

COVID-19

Virtual Press conference

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Speaker key:

MH	Margaret Harris
TAG	Dr Tedros Adhanom Ghebreyesus
JA	Jamie
MR	Dr Michael Ryan
MK	Dr Maria Van Kerkhove
SO	Sophie
IS	Isabel
IM	Imogen
CH	Chen
DC	David Clarke
PR	Priti

00:00:12

MH Hello, everybody. This is Margaret Harris at the WHO headquarters in Geneva. Welcome to our COVID-19 press briefing today, this Thursday July 23rd. Our Director-General, Dr Tedros, will open the briefing with some remarks. Then we will open the floor to questions as normal. Joining Dr Tedros today we have our regular experts, Dr Mike Ryan, Executive Director of Emergencies, and Dr Maria Van Kerkhove but also Mr David Clarke, Team Leader for Universal Health Coverage and Health Systems law.

As usual we'll be providing simultaneous translation in all six languages - all six UN languages plus Portuguese and if you prefer to ask your questions in any of those languages please do. You may also listen in Hindi but you cannot ask your question in

Hindi. Now I will hand over to Dr Tedros. Dr Tedros, you have the floor.

TAG Thank you. Thank you, Margaret. Good morning, good afternoon and good evening. More than 15 million cases of COVID-19 have now been reported to WHO and almost 620,000 deaths. Although all countries have been affected we continue to see intense transmission in a relatively small group of countries.

Almost ten million cases or two-thirds of all cases globally are from ten countries and almost half of all cases reported so far are from just three countries.

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As we have said previously, community leadership and community engagement are the two vital pillars of the response. One of the tools governments can use is the law; not to coerce but to protect health while protecting human rights.

Yesterday WHO, the United Nations Development Programme, UNDP, and Georgetown University launched the COVID-19 law lab database of laws that countries have implemented in response to the pandemic. It includes state of emergency declarations, quarantine measures, disease surveillance, legal measures relating to mask-wearing, physical distancing and access to medication and vaccines.

Well-designed laws can help to build strong health systems, evaluate and approve safe and effective drugs and vaccines and enforce actions to create healthier and safer public spaces and workplaces.

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However laws that are poorly designed, implemented or enforced can harm marginalised populations, entrench stigma and discrimination and hinder efforts to end the pandemic. The database will continue to grow as more countries and themes are added.

But even more powerful than the law is giving people the information they need to protect themselves and others. The best way to suppress transmission and save lives is by engaging individuals and communities to manage their own risk and take evidence-based decisions to protect their own health and that of those around them.

The pandemic has disrupted the lives of billions of people. Many have been at home for months. It's completely understandable

that people want to get on with their lives but we will not be going back to the old normal. The pandemic has already changed the way we live our lives.

Part of adjusting to the new normal is finding ways to live our lives safely. It can be done but how to do it will depend on where you live and your circumstances. It's all about making good choices. We're asking everyone to treat the decisions about where they go, what they do and who they meet with as life-and-death decisions because they are.

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It may not be your life but your choices could be the difference between life and death for someone you love or for a complete stranger. In recent weeks we have seen outbreaks associated with nightclubs and other social gatherings even in places where transmission had been suppressed.

We must remember that most people are still susceptible to this virus. As long as it's circulating everyone is at risk. Just because cases may be at a low level where you live that doesn't make it safe to let down your guard. Don't expect someone else to keep you safe. We all have a part to play in protecting ourselves and one another.

First know your situation; do you know how many cases were reported where you live yesterday, do you know where to find that information? Second, do you know how to minimise your exposure, are you being careful to keep at least 1m from others, are you still cleaning your hands regularly, are you following the advice of your local authorities?

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No matter where you live or how old you are you can be a leader in your community not just to defeat the pandemic but to build back better. In recent years we have seen young people leading grass-roots movements for climate change and racial equality.

Now we need young people to start a global movement for health, for a world in which health is a human right, not a privilege. I thank you.

MH Thank you, Dr Tedros. I will now open the floor for questions. I will remind you that as usual please just one question per person as we have huge numbers of journalists and limited time. Most of you know this already but those here for the first time, please use the raise your hand icon to ask a question. Now I'll go to the many people lining up for questions. The first

one is from Jamie Keaton, Associated Press. Jamie please unmute yourself and ask your question.

JA Good afternoon. Thank you very much. My question ties into what Dr Tedros just mentioned about governments and laws and whatnot. My question has to do with how worried you are about the mixed message that we're getting from governments about mandatory but ultimately voluntary quarantines and how important is it that people respect them?

00:08:03

Is there any evidence that people ignoring these quarantines has increased case counts? Just as a final on that, if I understand correctly your last recommendations on quarantines date from March 19. I'm wondering if you're planning on updating those at all soon. Thanks.

MR Jamie, I'm going to assume you're referring to quarantine measures in relation to context. There are different interpretations of it. Some people talk about quarantine measures in relation to travellers arriving from another country who are not necessarily contacts to a case and then there's quarantine for people who are documented contacts of cases.

In the case of contacts of confirmed cases WHO's recommendation is that all such contacts should be quarantined for a period of 14 days. That quarantine can occur in a facility or it can occur in the person's home as long as there's an appropriate way for that person to isolate themselves from others who are not designated as contacts.

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We do believe - and Maria may speak to some of the evidence on this - countries that have been successful in implementing that have made a lot of progress especially on shutting down and you see with shutting down of clusters in particular.

It's not so obvious in the middle of community transmission as it takes time for that impact to occur but we've seen some pretty intense clusters of cases shut don't pretty quickly when quarantine has been implemented successfully in contacts.

The DG obviously spoke to the issue of public health law. Quarantining oneself when you are a contact is an act of courage and it's an act of contribution to society. If you are a contact of a case then you are much more likely than any other person around you to develop the disease and potentially transmit it to somebody else.

It is much, much better if someone is ready, willing and able to quarantine themselves on behalf of their community but there are situations in which that is not the case and some governments have public health law in place that allows them to make that a mandatory procedure; in other words it's mandated by law.

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If it is such - and I think WHO's guidance is also clear and I think we do clearly state that where such mandatory quarantine rules are in place the state implementing that mandate must also respect the human rights of the individual; they must be in a position to provide an appropriate level of support and care to that individual; that should not cost that individual in terms of extra out-of-pocket expenses for the purposes of staying in a hotel. We don't recommend that governments charge people for being quarantined.

So there're a whole load of issues that are associated with that issue. Sometimes the mandatory nature of quarantine allows a government in law to provide more support to people being quarantined but we are against coercive procedures.

In our experience it may be that people may say, making these things to be implemented coercively; it gets the job done. In our experience in WHO in dealing with communities, particularly marginalised and other communities, it can do exactly the opposite; it can shove the problem underground and it can mean that people are unlikely to report their status in terms of either being a case or being a contact if they feel they will be unfairly treated.

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So it is exceptionally important that we build strong community engagement, that people, individuals and communities understand how the disease is spread, understand the role they can play in the transmission of the disease and understand the role they can play in breaking those chains of transmission.

In our experience when people understand that fact, when they understand their own personal status and when they're supported in the process most, the vast majority of people will participate in the quarantine mechanism and we would like to avoid coercive mechanisms to do that. Maria.

MA Thanks. Thank you for the question. Yes, I think the quarantine in the context of contact tracing is arguably one of

the most important elements to breaking chains of transmission. Isolation of known cases in facilities outside of the home in particular if that can be done. If inside the home it's amongst someone who is experiencing mild disease or no disease or among an individual who does not have risk factors that would put them at a higher risk of developing severe disease or dying but quarantining of contacts is incredibly important.

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We will be updating our guidance. In fact we're doing it now; it's almost as if you knew that, Jamie. But we are updating it at the moment and it won't actually change that much. What we're changing in it is looking at... Currently we require retesting at the end of the quarantine day period and we will be removing that.

But we're also going to add language in there to ensure that family units are taken care of and so making sure that the language that's in there really focuses on children and isolation - and quarantining of children with family members and parents so that they're not separated.

That should be coming out hopefully in the next week or so but it won't look that different to what the current version is online and it does really remain an essential element to breaking chains of transmission.

MH Thank you, Dr Van Kerkhove and Dr Ryan. We now have a question from South Africa from Sophie from the South African Broadcasting Commission. Sophie, could you please unmute yourself and ask your question.

00:14:13

SO My question is directed to the Director-General. Dr Tedros, I saw on your Twitter account you spoke to the Minister of Health of South Africa. What was this all about? And the update on the China delegation of WHO as directed by the World Health Assembly to further investigate; how far?

MH That's two questions.

MR With regard to South Africa, the DG will speak to this but the situation in South Africa; as you know the numbers have been increasing and the Government are obviously looking at every possible measure to increase the intensity of the response there in support of their communities.

As part of that due diligence and reaching out for support and assistance and advice the Minister of Health and his Director-

General as well as other staff in the Ministry have been reaching out to our regional office in Africa, to our Regional Director Tshidi Moeti but also directly to the Director-General.

Our most recent conference call was a three-level conference call in which we were discussing the challenges that South Africa's faced, particularly operational and technical challenges of scaling up the response at community level, scaling up surveillance, providing extra support to laboratory diagnostics amongst other things.

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WHO is working with South Africa to provide surge capacity in very specific technical areas and we're also providing viral support; in fact a virtual mission as well to support that. So a number of key individuals at global and at regional level we'll be both providing physical, on-site support to the response as well as virtual support in the coming days.

South Africa has a tremendous internal capacity in public health. It has done a good job in responding to what has been an escalating situation and it is only wise and smart that a responsible government will reach out for whatever assistance it feels that it needs to add to the quality and intensity of its response.

On the mission; I'm not quite sure if we're there yet but our small team is hopefully on its way to Beijing or will be very, very soon. We've been engaged in a series of virtual consultations again with scientific and other colleagues at the National Health Commission, at the China CDC in looking at work already done on the preliminary or earlier investigations and scientific studies on the origin of the virus.

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We continue to look at the opportunities for scientific collaboration and the terms of reference for an international mission and we're already beginning to reach out to experts at the international level to see who will be available and most appropriate to be able to support an international mission in the coming weeks.

Again, as I said previously, the logistics of that are not straightforward, I can assure you but we are pleased that we now see the level of engagement that, I think, is important and will drive a successful mission. These are important questions and the answers are even more important and I think everybody in

the Chinese scientific community and the international scientific community is anxious to move forward with the appropriate studies to fully understand the animal origins of this virus.

MH Thank you. Dr Tedros, did you want to say any more about South Africa or not?

TAG Do you want me to say more? Okay, sorry. Thank you, Sophie. I think Mike has covered it very well. We had a very productive meeting with His Excellency, Mr Zweli, my brother, and we have been interacting all along. This is a regular contact and we have agreed to boost our co-operation.

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As Mike said, all levels participated from our country office, regional and headquarters and we will increase the frequency of our engagement and based on some of the requests that South Africa has already done. So we will intensify our co-operation and I hope to make progress in controlling the pandemic. Thank you.

MH Thank you, Dr Tedros. The next question comes from Morocco, from Msr - and I apologise if I get your name wrong - El-Buktawi from MAP Morocco. Please unmute yourself and ask your question. Mr El-Buktawi, can you hear us? From Morocco. It sounds as if we've lost him so we'll go on. We have a question from Spain, from Isabel from EFE, the Spanish news wire. Isabel, could you unmute yourself and go ahead with your question?

IS Do you hear me?

MH Very well. Please proceed.

00:20:30

IS Hello?

MH Hello, Isabel. We can hear you.

IS I don't hear anything. Sorry. I don't know if you are hearing.

MH We are hearing you. Can you hear us? It sounds as though we've got some technical problems. We'll send Isabel a message to tell her she can ask her question a little later. We have Imogen Foulkes, BBC. Let's hope we do better with you. Imogen, can you unmute yourself and ask your question.

IM Hi, Margaret. Yes, I hope that I'm the exception to the rule and you can hear me.

MH Well done.

IM I just wonder; I know you have been very quiet on this but we had these quite surprising comments from US Secretary of State Mike Pompeo in London on Tuesday. Do you have any response to that or could you give us an idea of how you think a big organisation like the WHO can respond to that kind of comment?

TAG Yes, thank you. I think we haven't kept quiet actually. We released a statement and as you know, the comments were made, I think, last Tuesday and the comments are untrue and unacceptable and without any foundation, for that matter.

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Our sole focus and the focus of the entire organisation is on saving lives. If there is one thing that really matters to us and which should matter to the entire international community it's saving lives and WHO will not be distracted by these comments and we don't want the international community also to be distracted.

As you know, one of the greatest threats we face continues to be the politicisation of the pandemic. COVID-19 does not respect borders, ideologies or political parties and I have said it many times; COVID politics should be quarantined. I'm appealing again to all nations to work together. Politics and partisanship have made things worse so what is very important is science, solutions and solidarity but I repeat, the allegations are untrue and without any foundation. Thank you.

00:23:36

MK If I might add, I feel the need to say something as an American, as a proud WHO employee. I have had the honour and privilege to sit next to Dr Tedros and Dr Mike Ryan for I don't know how many days since the beginning of this pandemic and I have never been more proud to be WHO.

I've worked for this organisation, with this organisation for more than ten years. We have dedicated staff in all of our regions and in countries, working all over the world. We have partners that continue to work with us and engage with us and I'm particularly grateful to those that continue to show their support for us.

But I see first-hand every day the work that Dr Tedros does, that Mike does, that our teams do all over the world. We are firmly focused on saving lives, as Dr Tedros has said, firmly focused. We will not be distracted and that is what we remain and will continue to remain focused on.

MR Just on that, many of us have worked seven days a week, 20 hours a day for the last seven months. Everything we think, everything we do is focused on trying to save lives and we send and have sent for years our people into harm's way every day. Many of us have spent months and years on the front line risking our lives and worrying our families for decades in this fight for social justice.

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It's really important that we try and maintain the morale of all front-line workers, be the WHO or the rest of the UN and I can say too that none of us are perfect but we all serve; we serve to save lives. We are here in the service of the vulnerable people of the world and again I am proud to sit by the side of Dr Tedros in doing that because our organisation and his leadership are intertwined and we have benefited from that leadership, from that direction, from a transformation in our organisation - and I can say this as someone who's spent a quarter of a century associated with this organisation - transformation that I thought might never come for an organisation that truly needed to change the way it did business.

I've seen that happen. We are committed to that. We are proud to be WHO and we will remain so and we will serve the vulnerable people of the world regardless of what is said about us.

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MH Thank you so much, DG, Dr Van Kerkhove and Dr Ryan. I'm not meant to say anything but proud to be WHO now more than ever. The next question goes to Chen Huawa from China Daily. Chen, could you unmute yourself and please go ahead.

CH Hi. Dr Tedros, you've just mentioned in the opening remarks that half of the cases came from three countries. We all know that's the US, Brazil and India. My question is, has WHO focused special resources on these three countries to put them on the right trajectory?

Because, as Dr Ryan mentioned about the coercive measures, I find it confusing because some US Congressman reject wearing masks; they say, I have facial autonomy. That sounds ridiculous to me but I don't know; is this coercive if I ask you to wear a mask? Thank you.

MR I think the three countries you've mentioned are powerful, able democratic countries who have tremendous internal

capacities to deal with this disease and there are many hundreds of thousands of brave front-line workers, doctors, nurses, hygienists, logisticians and others who fight in the front lines just as in every other country.

It is a given; large countries can have large problems because by their very nature they are large, they are populous, they are complex and also there are differences of opinion and differences between the federal and the state level in many countries all over the world.

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It's one of the prices that countries pay for democracy in that context so we are always ready and will always remain ready to provide advice, input and service to any of our member states wherever they are and constantly offer advice and support to them.

But particularly these three countries and many more have tremendous internal capacities and I believe can turn this around because of the nature of their public health, their science and their innate capacities to fight this disease and I trust that these three countries are doing that and will do that and will escalate and upgrade their responses in order to bring this disease under control.

00:29:20

DC Just to add on the legal topic, one of the reasons that we've set up this new law lab is to help countries to better understand how they can legislate for the response. As Dr Ryan said, it's a matter of balance between making sure that people voluntarily work with us to make sure that we save lives but in cases where legislation is necessary we're trying to provide countries with good advice about what good legislation looks like that will help those countries to deal with things like the compulsory wearing of masks in appropriate circumstances and to deal with quarantine in appropriate circumstances.

That's where the legal lab comes in; to help countries to better understand what other countries are doing and to share information about how they can make appropriate laws which follow WHO guidelines and help save lives.

MK If I could briefly add to supplement what Mike has said that we stand ready to support all countries everywhere. I think many people, certainly in my friends and family, perhaps thought we were here really to support maybe lower-income countries or

lower-resourced countries but we are here to help all countries and we work through our regional offices and we work through our country offices to provide support to everyone everywhere.

I think just a message to say that even in those three countries that have the highest numbers of cases right now it can be turned around and there are tools that all countries have that can do that.

00:30:55

It takes tremendous will, it takes tremendous leadership and the work of all people to be part of the solution and to play their role. What Dr Tedros was speaking about today in his speech and what you've heard us say many times is, everyone has a role to play. So when you are thinking about the steps that you need to take to prevent yourself from getting infected you're not only protecting yourself; you're protecting others that live around you, that you live with, that you socialise with.

So continue to practise physical distancing, continue to clean your hands, continue to adhere to the recommendations that are put in place for your safety, continue to know where that virus is and learn everything you can about this virus because, as we do every day, we're learning something every day and some of our guidance may be adapted; some of the guidance and recommendations in your area may be adapted based on that current situation.

00:31:48

So keep yourself well-informed about how you can protect yourself, your family and your community.

MR I just may add too that WHO's regional office for south-east Asia is based in Delhi under the leadership of Dr Poonam Singh, who herself is Indian and one of our largest country offices in the world is in India and works very closely with the Indian Government.

Similarly one of our strongest offices in the Americas is in Brazil and we work with both the federal and state level and have worked together very successful on the management of dengue, yellow fever and other diseases so those countries are intertwined with us.

Obviously the United States is not in need of our assistance most of the time but certainly - and I've said this before - the US Government and its institutions, particularly its scientific institutions, are deeply entwined with global health and providing

strong scientific and public health input to so many global health agendas over the last ten or 20 years.

So these countries are not only important in the COVID response but each of them has a tremendous contribution to make at the global level and it is a time when we do need global leadership and large countries in regions very often set a standard for others, they set an example and other countries follow.

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People look to India, people look to Brazil, people look to the United States for leadership, for examples, for ways of doing business and they tend when those are successful to copy those strategies. So these countries are not only important in their own right; they're very important as regional and global beacons of doing the right thing.

MH Thank you for those comprehensive... Now we will go to Priti Patniak from here in Geneva; Geneva Health Files. Priti, please unmute yourself and ask your question.

PR Hi, can you hear me?

MH Please. Yes, very well.

PR My question is basically, I wanted to find out whether WHO is concerned about the lukewarm response it has received for the COVID-19 tech pool. Is there an update that you can share? We see that not as many countries have signed up as one hoped. Is it possible to share some details on what kind of technology you expect to be shared and so on? Thanks for taking my question.

00:34:42

MH The Costa Rican initiative; yes.

MR We would have to get back to you on the details. Your question is well asked but I don't have the specific details on the number of countries and the technologies that are currently on the CTAP platform so what I propose we do is we get that information, we send it through Margaret to you and maybe on Monday we will also take a couple of minutes to give an update on CTAP if that's okay with you.

MH Excellent question and just send it to me - harrism@who.int - and we'll make sure you get a good answer. The next question is from Isabel from EFE, who has reconnected. Isabel, please unmute yourself and ask your question.

IS Yes, do you hear me?

MH Very well, please ask your question.

00:35:38

IS Thank you very much for trying again. As you know, there are several outbreaks in Spain and most of them, even if they are restricted to a few geographical zones, are happening after you warned that we should have been very careful after the confinement. I would like to hear from you what is the lesson we have to learn in Spain and in other countries.

In this context a quite important proportion of these contaminations have been in nightclubs, as you mentioned. Do you think it's most reasonable to close these sites until the situation is under control?

MR I think we have to be careful here that when we see clusters of cases or a rise in cases after lock-downs are lifted that in some way that is projected as an error or a fault or a failing. It happens. The minute you raise the pressure on the virus when the virus is at community level you will see sporadic clusters of cases.

The question you should ask is what is the reaction to it. What we've seen is areas that have lifted restrictions very early without having control on the virus have seen a very fat jump back up but in other countries, even in countries that have brought the disease under extreme control like Germany and Spain and others where the numbers have been suppressed to very low levels, when you open up there's always a chance that the disease can be imported or the disease can spread from unseen clusters.

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I suppose the real test of community and government is how quickly can you get those under control, how quickly can you detect the cluster, how quickly can you test the people in that cluster, how quickly can you get the results from that, how quickly can you identify the contacts, how quickly can you identify the risk factors.

Was the risk factor a nightclub, was the risk factor a mass gathering, what do you need to do at the community level, to prevent that happening again? Do you need to implement some local movement restrictions.

What we're really trying to get here is a move from, as I've said before, using a very big hammer to trying to be more precise in what we're doing. Instead of restricting everyone we try and go after the virus and we try and identify where the virus is and then specifically and surgically, in a sense, excise the virus from the community by minimising the impact on the lives and livelihoods of the community, by focusing in on cases, on contacts, on investigation.

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So countries coming out of lock-down, even countries with low levels of disease, will experience potential cases and clusters of disease. I believe in this case Spain like many other countries have reacted quickly, they've reacted well and the incidence of disease is stable and yet we still have to deal with a few of these clusters that have emerged in a number of countries.

That is really how we get to what the DG spoke about. We have to learn to live with this virus. We will not be able to eliminate or eradicate this virus in the foreseeable future and we have to find a way to get back to our lives, to get back to some kind of normality, to do with with - as Dave has spoken about - with respect to human rights, with respect to the use of law, using every single tool that we have as a society to suppress this virus in a sustainable way, to make maximum disruption to the virus and minimum disruption to ourselves.

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How do we go about doing that? We need everybody on board. The DG spoke and it's not just the authorities on board, it's not just the responsibility of the authorities; it's also of communities and people within those communities and more and more the youth and not just the older ones, the old fogies like myself and others.

Youth culture can break this; youth culture can help drive this pandemic or youth activism can help break the back on this virus.

Going to the issue then of closing sites, everything about gathering is related to the background incidence of the disease in the community. If there is no disease in the community then it's safe to re-engage in normal activities. If disease is in the community and if you have intense community transmission then any activity that brings people together in crowds, especially indoors, will lead to further transmission of the disease because if you don't know where the virus is but you do know the virus has

spread in your community and you bring people together in large groups you're going to get transmission.

In that sense governments are going to have to make decisions based on the local epidemiology as to whether things like bars and clubs in particular circumstances need to be closed or have restricted numbers or whatever it is they need to do to reduce the chance of person-to-person transmission. Maria.

00:40:59

MK Thanks. I really appreciate the question because I think so many people are dealing specifically with this question of what are the lessons that can be learned once you've been successful at suppressing transmission, what about these sporadic cases and clusters that are starting to appear.

I think the lesson is that we should expect this, we should be ready for this to happen and with all the systems that are in place now, which countries have worked so hard to put in place, they need to be used fast, they need to be used aggressively and robustly and with no regrets.

With the exception of ensuring that when these interventions are put back in place again where you may shut down something temporarily it's done for a temporary amount of time and it's done in the lowest or smallest geographic region possible.

00:41:51

I think everyone wants to avoid these huge so-called lock-down measures again. We do too. We hope that we don't need to see these again but if these outbreaks are dealt with swiftly, if the test, treat, contact trace, care for; if all of that is put in place and done really quickly you have an opportunity to really put that fire out quickly and we are seeing countries do that.

I think it's important to know, as Mike said, where these outbreaks are occurring. Is it in a particular entertainment sector, is it in a long-term living facility, is it in other closed settings? If you as an individual have an opportunity to avoid going to a nightclub maybe it's worth avoiding that nightclub for a little while.

I don't think we've talked so much about nightclubs in recent days and recent weeks because these tend to be the hot-spots right now but I think having a blanket of closing all nightclubs is not the solution either. I think we need to have a data-driven approach; where is the virus, where are the opportunities for the

virus to transmit? If it happens to be in a certain area then, yes, perhaps they need to be closed for a little while.

But again you have a choice yourself to make and say, do I do this, do I go to this? I said the other day, there're a lot of things that people want to be doing. I do too, we all do here but they're not necessarily things we need to do, the things we need to do to keep our families safe and alive.

00:43:21

We need to perhaps make some sacrifices ourselves so that essential workers and front-line workers who are putting themselves at risk every day to keep businesses going, to serve us food; healthcare workers who are out there who are caring for patients. They need to go to work and they choose to go to work proudly and we are very grateful for that.

So again we all have a role to play and we really do need to make decisions based on risk to keep ourselves safe and keep our families safe.

MH Thank you very much, Dr Van Kerkhove. For the next question we are going to try to go back to Morocco and I believe Msr El-Baktoui has reconnected so, Msr El-Baktoui, please unmute yourself and ask your question.

Looks as if we are out of luck today. We have come up to 6:00, we've come up to the end of the hour so I'll close this press conference but of course I will hand it over to the Director-General for final words.

TAG Thank you. Thank you, Margaret. Thank you to all who have joined us today and see you on Monday in our next presser. Thank you again.

00:45:02