

COVID-19

Virtual Press conference

27 July 2020

Speaker key:

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AA	Ana

00:00:00

MH Hello, everybody. This is Margaret Harris at the WHO headquarters in Geneva. Welcome to our COVID-19 press briefing today, this Monday July 27th. As normal our Director-General, Dr Tedros, will open the briefing with some remarks and then we'll open the floor to questions. Today joining Dr Tedros we have our regular experts, Dr Mike Ryan, Executive Director of Emergencies, and Dr Maria Van Kerkhove, our Technical Lead for COVID-19.

But we also have with us today Dr Mariangela Simao, our Assistant Director-General, Access to Medicines and Health Products, and also Dr Meg Doherty, Director of our global HIV, hepatitis and sexually transmitted infections programme.

As usual we'll be providing simultaneous translation in all six UN languages plus Portuguese and it will be coming to you across all our social media platforms. Now without further ado I will hand over to Dr Tedros. Dr Tedros, you have the floor.

TAG Thank you. Thank you, Margareta. I think you have already accepted my name then. Thank you. Good morning, good afternoon and good evening. This Thursday marks six months since WHO declared COVID-19 a public health emergency of international concern. This is the sixth time a global health emergency has been declared under the International Health Regulations but it's easily the most severe.

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Almost 16 million cases have now been reported to WHO and more than 640,000 deaths and the pandemic continues to accelerate. In the past six weeks the total number of cases has roughly doubled. When I declared the public health emergency of international concern on 30th January, the highest level of alarm under international law, there were fewer than 100 cases outside of China and no deaths.

As required under the International Health Regulations I will reconvene the emergency committee later this week to re-evaluate the pandemic and advise me accordingly. COVID-19 has changed our world. It has brought people, communities and nations together and driven them apart. It has shown what humans are capable of, both positively and negatively.

We have learned an enormous amount and we're still learning but although our world has changed the fundamental pillars of the response have not; political leadership and informing, engaging and listening to communities.

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Nor have the basic measures needed to suppress transmission and save lives; find, isolate, test and care for cases and test and quarantine their contacts. Keep your distance from others, clean your hands, avoid crowded and enclosed areas and wear a mask where recommended.

Where these measures are followed cases go down. Where they're not cases go up. Countries and communities that have followed this advice carefully and consistently have done well, either in preventing large-scale outbreaks like Cambodia, New Zealand, Rwanda, Thailand, Vietnam and islands in the Pacific

and Caribbean, or in bringing large outbreaks under control like Canada, China, Germany and the Republic of Korea.

These are just a few examples but there are many more that could have been listed. The bottom line is that one of the most fundamental ingredients for stopping this virus is determination and the willingness to make hard choices to keep ourselves and each other safe.

Over the past six months WHO worked tirelessly to support countries to prepare for and respond to this virus. I'm immensely proud of our organisation, WHO, and its people, incredible people and their efforts. Within days of learning of the first cases in China we published extensive guidance on how to find, test and treat cases and protect health workers.

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We also published the first protocol for testing for the virus and immediately started working with a manufacturer in Germany to produce tests and ship them to countries most in need. We convened hundreds of scientists to develop a roadmap for research. We have brought together thousands of experts from all over the world in many disciplines to analyse the evolving evidence and distil it into guidance.

Never before has WHO produced such a large volume of technical advice in such a short period. More than four million people have enrolled in our training courses through the openwho.org online learning platform. We launched the Solidarity trial to find answers fast about which therapeutics are the most effective.

We launched Solidarity flights to ship millions of test kits and tonnes of protective gear all over the world. We launched the Solidarity Response Fund, which has so far mobilised more than US\$225 million from more than 653,000 individuals, companies and philanthropists.

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In addition we mobilised more than \$1 billion from member states and other generous-to-support countries. We worked with community organisations, religious groups, the public and private sectors, tech companies and many other groups to fight the infodemic and we have formed the ACT Accelerator to speed up the development, production and equitable distribution of vaccines, diagnostics and therapeutics.

We have done an incredible amount but we still have a long, hard road ahead of us and we know that the impacts of the pandemic are felt far beyond the suffering caused by the virus itself. Many essential health services have been disrupted, including for hepatitis.

Tomorrow is World Hepatitis Day. There are five main strains of the hepatitis virus. The two most common types, B and C, cause liver damage and liver cancer. An estimated 325 million people globally live with hepatitis B or C and each year these viruses kill an estimated 1.3 million people.

In 2016 the World Health Assembly adopted the global hepatitis strategy, setting the world's first hepatitis elimination targets. The strategy calls for the elimination of viral hepatitis as a public health threat by 2030, reducing new infections by 90% and mortality by 65%.

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Even talking about hepatitis elimination would have once seemed a fantasy but new drugs have transformed hepatitis. C from a lifelong, deadly disease into one that in most cases can be cured in 12 weeks although in many countries the medicines remain expensive and out of reach.

Still many countries are making incredible progress. Egypt has tested more than 60 million people for hepatitis C and linked those who test positive to treatment free of charge. We're also seeing some progress with hepatitis B elimination, for example in Asia where childhood hepatitis B immunisation coverage is high, including the all-important birth dose.

Today we're celebrating more good news; new research led by WHO and the London School of Hygiene and Tropical Medicine shows that together we have achieved the global target set in 2000 to reduce the prevalence of hepatitis B infections in children under five years of age to less than 1% by 2020.

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This landmark achievement means we will dramatically reduce the number of cases of liver cancer and cirrhosis in future generations. However progress is being hampered by low coverage of hepatitis B vaccine in some regions, particularly in sub-Saharan Africa where many children still miss out on the all-important vaccine dose at birth.

One of the most significant challenges we face in eliminating hepatitis B is mother-to-children transmission. Tomorrow WHO is

launching new guidelines for the prevention of mother-to-child transmission of hepatitis B. We call on countries, especially those with the highest burden, to implement these new guidelines as an important stepping-stone on the road to hepatitis elimination.

That road has been made harder by COVID-19. Services for prevention, testing and treatment have been disrupted. Supply chains are being interrupted. Limited financial and human resources are being diverted and the political focus has shifted to containing the pandemic and economic recovery.

All of which means there is a real risk we could lose the gains we have made. Like so many diseases, hepatitis is not just a health problem; it is an enormous social and economic burden.

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As we mark six months since the declaration of the global health emergency the COVID-19 pandemic is illustrating that health is not a reward for development; it's the foundation of social, economic and political stability.

We are not prisoners of the pandemic. Every single one of us can make a difference. The future is in our hands. WHO remains totally committed to serving all people and all countries with science, solutions and solidarity. I thank you.

MH Thank you very much, Dr Tedros. I'll now turn the floor to questions. As usual, because there are so many of you on the line, please just one question per person and remember also that you can ask your question in any of the six UN languages - Arabic, Chinese, English, French, Russian, Spanish - plus Portuguese.

As Dr Tedros mentioned, there's a lot of good and interesting news on hepatitis. We have Dr Meg Doherty here to answer any of your questions on that area.

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The first question is from Adam Vaughn from New Scientist. Adam, unmute yourself and go ahead, please.

AD Good morning. I just wanted to ask; judging from the daily case numbers of nearly 300,000 in some of the past few days are we entering a new stage of the pandemic and why are cases surging? Is it mostly countries that haven't yet reached their first peak as the numbers seem to suggest or is it mostly second peaks as countries begin to unlock or have already unlocked?

MK Thank you for the question. I'll begin and perhaps Mike or DG would like to supplement. It's a complicated picture if you look at what's happening globally. It's very difficult to give a short answer to what is happening with this pandemic. We do know that many countries are really in the thick of it and really seeing intense transmission and I'm looking at a map.

We receive a daily update of the cases that are coming in overnight in the last 24-hour period and there're a number of countries that are really seeing intense transmission. Other countries which had already passed through their first peak; many of them are keeping transmission low with the public health infrastructure and all of the tools that they've put in place to find, test, isolate, care for cases, contact trace. They're having success at keeping that transmission low.

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In some of those countries they're starting to see a resurgence and they're starting to see resurgence in particular areas. They're seeing clusters of cases and outbreaks and pockets of clusters of cases in certain geographic areas or in areas that are associated with certain types of industries.

We've seen some outbreaks that are happening with regard to nightclubs for example where people are coming together in close quarters and spending prolonged periods of time together. If the virus finds an opportunity it will transmit between people and these clusters of cases will emerge.

The good news and the hope that we see is that in many of those countries, in many of these situations countries are once again applying this whole-government approach and these really strong, aggressive actions in terms of finding these cases very quickly, isolating them, carrying out contact tracing so that we break the chains of transmission.

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The quicker countries can do that the better the chance they have at turning these clusters of cases into community transmission again. There's a mixed picture across the globe. Countries that are really in intense transmission are having a very difficult time but they can also turn this around.

The reason that we say this and the reason that we repeatedly say that countries have an ability to turn this around is because we've seen it happen over and over and over again and it requires everyone playing their part. It requires strong

leadership, it requires consistent messaging and people understanding what they need to do, what role they have to play.

Following the advice of governments, keeping your physical distancing, cleaning your hands, wearing a mask where appropriate, staying home if you're asked to; all of these measures contribute to fighting COVID-19.

MR I could just add as well, this is, as I say, the first time we've dealt with this new, novel coronavirus SARS-CoV2 which causes COVID-19 so the assumptions that the disease would naturally come in waves is an assumption that's based on previous pandemics with other respiratory viruses like influenza.

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I think what is clear is that countries that have implemented control measures have suppressed the virus and when those measures to suppress the virus are lifted the virus returns. I think what is clear is that pressure on the virus successfully pushes the numbers down.

Release pressure on the virus and the numbers can creep back up so whether we're dealing with second peaks within the first wave or second waves in some senses is not the right question to ask. The question to ask is, how much pressure do you have on the virus, do you understand where the virus is in your country, do you understand populations that are being affected, have you got in place the necessary control measures to keep pressure on the virus.

Because every single country where pressure has been lifted on the virus, where virus is still at community level there's been a jump back in cases and the question is how effective are authorities at reacting to those increased numbers and to what extent are communities empowered, supported and involved in that process and playing their part in suppressing the virus transmission.

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Because we could turn this into an academic argument over second peak, second wave. I think that's not the right discussion to have. We need to keep pressure on the virus. Those countries that are pressuring the virus are succeeding. Other countries are struggling and we need to be able to change the game.

MH Thank you very much, Dr Ryan and Dr Van Kerkhove. The next question is coming to us from Hong Kong from Mary-Ann

Benitez of the Hong Kong Standard. Mary-Ann, can you unmute yourself and please go ahead with your question.

MA Hi, Dr Harris. Can you hear me?

MH Very well, Mary-Ann. Please ask your question.

MA As a follow-up to the earlier question, Hong Kong is in the midst of a third wave of an outbreak. It is very serious because we've been counting 100 cases every day for the last six days already and today it's 145. The thing is, it started in elderly centres and it's being blamed on groups of accepted [?] persons, about 290,000 people including senior air crew members having been allowed in without undergoing testing for COVID-19 or even a mandatory 14-day quarantine.

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Do you know within WHO - because Hong Kong is such a very dense city and also a microcosm of what's happening on the globe now - are there other factors that are driving this surge and whether people should somehow see the light at the end of the tunnel where there's really a full stop or a control of this pandemic without having to go through this cycle of shut-downs and resuming then restricting again and shut-down, including children who had been out of school for four months and then went back for two weeks and then the schools are closed again.

So can the WHO further explain this as to what's happening with this coronavirus? Thank you.

MK Thanks, Mary-Ann. I think within your question you have a number of questions that are there and I believe, if I heard correctly, you were talking about the experience in Hong Kong and what's happening now with what I understand some are calling the third wave within Hong Kong.

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But as Mike mentioned and I have mentioned, the virus has an opportunity to enter back into a community. It has the opportunity to find ways to transmit and I understand within Hong Kong the resurgence is happening in nursing facilities, in closed settings.

Again unfortunately we have seen in many countries when the virus enters a long-term living facility it can have devastating effects. In fact we've just issued some guidance around policies for long-term living facilities to help support countries in trying to prevent the virus from entering into those facilities and if it does

enter ways in which it can be brought under control very quickly and minimise the devastating impacts that it can have.

Having said that, I know we work with many, many people from Hong Kong, as we do across the world and you have tremendous experience with infectious diseases, with COVID, with the first SARS, with avian influenza and I know you can bring this under control.

There is no one solution to bringing these outbreaks under control. It's a comprehensive package that needs to be implemented, which starts with finding cases, caring for cases, making sure that they are isolated so that they don't have the ability to pass to another person.

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It includes comprehensive contact tracing to ensure that any of the contacts are kept away from others so if they were infected, if they develop disease, if they are infected they can't pass it to someone else.

It includes all of the public health measures; hand hygiene, respiratory etiquette, mask wearing, informing the public, engaging the public. It includes stay-at-home measures when they're put in place but hopefully when countries need to implement stay-at-home measures or other types of measures they're done for a short amount of time, as short as possible in the smallest geographic area possible so that we can keep economies going.

What I think we're going to have to figure out together is what our new normal looks like. Our new normal includes physical distancing from others. Our new normal can include wearing masks where appropriate.

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Our new normal includes us knowing where this virus is each and every day, where we live, where we work, where we want to travel and that's going to be part of how we move forward with this; finding the balance between keeping the virus transmission low and resuming normal activities.

But again we're defining this together and Hong Kong will bring this outbreak under control as they have done in the past.

MH Thank you, Dr Van Kerkhove. Our next question comes from Ilgin Uromals from the Turkish service of the BBC. Ilgin, please unmute yourself and then ask your question.

IL Hello and good evening. Actually I am based in Japan in Tokyo so good evening to you. My question is, Dr Tedros, the recent resurgence of coronavirus even in countries like Japan, Hong Kong, Australia, Germany, Vietnam; all these were initially hailed as success stories but the recent resurgence is a concern.

The possibility of reinstating states of emergency and lock-downs and physical distancing and other measures threatens not only physical well-being but also leads to an increase in cases of mental stress around the world.

Is the World Health Organization planning to issue guidance to governments on that aspect? Thank you.

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MK Thank you for the question. It's a very important one. Indeed all of these measures that are put in place do have a tremendous impact on individuals and families and communities. We have issued guidance on mental health and how to address this because indeed every single one of us is going through this together and it is very, very difficult so we could make sure that we send the link to the guidance to you so that you can specifically see what that is.

But also just to take a moment to acknowledge that this is very difficult no matter where we are. Everyone is going through this and I think it's important that we find different ways to talk about this with each other whether this is within our families and our loved ones, whether it's older individuals who are kept isolated or kept separate from their family, whether it's our kids; that we talk about it, that we acknowledge what the challenges are, that we answer the questions as best we can and pull information from reliable sources.

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There's a lot of misinformation and quite frankly disinformation that is out there that is confusing the message, that is wrong and can put people in harm's way so as we try to figure this out and as we try to work through this it's important that we pull information from good sources but we will send you the mental health guidance that we have put out after this presser.

MR It may also be useful for us to look at the metrics. You stated correctly that countries like Japan and Australia have had good success in containing the disease and I believe those countries are still demonstrating success but in a different fashion and that is - and I said this at previous press conferences.

It was always likely that when societies opened up, when mobility increased we were going to see disease return in one form or another; sporadic cases or clusters. The real judge and test of a country's capacity and resolve is how quickly and how comprehensively does each country respond to those signals that the disease is back, how quickly are individual cases and clusters detected, how exhaustively are they investigated and what local control measures are put in place in order to prevent transmission.

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What you're really trying to do is to ensure that small numbers of cases and clusters don't reignite sustained and efficient community transmission. We really have to encourage governments to continue to do that because one of the downsides for me personally is that governments should be praised when they pick up clusters of cases and when they react quickly and when they demonstrate that they're taking responsibility and they're communicating transparently.

Because the one thing you want to know; in order to go on with your life you have to believe that the government has this and if there's disease in another community far away from you, if you trust that the government has got that under control you can get on with your life because you know, I'll be told if there's a problem, I will know if there's going to be a problem for me.

I think that's where we have to get down to the subnational level; we have to be really agile, we have to be really responsive and we have to jump on these flare-ups of cases very quickly. I think both Australia and Japan, which you've mentioned specifically, both deserve a lot of praise for the way in which they're trying to contain the disease at a subnational or at a community level.

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That's what's essentially occurred in many countries, that nightclubs, other situations, dormitories, other environments in which people are close together can act as amplification points for the disease and then it can spread back into the community.

We need to be hyper-alert on those but we also need to be aware that it's very tough for particularly communities, it's tough for schools, it's tough for businesses; if the rules of the game are changed every two days then it's very hard to adapt and react so there have to be consistent messages.

One of the things we've always advised is that when measures are changed they should be left in place for a period of time in order to see that they're effective but also so people can adapt and flip-flopping back and forth between one measure today, another measure tomorrow, while it's well-intended, can actually have an unintended consequence.

Number one, people get confused; number two, people can become resentful; why are the rules changing so quickly? So we need consistent, clear, sustained interventions. We need to get our interventions down to the lowest possible level at community level and we need to react quickly to new signals.

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We should refrain, I would hope, from overly criticising governments who are actively seeking cases, actively doing surveillance, doing contact tracing. They're trying to uncover the problems, they're trying to surface the issues and deal with the issues.

What we need to worry about are situations where the problems aren't being surfaced, where the problems are being glossed over, where everything looks good because one thing is for sure with COVID, as it is with every infectious disease; just looking good does not mean things are good.

I would much rather be in a situation where my government is honest and truthful about the situation on the ground and then communicating the reality on the ground to me and then demonstrating that they can take action and react quickly to those new clusters as they occur. I would have confidence in governments that do that, not lack of confidence.

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TAG Maybe just to add a bit, I think Japan still is a success story. Of course there could be clusters of cases every now and then. As has been said by Mike and Maria the issue is to be very vigilant and take action quickly so that clusters will not develop into community transmission.

But one thing I would like to add to show the success from the other angle is if you take the death rate in Japan, even when the number of cases increased they managed to keep the number of deaths at the minimum.

If you look for instance at the week of July 13th, which I have, the number of cases that week was more than 3,100 while the number of deaths was only three that week. Of course there is a

slight increase in the week of July 20th. Of course the number of cases increased significantly - 4,740 - but the number of deaths is 11.

So keeping the deaths low is very important because at the end of the day it's not the number of cases; it's the saving lives which is central and the focus on saving lives is key. We have been saying this in many of our pressers; we have to go into suppressing the transmission, we have to do that but at the same time we have to identify the vulnerable groups and save lives.

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Keeping the death rates if possible to zero but if not to the minimum is very important and that's one good example I can say, is Japan and with Australia the same thing. You see the number of cases, the number of deaths; the number of deaths still in Australia is low although we see some increase in trends, especially the reports from the past two weeks and they should be really focused on especially saving lives but the two countries are good examples. Thank you.

MH Thank you, Dr Tedros and Drs Van Kerkhove and Ryan. The next question comes from Sarah Newey from the Telegraph so we're back to Europe again. Sarah, please unmute yourself and go ahead.

SA Hi, thanks for taking my [inaudible]. I just wondered if there's been any development on understanding around closing borders or introducing quarantine. I know we've seen a number of countries do that and I know you don't comment on individual countries but I just wondered what the evidence is around whether it's successful and whether that's changed from the early days [?] when you advised against closing borders. Thanks.

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MR WHO has always advised that travel measures should be used in conjunction with other measures, that by themselves travel measures are not effective in dealing with the movement of disease, in the same way that hand-washing alone or mask-wearing alone or any of the public health interventions alone are not effective.

In terms of right now, where we stand in a pandemic in a sense the virus is everywhere so the virus will move when the virus gets the opportunity to move and that doesn't matter whether it's within countries or between countries. The fact is the virus is pretty much everywhere and it can move between areas.

I think where we need to look at is what is the risk of disease moving from an area of high transmission to an area that already has transmission under control and I think that's what's concerning governments right now. If we've worked very hard in a given country and we've suppressed infection to a very low level and we've achieved that over three or four months of very hard work what is the extra risk now of opening borders and increasing mobility and how do you manage that risk?

Again it comes back to this idea that it is going to be almost impossible for individual countries to keep their borders shut for the foreseeable future. Economies have to open up, people have to work, trade has to resume.

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So how do we reopen and how do we re-engage in global commerce and the movement of people and goods and services but do it in a way in which we minimise the risks associated with that, of moving the disease with those people, goods and services?

I think that's what governments are grappling with now and we do believe that it is possible to identify and to minimise the risks associated with international travel and obviously that's between governments in terms of what the policies are for the movement of people between one country and another.

Then it is about how you derisk or take the risk out of that process by ensuring that sick people don't travel, by having the proper health checks along the way, that when people arrive in a second country that they're monitoring their symptoms or whatever they're implementing, whatever the rules of that country are.

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It is difficult to have one-size-fits-all. If I'm a small island nation with absolutely no COVID then one case could represent a disaster for my country. Whereas if I'm a country with a very large incidence of disease with open borders then shutting my borders may or may not make any difference to the overall movement or the overall incidence of disease in my country.

So the consequence and the risk and the threat in a sense that a disease represents is not just the risk of the disease moving; it's the impact that that disease would have when it arrives and we have to look at both of those factors to come to conclusions on that.

It is tough on people right now because as countries, like everybody else in the world, move through this period of continued uncertainty it is difficult to get those travel measures absolutely right. You can open up and then have to shut down and then open up and have to shut down.

Some people say, better to stay shut because that's more consistent. But it's also not making any progress so how do you make progress with opening up national and international economies, how do you do that in a way that's least risky but how do you do that in a way that you can pull back if you need to slow down or reverse?

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That's the conundrum we're facing both in terms of national travel and international travel at the moment but continuing to keep international borders sealed is not necessarily a sustainable strategy for the world's economy, for the world's poor or for anybody else so we really do have to make progress on beginning to do that but do it in a way that is least risky.

We're working very closely with member states on that; we're working with the travel industry and others but it is very difficult to have a global, one-size-fits-all policy because the nature of risk and the nature of the impact is so determined by the local context and by the national or subnational situation.

MH Thank you very much, Dr Ryan. The next question is from Toni from China Global television network. Toni, could you unmute yourself and ask your question.

TO Hi, thank you. My question is going on this theme that Dr Ryan has been bringing up, when the pressure is relieved that the virus has these opportunities to spread. Certainly we're seeing these infections rolling across parts of Europe and governments have been very hesitant; some of them have even come out and outright said that these national lock-downs that we saw the first time around in March are going to be avoided at all costs and they're taking this very hyper-localised approach.

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I just wonder now - and you've touched on this a little bit already - as we're in the height of the summer season you have people streaming across borders at very high rates - whether or not this localised approach is really what's needed right now, if there needs to be a more cohesive approach at the federal or national level if we're going to be able to strike this balance.

MR Yes, I think you're correct and in some sense you've answered your own question. It's striking that balance between what is national or federal strategy and what is local implementation. In a sense you fight what you see and the only people who really see what's happening are at local... but you can't just react to what you see locally; you have to be guided by what's happening nationally.

In the most effective countries what you see is a seamless relationship between a national strategy being implemented but with the local flexibility to be tactical in reaction to the disease and finding that balance between well-laid-out national strategies that lay out the objective, lay out the approaches, fund and support those approaches but give local actors and local authorities the maximum authority to be able to implement as they see on the ground; I think that's the right balance to strike.

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It's very understandable that no country in the world that's been through a lock-down wants to go back there. Who wants to go back to a full lock-down? There are huge economic and other consequences from that and again I think we've said quite consistently that there are choices in that.

The lower the level of virus is - and some countries very much succeeded with very, very stringent lock-downs to really suppress virus levels to very low and as they've opened up even those countries have seen small rises in cases and clusters of case occurring and they're now reacting to those cases and clusters.

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That may be the future; we may be in a situation where we're having to react to cases and clusters. We may see community transmission emerge from some of those clusters and we may have to shut down or pull back on mobility and mixing in those local areas.

In the end if we leave aside the word lock-down - because it's become a charged term - what do we mean? We mean there are certain areas in which [inaudible] where disease is transmitting efficiently at community level. Where you see that disease begin to become efficient and it's moving easily between people what do you do?

What you want to do is put distance between people; you want to stop people mixing as much as they were before. The virus loves

when people mix because when people mix the virus moves. So if you know where the virus is and you can say, yes, we have community transmission in this area, then you can reduce mixing in that area.

So again it comes back to, do you understand where the virus is, what is the level of detail, your knowledge of the virus epidemiology in your country at national, subnational and local level. If you can understand the dynamics of transmission and be very precise in your disease understanding you can be very precise in your response.

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It's like in surgery; if you think about people who have brain surgery, surgeons very often use microscopes so they can work at a much finer level. We've seen huge increases in people surviving from brain surgery because we are much more precise in the surgery we can carry out in those cases and it's the same thing here.

The more we understand the disease, the more we have a microscope on the virus the much more precise we can be in surgically removing that virus from our communities but if we don't know where the virus is, if we just have this broad community transmission then we have to take very broad-based measures.

In that situation that hurts the economy so again I would emphasise that, number one, communities have it in their power to reduce transmission by their behaviour and authorities have it in their power to really, really ramp up surveillance, testing, tracing, tracking in order to understand where the disease is and take the appropriate measures.

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If countries do that and if they are able to do that at a subnational level then possibly we can avoid the worst of these so-called lock-downs occurring in the future. Maria.

MK Just a quick note on the solidarity that we've seen across borders. I think in this particular area, highlighting the question that you just mentioned - and I don't know if DG wants to comment on this as well - we've seen a lot of countries come together and work together on, here is the solution that we're working on in our country, here are the measures that we've put in place in our country, here is the situation in terms of disease

transmission we see in our country, what does this mean for us, what does this mean for the countries that border us?

We've seen really incredible work together and unity and solidarity together to come to a solution because this virus does not respect borders, it doesn't respect how we've set up our landmarks. So I think we need more of this and I think we will continue to need countries to work together to find solutions together because as we've said many, many times, if the virus is circulating no-one is safe until we're all safe.

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So again I would just encourage that level of collaboration as we work through, as this pandemic evolves. We're going to have to figure this out together, how we open up these travel corridors in terms of the disease risk between countries but again it's really nice to see the solidarity across countries.

MH Thank you very much, Dr Van Kerkhove and Dr Ryan. Our next question is from Anna Gross of the Financial Times. Anna, can you unmute yourself and please go ahead.

AN Hi, thanks for taking my question. When if at all do you expect the WHO team in China to present findings on the origin of COVID-19 and when they do will they meet with the press in Beijing?

MK I can start. The team that's in China right now is our pre-team; it's two people from WHO who are meeting with Chinese counterparts to plan a larger international mission so they're still having meetings face-to-face and these are constructive discussions about what the larger mission will look like in terms of its activities and in terms of its composition.

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Again it will be an international mission with members of different disciplines as well as Chinese counterparts so they're still having those discussions and they're planning when that international mission will take place.

MH Thank you, Dr Van Kerkhove. I think that answers the question very well and we'll now go on to John Zaracostas of the Lancet. John, please unmute yourself and ask your question.

JO Good morning. I'd like to follow up on the introduction by Dr Tedros with regard to hepatitis C. You mentioned, sir, that the medicines are still very expensive and out of reach in many countries. I was wondering if your experts that are present today

can shed some light; what is the average cost of the 12-week treatment in high-income countries, middle-income and low-income countries and what are the major impediments preventing access to a cure?

MD Thank you very much for that question. Of course there's been enormous progress in the field of hepatitis C where we have a series of direct-acting antivirals - the DAAs, they're called - that can treat all different kinds of genotypes across the world and they've been made much less expensive over time.

00:47:08

The price ranges now for a full course of both testing, a 12-week treatment of what we call a pangenotypic treatment for all different hepatitis C types and then a follow-on viral load test to ensure that they have suppressed the virus; that can range from as high as 3,000 in the past and down now in many countries, ranging around \$60 all-in.

So in many ways we now have prices that will allow us to end hepatitis C and this is essentially a cure if we can find all those other millions of people who have not yet been identified. So it's a great opportunity for us to try to move forward and try to find what we call - on World Hepatitis Day - find the missing millions and identify, test, treat and those persons will no longer pass the virus on to others and we can find a functional cure for hepatitis C.

MH Thank you, Dr Doherty, for that very comprehensive answer. The next question goes to Ana Pinto from Folha da Sao Paulo in Brazil. Ana, please unmute yourself and go ahead.

00:48:32

AA Hi. Thank you, Margaret. Thank you for taking my question. Dr Ryan, I'd like to ask if you could update us on the situation of Spain. Spain has been all over the media because there have been spikes there since the beginning of July but as far as this Sunday's WHO situation report there are only clusters there.

So I'd like to know if Spain would be more like Japan or Australia where the Government is being transparent and because there are only clusters it's not so dangerous, or if you think it's really worrisome, the situation that the number of cases is growing now. Thank you very much.

MR Thanks for the question. The situation in Spain, as you've seen, is associated with a series of clusters and some community

transmission across a number of different areas, mainly centred on Catalonia and the north-east of Spain. Again as measures have been relaxed and mobility has increased we've seen the number of cases rise but the situation is nowhere close to what it was there before and the authorities certainly assure us that they're taking every possible measure to investigate and suppress clusters and taking localised action to suppress those new clusters of disease.

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So I think Spain has developed a very sensitive surveillance system, it's able to detect these clusters very quickly and again is very open and transparent about how it communicates those clusters to its populations so people can take action.

So I think it will take a number of days or weeks for us to see what is the future in Spain but we trust that with this open approach, with this sensitive surveillance, with the sustained testing and with the co-operation of people in Spain we will see these clusters come under control in due course.

But complacency is not an option and we do not believe that the Government of Spain is being complacent; in fact quite the opposite. They're being responsible and being very open and aggressive in their surveillance strategy for the country.

MH Thank you very much, Dr Ryan. On that note I think it's time to close this press briefing. I'll hand over to the Director-General for final remarks.

00:51:12

MR Can I just make one other point? Meg spoke really well on hepatitis C but just a shout-out to all those people who've been working on hepatitis B for so long; 20 years now. To see incidence less than 1% in children is incredible and I think sometimes the unsung heroes - and we see the impact that vaccination can have but vaccination is not enough; it takes hundreds of thousands, millions of health workers and communities and mothers and children and so many others to make vaccines have their impact for those who see the impact of hep C and see the treatments come but also avoiding hepatitis B.

It's been a scourge in many, many countries for so many decades so just a shout-out and a chapeau to all our colleagues working in vaccination on this. It's a huge success. I know it doesn't sound like it but we should take these successes because they're true victories for global health. Well done, Meg and team.

MD Also just to invite people tomorrow because tomorrow is World Hepatitis Day and the slogan we have is a hepatitis-free future. The fact that we've already made one SDG target of less than 1% hepatitis B prevalence among children under five is amazing and we need to continue that momentum and bring it to all parts of the world.

00:52:37

So tomorrow we'll be having a high-level conversation about how we can bring it to the last parts of the world, including Africa who really needs to step up on the vaccinations and to prevent this from mother to child and to use the guidelines that we're launching tomorrow as well. So thank you very much.

TAG Yes. I would like to join Mike and Meg. I think having good news in the middle of the pandemic is not bad. In children under five getting hepatitis B to less than 1% is really a success and we would like to use this opportunity to thank health professionals all over the world for their hard work to make this happen.

As you know, hepatitis is a lifelong problem. It can stay with you through adulthood and it's like a time bomb and everybody knows it and a major health problem, killing more than 1.3 million people globally. It's serious and a very silent killer, by the way, so having progress in hepatitis B is very significant.

We thank all health professionals, all who have been involved and also our team here and also from our partners and especially a shout-out to the London School of Hygiene; a good partner. Thank you very much and look forward to seeing you on Thursday. Thank you. Thanks for joining.

00:54:38