, WHO stands ready to support those who decided it is in their best interest to move forward with those, that we will provide adequate risk management input to election authorities in order to ensure that they run safe.

We're also running with UNDP and other UN organisations and have a deep collaboration around the UN, because many other parts of our sister agencies do an awful lot to support safe election processes. Where safety and security is always an issue in many election processes, this is just yet another risk management issue that needs to be addressed during the planning process.

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So, certainly for Bosnia, for other countries in the Western Balkans, we'll be very pleased in the coming weeks and months to provide direct technical and operational assistance to any government requiring our public health advice regarding the running of electoral processes.

FC Thank you, Dr Ryan. I would like now to invite Antonio Broto from the Spanish News Agency to ask the next question. Antonio, can you hear me? Antonio, can you unmute yourself? We will come back to you Antonio. I would like to invite Imogen Forbes [?] from the BBC to ask the next question. Imogen, can you hear me?

IF Yes, I can. Can you hear me okay?

FC Yes, okay. Go ahead please.

IF Coming back to Europe again, because I'm sure you know that millions of people across Europe are now saying, oh no, not again. I wonder... You say that we can do it again, but Europe did, as you say, reduce transmission. Is there a point, at some point in the last few weeks or months, that Europe went wrong? Can you pinpoint that so that maybe we don't make the same mistake again?

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MR I actually think that Europe in the face of a terrible first wave, if you cast your mind back to the situation in Italy, Spain, the UK and in a number of European Union countries, the situation that was faced back in the spring was very tough, very difficult. Many people in the political, the health system and in the communities had to turn and face a very difficult situation.

For that, they deserve huge credit. There was courage and bravery on all sides and across many, many countries. I think there was... We've always said this. There was likely to be a second wave or a second spike in cases. This virus is very kinetic. It's very energetic inside human populations. It spreads very easily. As such, if you take the pressure off the virus, the virus bounces back.

In that sense, many countries in Europe got down to very low levels of transmission over the summer period. But in that period, there was a lot of mixing between countries at different levels of risk. I would suggest that unlike maybe in East Asian countries, the question was whether you followed

through. Whether you ran through the finish line and ensure that continue to build the public health service, continue to train and hire contact tracers, continue to expand your testing and tracing, continue to build community engagement and community buy-in to the processes, in the knowledge that this would come back.

I think when we look across Europe as a whole, you could certainly ask yourself the question, was enough invested in running through that first wave, running through the line at the end of that wave and ensuring that there were full and adequate resources in each of those critical areas.

00:45:46

Having said that, many countries had to face so many other issues on the socioeconomic front. It's very difficult and it's a very difficult thing to do. Certainly, we've seen increases in clinical capacity across the region, across Europe as a whole, and we're certainly seeing very, very low death rates. That's to the credit again of the health systems and the health workers.

But we are seeing large numbers of cases. We are seeing widespread disease. We are seeing very, very high positivity rates and an increasing lack of capacity to do any effective form of contact tracing. Which is further going to drive the disease into the darkness where we don't see. Many countries are now facing the spectre of shutdowns in the coming weeks.

It is not a situation where I'm sure any country in Europe would want, or in the world would want to be in. But some countries haven't suffered that massive increase again. I think we need to look to the lessons. Getting ahead is one thing and Europe certainly got ahead of this virus in the late spring, early summer. The real question is, how do you stay ahead of this virus. Staying ahead is not so easy.

00:47:02

TAG Thank you. I just would like to add that myself, Mike and Bernard had actually a very good discussion with Her Excellency the Chancellor of Germany. Her Excellency, Chancellor Merkel. One thing which will be very important for Europe, which we have discussed with the Chancellor, is to have a joint move. Because the borders are very porous. Even when a country does its best, there could be cross-border exports and imports.

So, having a joint strategy and having minimum interventions to fight this pandemic is very important. We really appreciated the Chancellor's leadership actually on this and that could actually help.

The other thing is, as Mike said, we really appreciate many of the European countries. For instance, if you take Italy and Spain during the first wave, when they took serious action to protect the vulnerable, but at the same time reduce transmission, a combination of this is very important. As Mike said, especially with the mitigation strategy that was announced by the US.

Controlling and mitigation, or taking care of, or protecting the vulnerable is not contradictory. We can do it both. Controlling is not just the responsibility of the government only. If the government can do its share, the contact tracing, the testing, contact tracing and the rest, the rest of the transmission control is actually up to the community.

This is avoiding amplifying events, like crowded areas. It could be a nightclub. It could be a place of worship or it could be other gatherings where transmission could be amplified. This can be done actually... Each and every citizen can take responsibility. Wearing a mask, keeping physical distance, hand hygiene and the rest.

00:49:56

So, transmission, controlling transmission, is not only the government's responsibility, but it's also the business of each and every individual. So, nobody should give up on this. Government should do its share and our citizens should do their share, and do everything to minimise transmission.

So, we should not give up. That's why we are saying although we agree with the Chief of Staff that protecting the vulnerable is important, giving up on control is dangerous. Control should also be part of the strategy and the government should do its share and the citizens also should do their share. Otherwise, this virus is dangerous. If it is let go freely, it can create havoc. Especially when we don't have vaccines at hand, of course, there is hope, and when we don't have therapeutics at hand.

The tools we have are actually the control tools which can be done by the government and also the society at large. Finally, the most important thing though is for the society to do its share, we need to have a uniform message. From everybody. What the community should do, whether it's about wearing a mask, hand hygiene, physical distancing. No confusion in our messages.

If there is a clear message, I know many people actually cooperate. That's why we're saying control involves the community and the community can do it. It's everybody's business.

00:49:56

FC Thank you, Dr Tedros. Let's move now to Italy to invite Morad [?] Marad [?], Agenzia Italia SpA, to ask the next question. Morad, can you hear me?

MM Yes, can you hear me?

FC Yes.

MM Thank you for taking my question. Starting today in Italy, restaurants and nightclubs will close at 6:00pm. In some big cities, there is a curfew from 11:00pm. Do you think these measures will be helpful against the spread of the virus?

MV Thanks for the question. I think measures that are put in place that reduce the opportunity for people to come together and congregate in close quarters will help. But again, it's within our own power to make those decisions about how we congregate with each other. Whether that is in a restaurant, whether it's in a bar, whether it's in our own home, or somebody else's home.

I think we just need to make sure that the way we continue to socialise, which we all need to be able to do, we minimise the risk. So, whether that has to do with very small gatherings, or whether that has to do with larger gatherings, in many countries they're reducing the size of those gatherings, you need to take

that risk-based approach. So, do what you can, where you can, to minimise your opportunities to congregate with others. Especially if you're in enclosed settings, especially if you're in situations where there is poor ventilation. Reduce those opportunities. The three Cs that we talk about. Reduce those opportunities, because those are the types of settings in which the virus can spread.

00:53:56

FC Thank you. I would like to do a second attempt to reach Antonio Broto. Antonio, can you hear me? I think that Antonio is not online. I would like now to invite Political, Carmen Baum [?] from Political to ask the next question. Carmen, can you hear me? No. Carmen, can you hear me? Okay, I would like to ask the next question to join. Soko from NHK. Soko, can you hear me?

SO Hi, can you hear me?

FC Very well. Go ahead please.

SO Thank you for taking my question. So, the French government started to use the expression that we are in the second wave from two weeks ago. I do understand the situations are different depending on the countries. But is Europe in the second wave now? Thank you.

MV Hi, Soko. It's nice to hear your voice. We are seeing a resurgence of cases across many countries in Europe, including in France. The numbers of cases we are seeing is increasing in France and in a number of cities, as well as a number of other cities across Europe. Whether you call that a wave, or whether you call that resurgence, or whether you call that peaks… We try not to use the word, waves, because that has a seasonality to it.

00:55:38

With this virus, ten months in, we don't know if there's seasonality. We've seen no indication that there is a seasonality with this virus. It takes every opportunity it can in every type of climate it can to transmit, because it needs people to transmit.

So, what we are seeing across these countries is again as we pointed out not just an increase in the number of cases. Again, there are reasons why we are seeing increases in cases that we didn't see in the first peak. We didn't have the testing strategy and the surveillance strategy as strongly as we do now. So, it is possible that we have missed cases in that first wave or that first peak.

If you look at the seroprevalence studies that we have seen, many of them have been conducted in Europe. There is a suggestion that for every one case that was detected, we missed between ten and twelve unrecognised cases, because of the way surveillance systems are in place. So, the seroprevalence tells us that by far the majority of those results show less than 10% of the population show evidence of seroprevalence. That is evidence of past infection. That means some of those individuals were missed from the current surveillance system. That's why I think we're seeing some differences there.

FC Thank you, Dr Van Kerkhove. I would like to invite Gabriela Sotomayor [?] to ask the next question. Gabriela, can you hear me?

GS Yes. Thank you for taking my question. Coming back to Europe, we are seeing these record numbers. Is it possible that the virus has mutated? Because after the first wave, especially returning from the summer, people are more informed here in Europe. There are a lot of people who take care, they are a responsible population, they wash their hands, they use a mask, they work from home. So, is that a possibility? Thank you.

MR Maria will come back on some information on how we're tracking the virus's genetic divergence and evolution. But I do think that from the perspective of any continent, there's no evidence right now that the virus has become more transmissible or more deadly. I think what has happened in this particular case is, number one, we're detecting more cases. There's an element of that and that age distribution indicates that.

00:58:24

We're also in a situation as we move into the autumn period, people are going inside and mixing more. We had a big movement of people around in the summertime in Europe. The disease got mixed up and moved around, and had gone down to low levels but had not reached low levels everywhere. Now, as we've risen back up in the early autumn months, we haven't been able to supress that surge in cases and are heading back to higher numbers.

That does not in any way indicate that the virus itself has changed. What it means is we're not winning against the virus. Or at least, not yet. But Maria may update you on what we know. We do track and are constantly tracking variations in the virus. There's a special group working on that, which works with Maria and her teams to track that. We constantly look out for signals, that the virus may either be changing in its transmissibility, or in its virulence or ability to cause damage and death in the human body. Maria.

00:59:28

MV Yes, only to say that we do have this working group that has been established. Because there are a lot of mutations, there are a lot of changes that viruses make. These are natural changes. Mutation is a very scary word and it sounds very scary. But these are normal changes in the virus. So, we have established a specific working group. It actually existed way back in the beginning. Back in January and February. We didn't call it a special working group, but now we've formalised it in a sense.

Because there are many groups that are looking for changes and this is good. We are working will labs across the world. There are more than 130,000, I didn't check the latest full genome sequences that are available from all over the world, and we need those full genome sequences to continue to be shared publicly. So, thank you for doing that.

But we have different working groups that... This working group is looking at the different mutations. Because it's not only important just to say there is one. It's to look at how the virus behaves and if the virus changes. Not all mutations will result in the change in the way the virus behaves. So, it's important that we are on top of this and very importantly, if the virus has any... If any of these mutations change our ability to diagnose through the tests, through the development of therapeutics and the development of vaccines, and the virus is very stable in that sense.

There are normal mutations that are happening, but the diagnostics, the therapeutics and the vaccines that are being developed are still on track.

FC Thank you. We are up to the hour since we started this press conference. I would like to invite Dr Tedros for final words, but I think Dr Ryan would like to add something.

01:01:08

MR No, I'm just going to beg the indulgence of my boss just to say one thing, and this is not related to COVID. It's just many of us here in WHO a number of years ago worked with a wonderful person who passed away a couple of days ago. Currently, her funeral mass is ongoing in New York as we speak. It speaks to those people in our organisations who are never seen. They're never on press conferences. They're never in the public domain. They don't publish scientific papers. But they keep our organisation going. Our administrative, our support staff, our logistic staff, our procurement staff. The people who actually run this organisation and make it a success.

01:01:50

April Lindsay was a friend of many of us here in WHO. She was from Nenagh in County Tipperary in Ireland, but someone who had such a wide range of international friends. She died in New York. She had such a positive impact on all of our lives here in WHO. So many of us in this organisation. She was a wonderful professional, always fun, and we will miss her dearly here at WHO. But I think to mourn the passing of one of our own, who was one of our own, and the people who make our organisations work, ar dheis dé go raibh a hanam [?].

FC Thank you. Now I would like to invite Dr Tedros for final words.

TAG Thank you. Thank you, Mike, and I would also like to join my general in paying my respect and tribute. These are the people who really are the face of WHO. So, thank you so much again, Mike, and thank you for those who have joined today. I look forward to seeing you at our next press air [?]. Thank you. Bye bye.

FC Thank you. Just reminding journalists that you will receive the audio file and DG speech right after this press conference. The full transcript will be posted on the WHO website tomorrow morning. As usual, I would like to apologise to those who could not get their question answered. Please don't hesitate to contact the WHO Media Team for any follow-up questions. Thank you and have a nice day.