World Health Organization

COVID-19

Virtual Press conference
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Speaker key:

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JO	John
ZA	Zang

00:00:21

FS Hello. Welcome to the joint WHO and Global Preparedness Monitoring Board virtual event today, Friday 18th September. We apologise for the delay. We are having come problems connecting with one of our guest speakers. The event this time is hybrid; it's open to media as well as to the general public.

I am Fadela Chaib, Communication Officer in Geneva, and very pleased to moderate this event but this time I will be joined by my friend and colleague, Aleksandra Kuzmanovic from our social media team. Today, as I said, both journalists and the general public are invited to participate. I will moderate the journalists' questions and Aleks will manage the social media event.

Journalists can join us via Zoom and the members of the public can submit their questions using our social media platforms; Facebook, Twitter, LinkedIn, YouTube. Earlier this week the Global Preparedness Monitoring Board issued an important report, A World In Disorder. We felt it's important to discuss it in more detail.

The focus will be on how to be better prepared for next pandemics. As the report outlined it, the COVID-19 pandemic will not be the last global health emergency. The world simply cannot afford to be unprepared again.

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We have with us in the room the WHO Director-General, Dr Tedros, Dr Jaouad Mahjour, Assistant Director-General, Emergency Preparedness and International Health Regulation, Dr Mike Ryan, WHO Executive Director of our Emergencies Programme, and Dr Maria Van Kerkhove, Technical Lead for COVID-19.

Welcome and happy to have you all with us today. The briefing is translated into six UN languages plus Portuguese and Hindi. A transcript of this press conference will be posted later on and you will receive the DG's opening remarks and an audio file of this event as soon as possible. But now without further delay I will hand over to Dr Tedros for his opening remarks. Dr Tedros, you have the floor.

TAG Merci beaucoup, Fadela. Good morning, good afternoon and good evening. I'm pleased to be joined by Dr Gro Brundtland and Mr As Sy, two heavyweights of public health, who now co-chair the Global Preparedness Monitoring Board. Since the turn of the millennium SARS, MERS, H1N1, Zika and Ebola have all demonstrated the increasing occurrences of viruses making the zoonotic leap from animals to humans.

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The preparedness board was set up two years ago by the WHO and the World Bank to break the cycle of panic and neglect which we have seen through multiple disease outbreaks. There has been a recurring pattern of money being thrown at outbreaks when they're already in full flow but then funds no longer being available to prevent the next outbreak.

Reviews and reports are only as good as the recommendations that are implemented. COVID-19 has shown that collectively the world was woefully underprepared but with humility and togetherness we can plan for the long term and invest in health and preparedness.

This isn't charity; it's an investment in our collective future. In this new report the GPMB lays out the key lessons the world must learn from the pandemic and the concrete actions we can take to protect ourselves. Let's ensure the recommendations are taken seriously and together our early warning and surveillance systems are improved so that we quickly and effectively curb outbreaks.

This pandemic has shown that whether countries are rich or poor health systems can be completely overwhelmed and essential services can break down. As I said, many of those countries that responded well have learned from previous outbreaks.

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On 13th January this year Thailand was the first country outside of China to record a case of the diseases. Thailand's experience with SARS and H5N1 combined with a strong public health surveillance system gave them the muscle memory to respond quickly to COVID-19. Leadership across Government of Thailand and public engagement supported by a million community health workers helped swiftly scale up an effective track and trace system.

This empowered the country to suppress the virus as citizens played their part in breaking the chains of transmission. WHO recently shared a video outlining Thailand's response and we appreciate Thailand.

Developing muscle memory like Thailand did from previous outbreaks is key to pandemic response and now we need the whole word to strengthen preparedness. From endless warnings about the world being underprepared all countries need to dig in together and invest to ensure a pandemic of this magnitude and severity never happens again.

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With the right political and financial commitment and investment now we can prevent and mitigate future pandemics. In a world that's heating up and where intensified human activity is shrinking wild spaces the likelihood of spill-over of a novel pathogen from animals to humans is increasing. We know for certain that there will be future novel viruses and another so-called disease X.

But we also have the tools and know-how that the only way to confront these global threats is as a global community, united in solidarity and committed to long-term co-operation. As some countries start to open up we see cases and deaths starting to spike and concerns about potential lack of hospital capacity. This is a critical moment for countries and we ask leaders to put targeted measures in place that we know can suppress the spread and ensure that health systems and workers are protected.

For people also, we ask you to continue to do the basics; physical distancing, hand-washing, mask-wearing, coughing and sneezing safely aware from others, avoiding crowds and keeping windows and doors open when you can't meet friends and family outside; do it all.

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I want to thank the United Kingdom, Egypt and Indonesia for announcing that they will be joining COVAX. My thanks to other countries who are making commitments ahead of the deadline. On behalf of WHO and our co-convenors, the World Bank, I would like to thank the co-chairs and board members of GPMB for this report and for their recommendations.

To hear more on their recommendations I now hand over to my sister, Dr Brundtland. You have the floor, Dr Brundtland.

HB Thank you. Thank you, Tedros. Earlier this week Dr Tedros joined us for the launch of the GPMB report, A World In Disorder. Many of you will have read it and have questions. We look forward to hearing from you and we'll try to answer them.

When the board meeting... and the board was developing its report this summer we were discussing what the title should be and quickly agreed; A World In Disorder. COVID-19 has taken advantage to the disorder around us, benefiting from political tensions, division and distrust. It has also created unprecedented chaos, causing catastrophic health, social, economic and political consequences, especially affecting the vulnerable and disadvantaged.

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While our assessment of the global COVID-19 response is harsh we strongly do believe that we can prevent the next pandemic if we learn its lessons and take the actions needed rapidly, boldly and collectively. I emphasise the world collectively because COVID-19 has shown that we need to find better ways to work together.

I served as the Director-General of the World Health Organization during the SARS crisis in 2002/3 and I can tell you that we would not have been successful in stopping SARS without global co-operation. Today's pandemic is of an even greater magnitude than SARS. We are living in a radically different geopolitical environment and are facing more complex challenges today.

We cannot navigate these challenges if we do not work together. We need to understand this fundamental fact; we are all interconnected through the economy, travel, trade and information. Many of us have friends and family across the world. Your security, their security depends on our collective security. None of us is safe until all of us are safe.

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A striking finding of our report is the enormous return on investment in pandemic preparedness. Investing in prevention and preparedness will cost billions of dollars but this pandemic is costing trillions. It would take 500 years to spend what we need to invest in preparedness compared to what the world is currently losing due to COVID-19.

We simply cannot afford to be unprepared again. The GPMB is calling for new ways of financing of preparedness that are sustainable, predictable, of the scale required and based on the principle that pandemic preparedness is a common good. Thank you, DG.

TAG Thank you. Thank you very much, Gro. Now I would like to invite my brother, the co-chair, Mr As Sy. You have the floor.

EAS Thank you very much, Dr Tedros, colleagues and friends and good afternoon. Following up on Gro's introduction, we emphasise in the report that this pandemic has shown us that systems are only as effective as the people who use them.

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We have seen that responsible leadership is one of the single most important determinants for preparedness and response. Responsible leaders build trust with their people. They take decisive action based on the best scientific evidence. They discourage the politicisation of measures to protect public health. They ensure social protection and promote national unity and global solidarity.

They empower their people and strengthen civil society. Their first priority is the health and well-being of their citizens but citizens play an equally important role. They must be engaged and empowered to hold their governments accountable for pandemic preparedness and response. They need to seek out science-based information and fully understand their role in preventing disease not only in their family but in society at large.

Adopting health-protecting measures may be inconvenient, we agree, but these actions help to protect the most vulnerable. We have to protect each other. I would like to return to the words that were highlighted earlier, namely collectively. We offer several concrete recommendations in our report but I want to highlight the final one because with this one we can truly help to work together with each other.

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We have called for a UN summit on global health security; WHO, the United Nations, the international financial institutions, other international organisations, governments, stakeholders and communities must come together to develop a common framework that brings every aspect of pandemic preparedness together based on strengthened international health regulations and including mechanisms for sustainable financing, research and development, equitable access to countermeasures, social protections and mutual accountability, a framework that will help us all work together for the common good.

We are fully aware of the disruption and the disorder in the world. This is not an alibi for inaction. We have to take action and take action now. As we say in the report, it is well past time to act. We have identified the actions needed. Now is the time to take those steps boldly, decisively and collectively. We have the science, we have the resources. We need stronger leadership now to take bold action and collectively. Thank you very much.

00:16:21

TAG Thank you so much, my brother. Now I ask Fadela to take over. Fadela, please.

FS Thank you, Dr Tedros, thank you, Dr Brundtland and Mr As Sy. We will now open the floor to questions from the press and the public. We will take some from the media and then some from the general public. The first journalist is Michael Bosiorive. He's from CNN opinion. Michael, can you hear me?

MI I can hear you loud and clear. Shukran for taking my question. Greetings to all. At the moment on our site we have an op-ed on how Canada managed to crush the COVID-19 curve compared to the United States. Of course one of those ways was early and widespread testing.

As you know, testing in the United States has been, to put it mildly, a debacle. My question is the following; do we have sufficient data to indicate - as has been done with polio and, I believe, measles as well; that is environmental surveillance - is that an option for detecting COVID-19; testing of sewage or drainage to look for the virus in many people at once?

Some people just quickly have suggested dormitories, care homes and penitentiaries could be good candidates for this sort of environmental testing so could sewage, drainage provide early warnings for COVID-19? Thank you.

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FS Thank you, Michael. Dr Ryan.

MR I can begin. Yes, certainly in other diseases, you're right - like polio - environmental surveillance of sewage represents a really useful way of tracking a virus at population level; the presence of the virus, the types of virus that are circulating. By itself it's not as useful as when the data from that type of environmental surveillance is linked up with the human surveillance and then you're able to track both the environmental presence of the virus...

All the environmental presence of the virus will tell you is that the virus is present in a given community. If you know the drainage patterns from the various environmental sites then you'll be able to track the geographic sites and depending on how sophisticated your sampling strategy is you can break that down to smaller and smaller geographic areas.

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So it can serve as an early warning to tell you that the virus is present. It can also serve as an indicator during a response of whether the virus is disappearing and if you can't find the virus in the environmental samples then it's less likely the virus is present in the population.

But what is not known yet is exactly how does environmental presence of the virus correlate with disease in human beings and the intensity of transmission in human beings. But yes, there is no question that environmental surveillance

can be a very good supplement to the human surveillance but we need to emphasise it is not a replacement for surveillance in humans for the syndrome, disease of COVID-19 and for the identification of the SARS-CoV2 virus through PCR and other testing. Maria.

MK Thanks, Mike. Yes, to supplement what Mike has said, just to mention a couple of the other ways that are really critical for testing - environmental sampling is one and Mike has described that fully but I think what he's also highlighted and what we need to emphasise is the importance of active case finding where we find people who are actively infected with the SARS-CoV2 virus because this is critical to know where the virus is circulating and what public health actions are necessary.

It first starts with caring for the individual, putting the individual in isolation, providing clinical care and the support that they need based not the severity of their infection.

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Also to carry out contact tracing so to find the contacts who are in close contact with the infected individual and put those individuals in quarantine and support them through that quarantine period. This will break chains of transmission and it's really, really critical.

Also many countries are leveraging their influenza surveillance system. You've heard us talk about this many times before; the influenza system that's in place through the global influenza programme has been in operation for decades, for more than 70 years and leveraging that system that exists for COVID in addition to influenza has been incredibly important during this pandemic.

So looking for cases in the community through the respiratory disease surveillance and the influenza surveillance system is also very important.

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The third is screening at-risk populations. In some countries they are able to screen health workers for example, people who are more exposed, essential workers and so that plays a pivotal role to understand if they are infected and again take those important public health actions.

Environmental sampling has also been mentioned and Mike has described that. Then lastly we also look at seroepidemiology. This is not looking at active case finding but this is evaluating the extent of infection in the population, measuring the antibody levels, looking at when somebody had been infected so it gives you evidence that they have been infected some time in the past.

All of these are different tools that we can monitor circulation of the SARS-CoV2 virus but what is really, really critical if testing is limited, if workforce is limited... to really focus on your suspect cases, making sure that you do a

thorough job of finding active circulation of the virus in individuals so that you can care for them appropriately and take really important public health actions like contact tracing and quarantining of contacts.

FS Thank you, Dr Van Kerkhove. The next question is from James Bays from Al Jazeera. James, can you hear me?

00:22:24

JA I can hear you fine. Can you hear me? I'm speaking to you from New York where clearly the UN General Assembly is going to take place but just with the Secretary-General and the President of the General Assembly here and everyone else taking part virtually.

Dr Tedros, my question is for you. There's been a lot of criticism for the lack of international co-operation and co-ordination throughout this pandemic. What for you are the priorities for the General Assembly, what do you want the world leaders to do next week?

TAG Thank you so much. Indeed that's a very important question. I think two issues; I will ask two. One is political commitment. That's actually the most important one and with political commitment of course solidarity, global solidarity.

One major problem that we see now in the world is lack of global solidarity. The major powers are not working together so they should. If they are going to show real commitment to defeating this pandemic it's by having a genuine solidarity; that's number one.

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Second the resources we need to defeat the virus - we're hoping we may have a vaccine - is by allocating enough resources. As you know, the usual financial resources or the support to countries who need financial support is ODA but that's very unpredictable and also the amount of ODA is very small to really cover the needs we have now.

As you know, since we started the ACT Accelerator and increased the development of the vaccines, therapeutics and diagnostics there is already a need for US$35 billion and this cannot be just covered from ODA. We're asking countries to use other alternative funding mechanisms, innovative funding mechanisms.

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So two commitments we need from governments or from leaders; one is genuine solidarity and the second is resources to cover the costs of vaccines, therapeutics and diagnostics. Of course we have other requests but I would really focus on these two because if we can do these two the rest could come but the most important are the two. Thank you.

FS Thank you, Dr Tedros. I will hand over now to Mike Ryan. I think he has something to add.

MR Just a supplemental point because you spoke about this need or absence of potentially global leadership and collaboration. I think maybe we've been saying here and the Director-General has said many times to follow the scientists. In this case maybe also we should be following the science but we should also be following the scientist because inasmuch as there may not have been collaboration or leadership at a political level we have seen unprecedented co-operation between scientists, doctors, nurses, front-line workers, people in labs who have worked tirelessly together, sharing information openly; thousands and thousands of teleconferences, webinars, sharing knowledge, sharing experience.

The people have found a way to co-operate. Leaders need to find the same way.

FS Thank you, Dr Ryan. Now over to you, Aleks, for the questions from the public.

00:26:37

AK Thank you very much, Fadela. I thank very much our viewers on Facebook, Twitter, LinkedIn and YouTube for sending the questions. The first one is, what is the single most important thing we need to do now to prevent another pandemic? I would invite our guests, Dr Brundtland and Mr As Sy, to answer this question.

HB Thank you. Of course, as we have indicated. The preparedness was far from what it should have been when COVID-19 started and that was identified some months before in our report from last year. Then it took only two or three months before COVID started so clearly the lack of preparedness and the gaps we have seen and identified are still there.

Certainly to prepare for the next pandemic we have to have a completely different level of investment in preparedness. It sounds not so much. If we have $4.5 per capita across the world we can do what is necessary to have good preparedness.

But of course, as I said, preparedness you can measure in billions of dollars but the cost of a pandemic is in trillions and trillions of dollars. So it really can be done; it's only a question of making these decisions and finding the way forward in collaboration because we cannot depend on resources coming only from the traditional ODA development assistance system that is far too little to face a public common good as preparedness is.

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That's why we are calling for new mechanisms to be established and for a global security summit that can really do what Bretton Woods did after the

Second World War; really establish the multilateral institutions that work effectively and have the mechanisms they need.

AK Mr As Sy, do you hear us? Would you like to add something?

EAS Thank you very much. Do you hear me?

AK Yes.

EAS Okay. What we need also in addition to all of that and maybe above all is leadership. It's strong, bold and decisive leadership that will be driving our people in the path of positive response to the challenges that we are facing. Our report is titled A World in Disorder. That indicates also a kind of breakdown in leadership today and that has to be healed.

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The relationship between a people and their leaders must be healed. The trust must be restored. In order for that to happen we need to have the leaders delivering on the commitments they make and be accountable to the people for their health and well-being.

We have two choices here. The first one is really not a choice which is the leaders being part of the problem and then their one choice is leaders being part of the solution. That's what we call for. Unless we have it will not have the solidarity that is needed, we will not have the spirit of common good that will bring us all together.

That's why also in the recommendations that we are making we were hoping that this global summit would be a safe, positive platform for real leadership to be exercised, towards all of us working together collectively in serving people all over the world. Over.

AK Thank you very much, Dr Brundtland and Mr As Sy. The next question from our Facebook viewers is, what is the WHO doing to prevent another pandemic? I would invite our Dr Jaouad Mahjour to answer to this one, please.

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JM Thank you very much for this very important question. WHO has been working with all the countries to support them in their preparedness activities starting by working with them to assess their capacities and help them to plan for better preparedness.

But the major challenge we have been facing is the predictable financing or funding of preparedness. Today we strongly believe that the global preparedness or the pandemic preparedness is based on three pillars. The first one is country preparedness.

No single country will be protected if one single country is not prepared and this is now very obvious and the COVID-19 pandemic showed this very clearly.

Second, as the Director-General mentioned, global solidarity and collective action is highly important and needed and we are working with our UN agencies and other partners for the co-ordination of the preparedness activities.

The third pillar is sustainable funding, as Dr Gro Harlem and Mr As Sy said. This funding is required from two sources; domestic funding where governments finance their preparedness and also international funding through a predictable and sustainable mechanism.

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WHO is working with the countries through our regional offices and country offices to implement these activities and to look at what are the capacities that are required to make a country prepared including the implementation of essential public health functions to help countries not only to detect but to detect and contain any infectious hazard at the local level and also making the health systems resilient and responsive to any kind of small outbreak, to keep it at this level and not be transformed to be a big global threat.

AK Thank you very much, Dr Jaouad. The next question is, what area of this pandemic has been grossly neglected, in your opinion? I would invite our guests maybe to answer and the panel in the room as well to add.

HB You want me to respond?

AK Please, go ahead.

HB What has been grossly neglected? I think first of all the lack of preparedness before this happened. There was not a lack of warning. It was not only us warning people and leaders last year. It has been warned again and again over the last ten years since SARS, H1N1, MERS and of course Ebola.

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We should have been better prepared. Also we will need to improve the International Health Regulations with greater transparency, quicker reporting and the kind of follow-up to them that we have now seen has been not completely effective in dealing with this situation.

Those are from 2005, after SARS and we are now in 2020. The world has to improve the international Health Regulations going forward so in a way the lack of preparedness has led to also a lack of effectiveness in the follow-up when a new event happened, as we knew it would.

There are different levels of affectivity in different countries. Some leaders and countries have done better than others; no doubt about it. When there is an evaluation I think this will come very clearly forward. As Dr Tedros mentioned in his remarks, Thailand, which really learned from SARS, was very effective

and there are other good examples especially in Asia where the effectiveness of public health interventions really has saved many lives.

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AK Thank you very much. Mr As Sy, would you like to add something?

EAS Yes. We also looked at the fact that more than a health issue, it is also an economic issue; it is an issue of international relations, international solidarity. It is also an issue of international co-operation and also the need to have a multilateral system and platform for solidarity and co-operation.

A multidimensional issue will definitely call for a multisectoral response. We have seen procurement and supply chains disrupted. We have seen that those who can afford have grabbed the little of the health products that were needed for the whole world.

Again when we say nobody is safe until we all are we should remind ourselves that sometimes the best way to protect oneself against pandemic and to prepare for it is to invest also in those places where systems are weak - that may be far away from home - so that we can reap the benefits of that now all globally.

I think this is reminding us again that pandemic preparedness - of course we look into the medical component and the health component but then we need to look at the economic side and the financing side, like Gro also mentioned; a multidimensional, multisectoral preparedness and response for a sustainable impact and result for the well-being of people.

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AK Thank you very much. Dr Maria Van Kerkhove.

MK Yes, thank you. The question was about what was neglected but I'm going to choose to talk about what has worked really, really well because we are in the middle of a pandemic and I know we're talking about the next one and it's absolutely critical to do so and we need to talk about building back better and being better prepared so I'm not minimising that.

But I do want to highlight that we're still in the middle of a pandemic right now and I think the investment that has been talked about has been applied in many countries right now and we have to use the tools right now that we are investing in now and we need to activate this comprehensive approach that countries have applied.

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This means the act of surveillance, this means actively looking for cases and we are constantly seeing countries do this at the ready. Even countries that have had success in controlling transmission are at the ready to look for any resurgence. We have systems in place to quickly identify, making sure that

that early identification leads to action; care for the individual, clinical care where necessary, isolation of that case, information so they know what to do and what to expect, making sure that contact tracing is taking place.

Arguably one of the most important things we can do to break chains of transmission is isolation of cases and quarantining of contacts, making sure that this is done safely, it's done robustly, making sure that people are cared for.

It's about readying our hospitals. We've heard a lot and you've heard a lot from WHO in recent days about worrying trends in the northern hemisphere where we're seeing increasing case numbers. We're also seeing worrying trends of increasing hospitalisations, increasing ICU admissions and we haven't even begun the influenza season yet.

The circulation of other respiratory pathogens will complicate the clinical picture, our response activities, an already stressed testing system because it will need to test for other respiratory pathogens.

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The good news is that we have a flu vaccine and so we emphasise the use of the influenza vaccine for the northern hemisphere where that is available. Please, we hope that there's good uptake of the influenza vaccine. This means not only readying your hospitals for supplies but readying your workforce, making sure that you have trained individuals, appropriate PPE, that they have safe working environments, that they have adequate rest periods, that we care for the psychosocial and mental well-being of our front-line workers.

It means looking at the analysis that is being collected through your surveillance systems, through your testing, through the studies that you are conducting, using that data to tailor your approach as we go forward.

We know in the beginning that many countries needed to apply national-level so-called lock-downs and we are very hopeful and we are seeing in many countries they are now taking a much more tailored approach to this, applying these interventions at the most local level in a time-limited way, in a geographically restricted way.

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This also means regular, open, honest communication and empowering your people, tackling misinformation, tackling disinformation and ensuring that people really have good information to know, what do I need to do.

At an individual level it means protecting yourself; it means protecting you from getting infected and you have tools in place to do that. It's these measures; the hand hygiene; avoid crowded spaces and poorly-ventilated areas; washing your hands; using masks; practising respiratory etiquette;

know your risk, where you live, where you work; protect yourself, protect your family.

So I just want to highlight, there're so many things that we can do. We're still in the middle of a pandemic. We need to be thinking about the next one because there will be a next one but as we approach 30 million cases and one million deaths we have a long way to go but we are in a different place than we were in in January, February, March, April, May.

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We know so much more now and countries are showing us that they can use the tools that they have now to break chains of transmission and to save lives.

FS Thank you, Dr Van Kerkhove. We will go now to our next journalist, John Zaracostas. John, can you hear me?

JO Can you hear me?

FS Yes, very well, go ahead.

JO Hello. Good afternoon and thank you. My question is to both Dr Tedros and Dr Ryan. The Secretary-General yesterday mentioned the very worrying situation in Yemen. He said there were 2,000 confirmed cases of COVID-19 but then he added, there are estimates that there are probably up to one million affected by the virus with a fatality rate as high as 30%. Can WHO confirm what the Secretary-General said yesterday, please?

I have a follow-up question with reference; is the airline industry following the minimum 1m rule in airline travel? Thank you.

FS Thank you, John. Dr Ryan.

00:43:38

MR Good afternoon, John. How are you? I'm not aware of the Secretary-General's specific comments but just to say, as of September 15th we had 2,000 confirmed cases of COVID-19 and 584 deaths in Yemen. The number of confirmed cases actually was slowing but the deaths were not declining and the proportion of mortality in ICU was very, very high.

So what we're actually seeing is testing coming under pressure, cases continuing to occur so any drop away in cases has to be interpreted more as a factor of testing. We recognise the Secretary-General's concern; COVID-19 is having a big impact on the health of people in Yemen but so is a lack of food; so are many other non-communicable diseases.

The health system in all parts of Yemen is in active collapse and the UN system is finding it increasingly difficult to operate in the environment with various restrictions on our operations. So the situation in Yemen could not be more serious from a humanitarian perspective.

I won't comment on the political situation except to say that this is a catastrophic humanitarian disaster with the health of Yemenis being affected in every single part of their lives from the very youngest to the very oldest. You've all seen the images on TV you've all seen the results of years of geopolitical competition and ultimately the ultimate price...

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The DG spoke earlier of the price of global leaders not cooperating on COVID-19. The people of Yemen have been paying that price for years and will continue to pay until the international community come together to end the true cause of their suffering which is the war.

We will as WHO continue to work with and under the leadership of Dr Tedros and the Secretary-General to deliver as much humanitarian and health assistance as we can working with Mark Lowcock and his team as the Global Co-ordinator of Humanitarian Affairs.

I will come back to you, John, on some specific numbers. I believe the Secretary-General was referring to the broader mortality numbers across society and we'll be glad to provide our best estimates of a breakdown of all-cause mortality in Yemen.

00:46:10

I think you also asked... Airlines, yes. I think the issues here are, WHO advises a physical distance of at least 1m - Jaouad may want to comment on that - and the use of masks in situations where that cannot be maintained but I'll pass to Jaouad because Jaouad's group has been leading with the industry and with ACEO [?] on developing joint guidance on risk reduction in the airspace. Jaouad.

JM Yes, thank you, Mike. Just to complement what Mike said, the airlines are using other protective measures like testing passengers before departure and some of them at arrival. Some of them are practising tests in the airport.

They're also conducting temperature screening before departure. They are also looking for symptoms and excluding passengers who have symptoms from embarking and more importantly they are keeping the record available for any follow-up if cases appear to facilitate the contact tracing.

Of course the airline companies are working in very close collaboration with their UN organisation, IKO [?] and WHO and other companies and the objective is to minimise as much as possible the risk of spread of the virus within the flights.

FS Dr Tedros.

00:47:45

TAG Thank you. Mike had already said about Yemen. Just wanted to add a few things. One; as Mike said, there is active war and it's the worst humanitarian condition. At the same time the health system, as you know, is in bad shape. It's actually less than 40% functioning. You can say the health system has collapsed and as if this is not enough you have COVID.

Even the COVID figures that Mike said; we suspect they are under-reported. We would think that there would be more cases so in a situation of war, a humanitarian crisis this functional health system and a pandemic like COVID you can imagine its impact so we should give it more attention and more focus and the country really, really needs support.

Thank you, John, for raising the question but we're very, very much concerned actually as we see even the small number of cases being reported but I don't think it represents the actual situation. We're really concerned because a combination of all these difficult situations; you can imagine what it means.

By the way, not only that; when I say dysfunctional health system, many Yemeni health workers have already fled the country and even those who are operating or working in the country are the target of direct attacks.

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Even for the health workers working or operating in those conditions when there is no security you can imagine what it means. Thank you.

FS Thank you, Dr Tedros. Now I would like to give the floor to a journalist from China Media Group based here in Geneva, Zang Jinghao. Zang, can you hear me?

ZA Yes, can you hear me?

FS Yes, very well, go ahead please.

ZA Thank you very much for taking my question. Good evening. Regarding the number of confirmed cases worldwide of COVID-19, this figure of WHO has not reached 30 million but it seems still low compared with the single-day growth figure. Did I understand it wrongly or may I ask Dr Tedros to analyse it more clearly for us? Thank you.

FS Your question came to us broken. Can you just repeat please? It's not very clear. Hello?

00:51:17

ZA Okay, I'll just repeat my question. Regarding the number of confirmed cases worldwide of COVID-19 the latest figure of WHO has not reached 30 million but it seems still low compared with the single-day growth data. Did I understand it wrongly or may I ask Dr Tedros to analyse it more clearly for us? Thank you.

TAG I will pass it to Mike. I just wanted to say about the first one only, I was looking at the figures while you were asking. We have from our reports, our own dashboard, the number of cases is 30,055,710. These are the cases reported to us so far and then the number of deaths; 943,433. I don't know; maybe you have a different number but it has already surpassed 30 million. The rest; I will pass it over to Mike.

MR Maria may supplement. I think what you're referring to is that overall plateauing of globally reported cases over the last number of weeks and we're adding about 1.8 to two million cases per week to the global case count and an average of somewhere between 40 and 50,000 deaths.

Thankfully that is not rising exponentially but that is a hugely high figure to be settling at. That is not where we want to be. It's not where the northern hemisphere wants to be going into the winter season. It's not where developing countries want to be, with their health services under nine months of pressure.

00:53:21

Nobody wants to be in this situation because the energy has not gone out of this pandemic. There's a lot of energy left in this spring and this can drive the pandemic forward. The force of infection within our communities and particularly in some countries is still very high and even though those numbers are flat at a global level that covers up the fact that at a regional, subregional or in specific countries we're seeing significant rises in cases as we're seeing in Europe.

We're continuing to see a large number of cases in India and even though the numbers of cases in North, Central and South America have levelled off, even within that if you look at South America thankfully cases are dropping in cases like Brazil but certainly in places like Ecuador and places like Argentina we're still seeing large rises in cases.

So it's really important to look inside the global data, look at the regional trends, look at the country trends and then see what that data represents. Remember again in places like Africa where we haven't seen huge increases in the number of cases it also may reflect the fact that many countries still do not have access to adequate testing.

00:54:31

In some countries that have access to adequate testing testing is going down, not up which... Go figure so there are different things driving those numbers. What we can be grateful for is that the proportion of deaths has dropped as the we get better at treating the disease, as people get into treatment earlier, as we do more testing and find milder cases and as this disease shifts a little into younger age groups.

But in itself we cannot accept 50,000 deaths a week as an acceptable number, as something that's okay; it's not. But certainly the trajectory of this pandemic - and Maria may speak to the seroepidemiology but when we look at the number of human beings who have been exposed this pandemic has a long way to burn in our society.

It is not burnt out, it is not burning out, it is not going away and especially for those countries entering their winter season in terms of people coming together more indoors there is a lot of work to do in order to avoid amplification events, drive down transmission of this epidemic, protect the opening of schools and protect the most vulnerable in our society from severe disease and death. Maria.

00:55:46

MK Thanks, Mike. I think, as has been pointed out, if you look at the global number and you look at the global trend that doesn't give you any indication of what's happening in individual regions and individual countries and what is really important right now for countries in their response is that they break down the problem and break down the outbreak into the lowest administrative level possible, that the data will allow.

You've heard us say this for months; it's one thing to have a very strong national plan - and this is absolutely critical - and have it clear on what to do but to actually apply that and to use that at the lowest administrative level is really what is needed right now and so if you only look at it at a global level or even at a regional level or a national level you won't see the detail and the importance of the intensity of transmission and where it is occurring; is it occurring in households, is it occurring in clusters, is it occurring in outbreaks, in long-term facilities or what is actually happening?

00:56:45

This won't go away until we take action enough to make it go away and there're a lot of things that we can do and we're going to have to find ways to bring transmission down to a low enough level so that we can open up our societies and countries are working very hard.

But the other thing I think we really want to highlight is it's not just about case numbers; these are incredibly important and we need to be able to track these trends but we also need to look at hospitalisations, we need to look at ICU occupancy and how many people are being admitted to intensive care.

These are really important parameters to be able to monitor to see how severe is it in a country, how severe is it in a province or a state or a district so that you can see what the impact is for COVID but also how it impacts other essential medical services.

Some of the things that we look for are bed occupancy, how many beds are full with COVID patients but full for other diseases as well because a bed that

is occupied by a patient means that other people can't be treated in that bed so how do we make sure that we use that appropriately.

00:57:51

How many people are on oxygen, how many people are on ventilation? These are things that we need to be looking at again at the most local level and as Mike has mentioned, we have these seroepidemiology studies which are ongoing all over the world, literally hundreds of them which are looking at the extent of infection in a population, whatever that study is focused on, whether it's general population or whether it's front-line workers.

These studies that are ongoing indicate to us, show us that the majority of the world's population is susceptible to infection from this virus. That means the virus has a long way to go so we need to apply the tools that we have to drive those numbers down to a low enough level so that we can open up aspects of our society as safely as possible.

There's no zero risk but there're ways in which this can be done where schools can reopen and we're seeing schools reopening safely; to have workplaces open but measures also need to be taken there.

So there's a lot that needs to be done so it's not just those global numbers that we look at and it's important to break down the problem to the lowest administrative level possible.

00:59:02

FS Thank you, Dr Van Kerkhove. Now over to you, Aleks.

AK Thank you very much, Fadela. The next question from the social media viewers is, as we are looking forward into building preparedness capacities how can we ensure that the populations in insecure sites such as conflict zones and refugee camps will receive adequate care during the next pandemic outbreaks? Dr Brundtland or Mr As Sy, would you like to start?

EAS Yes. We often use the words, leaving no-one behind; and also the buzzword of walking the last mile. If indeed the last mile is where the problems are we should repeat [?] the first mile of response so the report will be that we're talking about [unclear] the least of the vulnerable so our response will be talking about, we are as strong as our weakest link; being there where the needs are greatest and then making sure that the challenges that those people are facing are addressed.

It's the right thing to do not only for the safety of the [?] people but it is also the right thing to do for our global well-being. Nowadays unfortunately we have a lot of disruption and the consequence of that is so many people are either living in situations of refuge or in so-called humanitarian settings.

01:00:42

Health is always a component of a humanitarian response. There is not one single activity to respond to humanitarian needs where health and family response is not part of it. In addition to that now we're having health being a humanitarian issue of its own.

If you combine the two and looking at preparedness, it is now time to work with civil society organisations, with humanitarian organisations - like we partner with the Red Cross and Red Crescent movements - and with the volunteers that are always there on the side of those people in need to help them to respond to their needs.

It should not come as a last resort; it should be an integral part of the response right from the beginning. Only then we will [unclear] in the true sentiment [?] of the word and the recommendations that we are making are truly going in that direction and the partnerships that we are forging are putting communities at the centre of it.

In that community approach we of course mean also humanitarian settings, conflict areas and where shocks and hazards are exacerbating the vulnerability of people in need.

01:01:54

AK Thank you very much. Dr Brundtland, would you like to add something?

HB He has answered the question well.

AK Thank you very much. Please, Dr Mike Ryan.

MR I hope I get top marks from Gro at the end of this. I used to work for her. Just to recognise Elhadj As Sy, we've been working very closely for years on this issue and his championing of communities all over the world but particularly communities in fragility and conflict as a core to resilience.

I think when we look at fragile, conflict-affected humanitarian settings - and this was before COVID - 70% of high-impact epidemics were actually occurring in these countries because this is where services have broken down, this is where immunisation has stopped, this is where people are more vulnerable, this is where water and sanitation is at its poorest, this is the dry tinder on the planet for epidemics.

As Elhadj has said, this is not only in the interests of humanitarian assistance to help and assist and deal with epidemics in these situations. It is in the global self-interest to deal with these epidemics because we can leave no-one behind and no-one is safe on the planet until we are all safe.

01:03:23

The situation in humanitarian settings requires that we act for those two reasons but I would like to say that the world has learned a lot as well from

operating in these environments. The world has learnt a lot about how to deal with high-density infectious disease outbreaks.

The techniques that we have learned for dealing with mass infectious disease outbreaks; Ebola treatment units have led to much better techniques in managing huge numbers of cases flowing into hospitals all over the world with COVID-19.

We've seen MSF deploy; we've seen Samaritan's Purse deploy in New York; we've seen Partners In Health deploy in Massachusetts in the United States; we've seen NGOs who've learned how to do strong epidemic response in many of these fragile settings assist their own countries around the world.

Bruce Aylward is sitting here with us today. We learnt how to do syndromic surveillance in many of these situations, to look for syndromes, not diseases which allowed us to pick diseases out of the noise. That's how we got polio under control. Those techniques were tested and piloted in humanitarian settings.

01:04:41

The awful thing about humanitarian settings is that infrastructure has collapsed and systems have disappeared. The opportunity in that is that you have to adapt and you have to learn and you have to use what's at your disposal. You can't look for what's not there and you learn to adapt and use what's at your disposal.

That's what we need to do with COVID globally, not look for the silver bullets that aren't there, as I said, the unicorns that aren't there. We need to use the tools that are at our disposal so what humanitarian settings teach you is to use what you have, apply every ounce of your energy to leverage every ounce of resilience and every ounce of co-operation to get the effect that you want.

Therefore when we look at communities in these settings it is not with pity we should look upon them but admiration for their resilience and for their courage and for their willingness to go on despite what's happening to them, as in Yemen.

01:05:35

A great Irish writer, Patrick Cavanagh, said in a poem, I think, that pity was the worst form of hate. This is not what we're looking for. We're looking for solidarity, partnership and science and solutions so I do think it's important that we focus in on humanitarian settings. They are different because of the context but we also need to learn from those situations because certainly from my perspective - I know, looking at Bruce and many others, many of us who work in global health have spent years in these situations and have learnt so much from the communities that we have served in these situations and they have taught us so much about community engagement and about participation and about listening and about adapting.

I think we're applying some of those skills at the global level so please let's not only feel that we must act for these communities but let's honour these communities for just doing what they do which is just surviving in the most awful settings that you could imagine.

FS Thank you so much, Dr Ryan. We are up to the hour. I would like to invite our guest speakers, if they have any closing remarks before I hand it over to Dr Tedros; Dr Brundtland, Mr As Sy.

01:07:01

HB It has been interesting to follow this press conference and to be part of it. I think it was a good thing that Dr Tedros took this initiative to have us all come together. We have to end by saying, yes, community level, every part of the globe down to the community level, what happens there is what it's all about.

As we heard, of course it is dealing with the present COVID situation that is the most urgent task at the moment. Thank you to all.

FS Mr Elhadj As Sy.

EAS Thank you very much. Yes, it's about health, yes, it's about pandemic preparedness and response but above all it's about people, it's about human beings and unless their dignity is preserved hope will also be the casualty here and our efforts now that we are putting into a world that is stable, in peace and in development can be also [unclear] as well.

So there are so many benefits in looking into pandemic preparedness and response; there are so many benefits in having a good multilateral system that provides a safe space, a space for solidarity.

01:08:37

There are so many benefits in supporting international organisations who can play their own role in an impartial and effective way. While we are at a WHO press conference, it is so important also to support WHO to fulfil its mandate and that requires political support, financial support and good leadership that will bring others on board.

So we hope that this alarm bell that we're raising is not just about raising an alarm bell; it is an incentivisation for action and that is an action that we would like to see happening and that we will continue to keep our eye on in the GPMB.

FS Over to you, Dr Tedros.

TAG Thank you. Thank you so much. Of course Gro and ACI; I don't think they need introduction but we should have started by introducing the when we started our session. Dr Gro Harlem is former Prime Minister of Norway and

also former Director-General of the World Health Organization so she's my predecessor. She was the fifth Director-General.

As Sy has served in many positions; Senior Regional Director positions in UNICEF. The latest was he was the former Secretary-General of the Red Cross. Thank you so much, As Sy; merci beaucoup. As Sy is from Senegal. Takk skal du ha, Gro. Gro is from Norway. Thank you so much for your service and for your leadership. We're very, very honoured to work with you and to have you. Your support and your voice are very important and we value your partnership so please accept my greatest respect and appreciation.

01:10:50

Finally I want to close by wishing my Jewish brothers and sisters a happy Rosh Hashanah. I know at these festive times it can be particularly hard to be away from our loved ones but I want to say that we're all in this together and we will only get through it together. Shanah Tovah Umetukah. I will repeat; Shanah Tovah Umetukah. Thank you so much.

FS Thank you, Dr Brundtland, Dr Tedros and Mr As Sy. I will now close this briefing and thank journalists and the public for their participation. Just to remind you, we will provide the audio file of this event and...

01:11:41