

# COVID-19

## Virtual Press conference

### 21 August 2020

#### Speaker key:

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#### 00:00:45

MH Hello, everybody. This is Margareta Harris in hot, sunny Geneva on this Friday, August 21<sup>st</sup> welcoming you to today's World Health Organization press briefing on COVID-19. We have with us as always in the room the WHO Director-General, Dr Tedros, along with Dr Mariangela Simao, our Assistant Director-General for Access to Medicines and Health Products, Dr Bruce Aylward, our Senior Advisor to the Director-General, who leads the ACT Accelerator.

Also Dr Maria Neira who is the Director of the Public Health Environment Team department that deals with climate change and the effect of those issues on health. We also have, as always, Dr Maria Van Kerkhove, our Technical Lead for COVID. Joining us remotely is Dr Mike Ryan, our Executive Director of the Health Emergencies Programme.

As usual we are translating simultaneously into six official UN languages plus Portuguese and Hindi. Remember that under the Zoom system you need to go to the Korean button to use Arabic. I'd also like to mention that all of this is being live-captioned. We have an amazing live-captioning service so that people who are hearing-impaired can also follow this fully and we really appreciate the work of the live captioners.

Now without further delay I will hand over to Dr Tedros. Dr Tedros, you have the floor.

**00:02:19**

TAG Thank you, Margareta. Good morning, good afternoon and good evening. I would like to begin today's briefing with an update on the Ebola outbreak in the Equateur province of the Democratic Republic of the Congo. The outbreak continues to increase and to spread geographically.

Yesterday the 100<sup>th</sup> case was reported with 43 deaths in 11 health zones across the province. There is currently a delay of about five days from the onset of symptoms to when an alert about a suspected case is raised. This is concerning because the longer a patient goes without treatment the lower their chances of survival and the longer the virus can spread unseen in communities.

The situation has been further complicated by a strike by health workers, which is affecting activities including vaccination and safe burials. DRC has the best-trained workforce in the world for Ebola. This situation needs to be resolved as quickly as possible.

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WHO and our partners are working intensively in communities to find cases and shorten the delay. We are also supporting the Government of DRC to take a stronger role in the response and to prepare areas that have not been affected so far.

There continues to be an urgent need for increased human resources and logistics capacity to support an effective response across an ever-expanding geographical area and to help health officials identify cases earlier. The Government of DRC has

developed the plan that needs about US\$40 million. We urge partners to support this plan.

Now to COVID-19. Last month my colleague, Dr Maria Van Kerkhove, contacted a group called Long COVID SOS representing patients with long-term effects from COVID-19 infection. This afternoon I had the privilege of speaking with them. They told us about their experience and the ongoing challenges they face.

These patients want three things; recognition, rehabilitation and research; recognition of their disease, appropriate rehabilitation services and more research to be done into the long-term effects of this illness.

**00:05:17**

Although we have learned so much about this disease we only have less than eight months of experience to draw on. We still know relatively little about the long-term effects. My message to these patients was, we hear you loud and clear and we're committed to working with countries to ensure you receive the services you need and to advancing research to serve you better.

Globally there are now more than 22 million reported cases of COVID-19 and 780,000 deaths but it's not just the numbers of cases and deaths that matter. In many countries the number of patients who need hospitalisation and advanced care remains high, putting huge pressure on health systems and affecting the provision of services for other health needs.

Several countries around the world are now experiencing fresh outbreaks after a long period with little or no transmission. These countries are a cautionary tale for those that are now seeing a downward trend in cases.

Progress does not mean victory. The fact remains that most people remain susceptible to this virus. That's why it's vital that countries are able to quickly identify and prevent clusters to prevent community transmission and the possibility of new restrictions.

**00:07:05**

No country can just ride this out until we have a vaccine. A vaccine will be a vital tool and we hope that we will have one as soon as possible but there is no guarantee that we will and even if we do have a vaccine it won't end the pandemic on its own.

We must all learn to control and manage this virus using the tools we have now and to make the adjustments to our daily lives that are needed to keep ourselves and each other safe. So-called lock-downs enabled many countries to suppress transmission and take the pressure off their health systems but lock-downs are not a long-term solution for any country.

We do not need to choose between lives and livelihoods or between health and the economy. That's a false choice. On the contrary, the pandemic is a reminder that health and the economy are inseparable.

WHO is committed to working with all countries to move into a new stage of opening their economies, societies, schools and businesses safely. To do that every single person must be involved. Every single person can make a difference, every person, family, community and nation must make their own decisions based on the level of risk where they live.

**00:08:53**

That means every person and family has a responsibility to know the level of transmission locally and to understand what they can do to protect themselves and others. At the same time we will not, we cannot go back to the way things were. Throughout history outbreaks and pandemics have changed economies and societies. This one will be no different.

In particular the pandemic has given new impetus to the need to accelerate efforts to respond to climate change. The pandemic has given us a glimpses of our world as it could be; cleaner skies and rivers. Building back better means building back greener.

In May WHO published our manifesto for a healthy and green recovery with six policy prescriptions for protecting nature, investing in water and sanitation, promoting healthy food systems, transitioning to renewable energy, building liveable cities and stopping subsidies on fossil fuels.

**00:10:21**

In July we added actionables for each of these policy prescriptions providing 81 concrete steps for policymakers to build a healthier, fairer, greener world. Since then over 40 million health professionals from 90 countries have sent a letter to G20 leaders to call for a healthy recovery for COVID-19.

We have seen many examples of countries acting to protect lives, livelihoods and the planet on which they depend. Nairobi,

Kenya is improving parks, adding urban forests, building more sidewalks and improving drainage.

Pakistan has set up a green stimulus scheme offering labourers who are out of work as a result of lock-down a chance to earn money by planting trees. In the United Kingdom the use of coal, the most polluting form of energy, fell to its lowest level in 250 years.

Spain is becoming one of the world's fastest decarbonising nations with seven of the country's 15 coal-fired power stations recently closed. Portugal has announced it will become coal-free by next year. Chile has committed to reducing air pollution and black carbon.

Great cities such as Paris have committed to becoming 15-minute cities where every service can be easily reached by foot or bike, reducing air pollution and climate change.

**00:12:16**

Hardship is always an opportunity to learn, to grow and to change. COVID-19 is a once-in-a-century health crisis but it also gives us a once-in-a-century opportunity to shape the world our children will inherit, the world we want. I thank you.

MH Thank you, Dr Tedros. I will now open the floor to questions and I would remind everybody that if you wish to ask a question please use the raise your hand icon to get in the queue to ask your question. I'll also apologise now to those who miss out as we have hundreds of people connecting, and ask those who do get to a question to please restrict it to one question.

The first question goes to Imogen Foulkes at BBC. Imogen, could you unmute yourself and ask your question.

IM I'm interested in this report that seems to have come from Singapore that there seems to have been a new and kind of weaker version of the virus detected that doesn't cause such grave effects in many people. Do you have any comment on that?

**00:13:37**

MK Yes, thank you, Imogen, and thanks for the question. I'll begin. Yes, I think, as you know, our laboratory network is monitoring and following all changes in the virus and, as you know, there are - I don't know exactly how many today - more than 80,000 full genome sequences that are currently available.

There is a study that was recently published from the Republic of Korea looking at a mutation in the S gene that we are aware of which encodes in the spike protein and so our group is looking at that. These mutations are common, as we have mentioned; these are changes in the virus and there are many known changes that are happening. This is what viruses do.

Most of these mutations don't cause greater or lesser infectivity or severity and this is one of the ones that we are looking at. We have a special working group that we have formed which is not only identifying different mutations that are identified and being reported in the sequences that are being shared.

We're actually looking at, how do we better understand what these mutations mean in terms of the way that they behave. This is one of the mutations that we will be looking at and much more research is needed on all of these potential changes in the virus.

**00:14:56**

MH Thank you, Dr Van Kerkhove. The next question goes to Bayram from the Anatol Agence. Bayram, unmute yourself and please go ahead with your question.

BA Thank you very much for taking my question. European... Can you hear me? Hello?

MH Yes, we can. There's a little interference but we can hear you.

BA Okay. Europe could not suppress the COVID-19 outbreak in the summer. In addition recently in countries such as Spain, France, Germany, Switzerland and Turkey daily cases have started climbing, all through they had [?].

What do you recommend around the reopening of schools in European countries and do you support the decision of reopening schools across Europe? Thank you.

MK Thank you for the question. I understand the question is around the reopening of schools.

**00:15:59**

Yes, this is a major concern over the opening and closing of schools globally. As we've mentioned before in these press conferences what is important when we consider schools is that we consider the context in which schools are operating. Schools do not operate in isolation, they operate in communities and they work in communities and if there is the virus circulating in those communities, if there's widespread or intense transmission in

those communities it's possible the virus could enter the school system.

So it is important that what is done in the community of trying to reduce transmission and bring those outbreaks under control is really what the focus needs to be, than to consider opening schools.

What we've done as an organisation is we've outlined considerations for decision-makers about the partial opening or reopening of schools. Remember that schools operate differently globally, they have different types of building structures, they have different types of age group that they include by various ages.

**00:17:02**

So what we've done is we've outlined a number of considerations for the schools, first of all taking into consideration the circulation of the virus in the area where the school operates, where the children live that go to that school and where the adults that work in that school live.

And then look at what are the types of control measures and prevention measures that can be put into schools such as physical distancing, such as washing of hands and making sure that there're hand-washing stations or alcohol-based rub, making sure that there's good ventilation, making sure that masks can be worn if appropriate.

So there are a number of considerations that are outlined. Schools need to also have plans in place so that if there is a suspect case there are clear plans of what to do and how to quickly test and do contact tracing if necessary. Those plans need to be clearly outlined.

And also to have good communication so not only communicating to the students and to the adults that work at those schools but to the parents of the children that go to that school; how can we communicate about how the school is going to be operated, if it will be a partial opening or a total opening or a reduced class size.

**00:18:13**

There are lots of different ways that this could be done. I think we all recognise the importance of schools to children of every age, not only for education but for security, for food in many situations and for social interaction and mental health.

So there are a lot of reasons why it's very important that schools can reopen safely but I will say it again; it is important that we bring outbreaks and transmission under control in the area where those schools operate.

MH Thank you very much, Dr Van Kerkhove. We're going to South Africa for the next question, to Sophie from the South African Broadcasting Commission. Sophie, could you kindly unmute yourself and ask your question.

SO My question is directed to Director, Dr Tedros in particular. We have a situation in many countries where we see the health workers complaining, protesting and even embarking on strikes because they don't have the PPE.

**00:19:21**

But on the other hand we get reports of officials in different parts of the world, in the government systems abusing and engaging in corrupt activities, particularly monies earmarked to combat this pandemic that is ravaging the world. What is your reaction, are you watching, are you monitoring, are you concerned?

MR Maybe I could take a quick stab at that. Can you hear me, Margaret?

MH Very well.

MR I think Dr Tedros has said this many times; we've seen the best of people in this response and in this pandemic and we've certainly seen the worst of people. Corruption is certainly something that's not new to the world and at this point it's really, really important that governments govern and that we see very clear, transparent action by governments.

In the case of health workers and others it is very, very tough for health workers to continue to operate when they don't have appropriate PPE or they're not receiving payments that can feed their families. So it's equally important that governments focus on ensuring that front-line health workers have adequate pay, have adequate conditions, adequate safety. They are heroes, they are in the front line.

**00:20:43**

But it's also important that those workers too recognise that they have to put in place... if they are taking action they also have a moral duty to their patients as well. So any actions that are taken by health workers to protest - and protest is something that



everyone should be able to do but it should not come at the expense of the health and welfare of patients.

MK Thank you. Just briefly to supplement that on the healthcare workers, I think this is a good opportunity to again remind everyone that we are seeing healthcare worker infections, we are seeing a large number of healthcare worker infections across the world. There are some estimates that ten to 20% of reported cases in an individual country are among health workers so it is really, really critical that healthcare workers, that front-line workers receive training so that they know how to protect themselves, how to put on and take off appropriate personal protective equipment, that they are provided the right supplies to be able to care for patients and provide the care that they are trained to do.

**00:21:48**

That they have adequate rest periods, that they have support. This is a tremendous mental strain and physical strain on health workers who are putting themselves at risk to care for COVID patients and other patients all over the world so just a reminder that it really is important that we all have a responsibility to ensure that we protect health workers with the personal protective equipment that they need, the training that they need and the support that they need.

MH Thank you, Dr Ryan and Dr Van Kerkhove. The next question comes from Kai Kupferschmidt from Science. Kai, please could you unmute yourself and go ahead.

KA Thanks. I just wanted to ask for an update on the China mission. Is the advance team still there, is the full team there? I'm just curious where that's at and what you can tell us about what's happening.

MK I could begin; Mike may want to jump in. The advance team has returned. The advance team spent a few weeks there with Chinese counterparts to work with them and to learn from them of the work that has been ongoing to look at the SARS-CoV2 origin and to develop terms of reference for phase-one and phase-two studies so shorter-term studies that need to take place where the first cases were identified and longer-term studies to fully understand the origins of the virus.

**00:23:18**

The team is being compiled and so we discussed with our member states yesterday at our member state briefing that a

request through our global outbreak alert and response network will be issued so that we can receive some requests of interest for people who might want to be on that mission. I'm not sure if Mike wants to add.

MR No, I think that's fine, Maria. It's important that the mission goes ahead but there're also a number of preliminary studies that need to be carried out as well and our colleagues in China have discussed those in depth with the advance team and we hope that those studies can begin as soon as possible.

What we're hoping is that the international team can begin to work on a remote basis with our Chinese colleagues and then join them in the field at the appropriate time when we've got the appropriate arrangements in place.

MH Thank you, Dr Ryan and Dr Van Kerkhove. For the next question we're going to Mexico, to Alejandro from Medicina Digital. Alejandro, please unmute yourself and ask your question.

**00:24:33**

TR Thank you and a very good afternoon from Digital, as you said. We have 126 million inhabitants in Mexico and are spending a certain amount to control the epidemic. I just wanted to know if you thought that we were spending enough in the network of medical centres that we have in such a large territory. Thank you very much.

MH That question was basically [inaudible]. I'm just repeating the question for Dr Ryan because he doesn't have the simultaneous translation. That question was, is enough being spent on the response specifically for Mexico, I understand, Alejandro - and testing.

MN I think the question is, in a country with 146 million inhabitants they are doing 40,000 tests every day; would you consider this a high enough number for a country of such a population.

**00:25:49**

MK Thank you. Sorry for that but thank you for the clarification. We do get quite a lot of questions about how much testing is enough testing and we receive a lot of questions specifically as you have phrased that.

The answer to that is it really depends. It depends on the situation that is happening in terms of transmission. What WHO recommends for testing is to test suspect cases and there are

definitions for suspect cases. In situations where testing capacity is limited or where there may not be enough tests or where transmission may be incredibly intense you may need to prioritise how much testing is being done.

For me what is a very helpful metric is looking at your percent positive; how many of those tests that are being done come back positive. If that's a high number then more testing needs to be done because that means that you may be missing additional cases.

So it's a hard question to answer specifically in the context that you have provided but in many situations where testing is coming back where you have 30%, 40%, 50% positive out of all of the tests that you've done that means that you're missing a large number of cases.

**00:27:02**

In other countries where they may not see as much intense transmission or there's been a large amount of testing they're seeing 1%, 2% positive. That's what we would more like to see but I don't want to put a specific cut-off because it depends on the situation that you're in and the capacities you have.

But what is important is that without testing we don't know where the virus is and without testing it's very difficult to put in place the public health measures that need to take place. With active case finding we are detecting cases that are infected with the virus, that are potentially transmitting the virus to somebody else.

We can carry out contact tracing which is identifying all of the contacts around a confirmed case and putting them in quarantine and so on and so on. So testing is a very important part of that strategy.

MR Could I just add, specifically on Mexico itself, most certainly the scale of the pandemic and the epidemic in Mexico is under-represented. The testing in Mexico has continued to be limited; approximately three tests per 100,000 people daily if you compare that to somewhere like that to the US which has over 150 tests per 100,000 people daily.

**00:28:23**

Test positivity has remained very high, up near 50% at times and that means many, many, many people have either been underdiagnosed or diagnosed late and certainly this is having a differential impact in the country. There's a sharp difference in

mortality between the wealthier districts and the poor municipalities and people who live in impoverished areas of Mexico are almost twice as likely to die from COVID as those who live in more affluent areas.

It's also having a differential impact on the indigenous populations in Mexico. The overall case fatality ratio is high but amongst indigenous populations the clinical case fatality ratio is almost one in five, one in four to one in five.

A large number of people from indigenous communities are reporting cases and deaths of COVID to date so there's a complex situation in Mexico with this differential impact on the poor, on the indigenous populations; relatively low testing strategy which means the scale of the epidemic in Mexico is clearly under-recognised and therefore more could and probably needs to be done to really address the surveillance issues and also the differential outcomes for patients in different groups.

**00:30:00**

MH Thank you, Dr Ryan and Dr Van Kerkhove. The next question will go to Grace from Health Policy Watch. Grace, please unmute yourself and ask your question.

GR Hi, thank you so much for taking my question. Can you guys hear me all right?

MH Very well, loud and clear.

GR Thank you. My question is for Dr Maria Neira. What do we know right now about the relationship between exposure to air pollution and COVID-19?

MN Thank you very much. Yes, there have been several articles, several papers published about that. As you well know, air pollution is responsible for killing more than seven million every year. Therefore what we know for sure is that any intervention you can do now to reduce air pollution, to reduce exposure to air pollution will have a very beneficial effect on anyone at risk of COVID-19.

**00:31:03**

We know as well that exposure to air pollution is a risk factor and will make you more susceptible; if you are infected by SARS-CoV2 you will be more susceptible to developing morbidity and mortality because those diseases that are caused also by exposure to air pollution will make you more vulnerable.

So it will increase your risk and your susceptibility. Therefore we don't know about the real correlation between mortality of COVID and exposure to air pollution but we know for sure that that's an important risk factor that we need to tackle. Thank you.

MK If I could just supplement specifically on the underlying conditions that you mentioned, Maria Neira, we know for certain in the research that is being done that people's underlying conditions such as underlying respiratory diseases, underlying heart diseases put them at an increased risk; if you are infected with SARS-CoV2 you are at an increased risk of severe disease and death.

Air pollution causes these chronic conditions and so there is a clear correlation here and we just want to be very clear that those with underlying conditions are at an increased risk for severe disease and death so again I will say it's really important that we try to prevent as many infections as we can, especially in vulnerable people who have these underlying conditions, some of which are caused by air pollution, because those individuals can be very severely ill and they can die.

**00:32:48**

MH Thank you very much, Dr Neira and Dr Van Kerkhove. The next question goes to Agnes from Agence France Press. Agnes, could you unmute yourself and ask your question.

AG Yes, hello, everybody. Can you hear me?

MH Loud and clear. Please go ahead?

AG Great, thank you. I will ask in French if I may.

TR I would like to ask a question about wearing masks in schools. In Switzerland wearing masks in schools is not mandatory for those under 16. In France however it is mandatory for those under 11 - that's a recent change in France - and yet the two countries seem quite similar. So is there some scientific evidence about the role of children in transmission, is there any fresh information about that that might explain this? That's my question. Thank you.

**00:33:54**

MK Thank you for the question. I will begin. Yes, there is a lot of research that is happening right now on children of different age groups and we're learning, we are constantly learning. One of the things we know about infection in children is that children of all ages can be infected with the SARS-CoV2 virus. Luckily the

majority of children that are infected with this virus do tend to have mild disease or asymptomatic infection but there are some that can develop severe disease and there are some children unfortunately that have died.

What we understand about transmission in children is limited. There are some studies that are looking at transmission by age groups, looking at under-fives for example, looking at up to ten years old, looking at teenagers and looking at young adults.

These studies are preliminary and there are a few that are available but there are more that are being conducted and there appears to be a difference in transmission by age group with the younger children able to transmit less than teenagers for example. But this data is really limited and there are some studies that are ongoing.

WHO and UNICEF will be issuing guidance on the use of masks in children and we break this down by age. The guidance will be available in the coming days if not today, where we give advice to decision-makers and to public health officials and child health professionals and educators about making the decision about when and where masks can be used.

We break those recommendations down by age, looking at under five, looking at six to 11 and then looking at over 12 but again there's limited information that we have on children. There are more studies that are being done. We're working with a large number of partners including UNICEF. We have a technical advisory group that we have established to specifically support us on understanding and advice for educational institutions, knowing that different institutions look differently across the globe.

MH Thank you very much, Dr Van Kerkhove.

MR Margaret, can I just add not specifically on schools but I think it's important when we look at masks; masks are a great tool, they're very useful as part of a comprehensive strategy to stop and break chains of transmission.

**00:36:27**

But it's also very important when we talk about the context of schools and the wearing of masks in schools and as that guidance emerges that the wearing of masks is not an alternative to physical distancing, it's not an alternative to hand-washing, it's not an alternative to decompressing class sizes, it's not an alternative to all of the other measures.

Just because kids or others put masks on does not mean we can forget about the other measures. In fact it would decrease the benefit of masks if people close physical distance, don't wash their hands and we may end up losing the benefits of some interventions while gaining the benefits of masks.

The real advantage of masks is using masks as part of a comprehensive strategy in the right place at the right time in order to reduce transmission and reduce exposure. In doing that and in using masks as part of a comprehensive strategy they can be extremely useful but they are not an alternative to a strategy; they're not an alternative strategy in themselves.

Therefore it's really important, especially in the context of schools; the school is an environment and, Maria said, it's in a community, it's part of the community's transmission dynamics.

**00:37:36**

In managing the risks of transmission in schools and protecting from those risks and dealing with them masks can be an important part but they're only one part of a complex equation school authorities and governments need to put in place.

MH Thank you, Dr Ryan, and thank you, Dr Van Kerkhove. For the next question we'll be moving back to the region of the Americas, I suspect, because it comes from Jamil [Unclear], who is Geneva correspondent for major Brazilian outlets. Jamil, please unmute yourself and go ahead.

JA Thank you very much, Margaret. Hello to everyone. This is a question probably to Dr Ryan. I would like you to basically tell us, what else can Brazil do? Because the number of deaths continues to be extremely high, if you could give us a bit of a read-out on the situation in Brazil at the moment and whether the peak has already been reached or this is very hard to predict. Thank you very much, Dr Ryan.

MR Hi. Yes, the situation in Brazil has somewhat stabilised in terms of the number of infections detected per week. Certainly the intensive care units across Brazil are under less pressure than they were before.

**00:39:04**

When we look at the weekly incidents across many of the regions the  $R_0$  across the country has reduced and the acceleration of cases has stabilised but there's still a very high number of cases, on the order of 50 to 60,000 a day and a large number of deaths.



Again credit to the health workers and to the communities in Brazil for taking the necessary actions to stabilise the situation. The question is, is this a lull, can this be continued and can we see that downward trend. There is a clear downward trend in many parts of Brazil but there are also areas in which the disease is still very prevalent, it's still unstable in its transmission.

So we're in that difficult period in Brazil where things look as if they could be getting better but it now requires a very, very strong and dedicated approach to drive transmission down and to continue to protect the health system.

Within those numbers - Brazil is a very big country - there are areas that are experiencing increases but in general the trend in Brazil is stable or downwards and that needs to keep going because Brazil has been contributing a huge proportion of global cases in this pandemic for a long number of weeks and months now and any success in Brazil is success for the world.

**00:40:32**

If countries like Brazil, countries like India, countries like the US and other large countries control the disease then that's not just contributing to national numbers going down but that will ultimately contribute to the overall impact of the pandemic being reduced.

So still much to do in Brazil but again the health system continues to cope. The positivity rates are still higher than they necessarily should be but the pattern is clear. The question is whether that pattern can be sustained in a downward direction in the coming weeks.

MH Thank you very much, Dr Ryan. The next question goes to Michael from CNN. Michael, can you unmute yourself and go ahead with your question.

MI Sure, thank you for taking my question. Greetings from Ottawa, Canada. I recently flew for the first time for a long time and wrote about the experience and what I noticed was social distancing was near-impossible.

**00:41:32**

As you know, a lot of travellers - and I'm talking about even seasoned travellers - are very reluctant to fly, a lot of airlines are on their knees right now because they can't attract passengers and - just quickly - a lot of airlines including the two big ones here in Canada, Air Canada and WestJet, are even selling the middle seat to passengers.



Is there anything you can say based on the information you have to reassure the travelling public that it is safe to fly and is there anything you can say to airlines to reassure passengers to come back into the skies? Thank you.

MK Thanks for this question. Again it's one that we receive quite a lot. We are working with IOTA and the travel and tourism industry to look at how we can have a safe and confident resumption of travel. Again there are a number of considerations that need to be taken by individuals who fly; every part from leaving your home through going to the airport and the physical distancing and the measures that need to be taken at airports, through when you board the plane, during that flight and then when you arrive.

**00:42:46**

We're working with our partners to come up with and to issue guidance around this and we've recently issued guidance around this and continue to work with IOTA and others to how to do this safely.

It is difficult to do physical distancing on aircraft of course but there are other measures that may be put in place and we need to follow the guidance that is put out by the airline that you choose to travel with, whether this is wearing masks while you're travelling or fabric masks or a medical mask depending on who you are.

Some are offering other different types of measures but it's following the guidance of what is being put out there. I think it is normal to feel this reluctance or hesitancy but I think there are ways in which the resumption of travel will happen safely.

We also need to consider where an individual's travelling from and travelling to and look at the transmission intensity in those different areas. Then as an individual - I think you've heard Mike say before - if something doesn't feel safe then it probably isn't safe so there are decisions that individuals need to make, when you leave your home and when you choose to do things.

**00:43:54**

But there are measures you can put in place; keep your distance while at airports, wear a mask if you're on board a plane; but following that guidance through the duration of your travel.

MH Thank you, Dr Van Kerkhove. Dr Ryan, is there anything you'd like to add? No, okay. The next question will go to Isabel

from the Spanish news service EFE. Isabel, could you unmute yourself and ask your question.

IS Yes, good afternoon. Today a judge in Madrid has revoked a measure to ban smoking on the street in case social distancing cannot be respected. This happened in the region where the infections are increasing fastest in Spain. Do you consider this a setback in the fight against the coronavirus pandemic in Spain? How could you explain such a decision at this moment and what is the message that this decision sends to people? Thank you.

MK Thank you for the question. I think your question is a good one and many countries right now are opening up their societies, including many countries across Europe and the world. Some countries are seeing resurgence in activity, in transmission in the form of clusters, in the form of small outbreaks or seeing increases in numbers and this is happening across a large number of countries right now.

**00:45:33**

It is really important that we learn how we can begin to live with this virus, to continue to suppress transmission, be ready to identify any cases and clusters that pop up so that we can quickly put those out so that those small numbers of cases and clusters do not become community transmission again, and minimising as many deaths as possible.

In doing so countries may need to implement some measures again. What we are seeing in a number of countries is that they are choosing to implement some measures in a targeted area so in the area where the transmission is happening. They're implementing them for a certain geographic area and they're implementing them for a certain amount of time.

What we're seeing now is a targeted approach to adding interventions that need to be put in place to bring outbreaks under control and to try to reduce the number of infections that are happening.

**00:46:30**

Countries are doing this in different ways and in the ones where we're seeing some positive effects they're doing this in a data-driven way; where is the virus circulating, what are the case numbers that are increasing, where is transmission occurring, is it occurring in clusters?

This virus is being driven by outbreaks in clusters and we see this over and over and over again in countries; they're finding

clusters in entertainment industries, in nightclubs, they're seeing clustering in long-term living facilities, in prisons, in certain occupations.

So it is really important that we know where this virus is and we know where those clusters are happening, we can bring those under control. So it's how these different types of interventions are put into place and hopefully these will bring these outbreaks under control.

MH Thank you very much, Dr Van Kerkhove. We're coming past the hour and we've only got time for one last question and it will go to one of our regulars, Simon Ateba. Simon, could you unmute yourself and ask your question.

SI Thank you for taking my question. This is Simon Ateba from Today News Africa in Washington DC. My first question was answered so I will ask the second question.

**00:47:48**

Yesterday personally I went to try to renew my driver's licence here in DC and the earliest date I received was February 2021. Everything's been impacted and it's almost obvious that we can't sustain this way of living for a long time.

I was wondering if WHO can tell us, one, how long did the 1918 pandemic last; and was there a similarity between that particular pandemic and what we're seeing now? Thank you.

MK Thank you, Simon. I will begin and I hope others will supplement. That's quite a question. The 1918 pandemic was a novel strain of influenza and it circulated over a number of years. In fact there were several waves of that pandemic impacting the globe and that virus itself; once the really intense pandemic was over after those waves that virus circulated for many years, for decades until another strain replaced it circulating globally.

So I think there are similarities and these are respiratory pathogens. There are a number of interventions that were put in place for the 1918 pandemic, many of which are being implemented now during the SARS-CoV2 pandemic.

**00:49:23**

I think one of the things that you reminded me of in the first part of your question about your driver's licence and the impact that this has had; pandemics have incredible impacts, they are pandemics, they are affecting every aspect of our lives right now.

So what we are trying to do in our control programme around SARS-CoV2 is about how do we save lives but not only focusing on health aspects but how do we save livelihoods and how do we help save economies and bring economies back up.

Right now we are still very early on in this pandemic. I know many people are tired and many people have fatigue as it relates to this. We do as well but we have quite a long way to go so we need to remain focused, we need to remain ready and we need to apply pressure to the virus, we need to apply pressure to try to prevent as many infections as we can and save as many lives as we can not only from COVID-19 but from all of the other diseases that are circulating, that plague many populations to make sure that essential medical services continue and other services continue so that people can go on and live their lives.

**00:50:39**

MH Thank you, Dr Van Kerkhove.

MR Margaret, this is Mike.

MH Yes, I knew you had something to add. Please go ahead.

MR I think maybe Dr Tedros might want to add because he's been saying for so long that we will get through this together and human populations; we've been through collectively so many different epidemics, wars, conflicts, political crises and human beings are resilient; we are a resilient species and we will get through this.

Yes, disruptions are terrible, they're awful but they will end and there will be a brighter day. Some countries are creating that reality right now in the way they're approaching this response. What we do need to do is get real, we need to be very, very serious and dedicated in our efforts to suppress this disease, reduce mortality and learn to find a way to control and suppress this virus, learning to live with it in effect and hopefully bring on live vaccines that will ultimately help us to bring it under control.

**00:51:42**

But with regard to the 1918 flu pandemic it was, as Maria said, in three waves and it took about 15, 16 months for those three waves to pass. In fact in the US the second wave which started in the fall of 1918 was actually the wave that caused the most damage in terms of deaths and then the third wave occurred in the winter/spring of 1919.

So it took three waves for the disease to infect most of the susceptible individuals and then settle down probably into a seasonal pattern. For example the seasonal flu we have now contains the pandemic flu virus from 2009 so very often the pandemic virus settles into a seasonal pattern over time so yes.

But this virus is not displaying a similar wave-like pattern. Clearly when the disease is not under control it jumps straight back up but from that perspective the classic wave pattern of the 1918/1919 pandemic was very clear but it did take three complete waves for that disease to spread around the world and infect most susceptibles.

The second wave was actually the most impactful in terms of deaths and hospitalisations, particularly in the US.

MH Thank you very much, Dr Ryan. [Inaudible].

**00:53:24**

TAG I think it has been said but the waves that have been described; they took two years; I think from February 1918 to April 2020, two years so it took two years to end. In our situation now with more technology and of course with more connectedness the virus has a better chance of spreading, it can move fast because we're more connected now.

But at the same time we have also the technology and the knowledge to stop it so we have a disadvantage of globalisation - closeness, connectedness - but an advantage of better technology.

So we hope to finish this pandemic in less than two years, especially if we can pool our efforts to gather and with national unity, global solidarity - that's really key - with utilising the available tools to the maximum and hoping that we can have additional tools like vaccine I think we can finish it in a shorter time than the 1918 flu.

MH Thank you so much, Dr Tedros. On those positive words - we can do it and we will do it - I will close this press conference and thank everybody for your excellent questions. The transcript will be available via audio file [sic], as will Dr Tedros' speech and any other questions that weren't answered or asked, please send a media inquiry and we'll follow through. Even though Dr Tedros already finished this press conference on such a strong note I'll hand back to him for final words.

**00:55:27**

TAG Thank you. My final word is, I was hoping to make a comment on what Sophie asked - it's very important - about the strike by health workers and about corruption, especially related to PPE.

I agree with Mike that when health workers protest or strike it should be in a way that doesn't affect the service they provide to those who need it most; that's one.

Secondly on the corruption, any type of corruption is unacceptable. No level of corruption is acceptable or any type of corruption is unacceptable. However corruption related to life-saving PPE; for me it's actually a murder because if health workers work without PPE we're risking their lives and that also risks the lives of the people they serve. So it's criminal and it's a murder and it has to stop if it's happening anywhere. Thank you.

Finally I would like to thank all who have joined today and look forward to seeing you in our next press conference. Thank you.

**00:57:21**