

COVID-19

Virtual Press conference 31 August 2020

Speaker key:

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SS	Dr Soumya Swaminathan
BA	Dr Bruce Aylward
MK	Dr Maria Van Kerkhove
EK	Dr Edward Kelly
MR	Dr Mike Ryan
MH	Margaret Harris
RG	Riley Griffin
HB	Helen Branswell
PA	Paulina
LJ	Li Jingzhi
CH	Christine
IS	Isabel
MB	Mary Ann Benitez
NL	Nina Larson
HI	Hilary
SW	Sarah Wheaton
KM	Karl Mäurer

00:01:08

MH Hello, everybody. This is Margaret Harris at WHO Headquarters in Geneva, welcoming you to our press conference on COVID-19 today, on this very last day of August, Monday, August 31.

We have with us, as always, in the room, the WHO Director-General, Dr Tedros, along with Dr Maria Van Kerkhove, our Technical Lead for COVID-19, Dr Bruce Aylward, Senior Advisor to the Director-General who leads on the ACT Accelerator, and Dr Edward Kelly, our Director of Integrated Health Services.

Joining us remotely will be Dr Mike Ryan, our Executive Director of the Emergencies Programme, and Dr Soumya Swaminathan, our Chief Scientist.

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As usual, we're translating this in the six official UN languages, plus Portuguese and Hindi, and we will be posting the Director-General's remarks and an audio file of the press conference on the web as soon as possible. Full transcripts will be available later. But now, without further delay, I will hand over to Dr Tedros to give you his opening remarks. Dr Tedros, you have the floor.

TAG Thank you. Thank you, Margaret. Good morning, good afternoon and good evening. Eight months into the pandemic, we understand that people are tired and yearn to get on with their lives. We understand that countries want to get their societies and economies going again. That's what WHO wants too.

Stay-at-home orders and other restrictions are something that some countries felt they needed to do to take pressure of their health systems but they have taken a heavy toll on livelihoods, economies and mental health. WHO fully supports efforts to re-open economies and societies. We want to see children returning to school and people returning to the workplace, but we want to see it done safely.

At the same time, no country can just pretend the pandemic is over. The reality is that this coronavirus spreads easily. It can be fatal to people of all ages and most people remain susceptible. If countries are serious about opening up, they must be serious about suppressing transmission and saving lives.

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This may seem like an impossible balance, but it's not. It can be done and it has been done, but it can only be done if countries are in control of transmission. The more control countries have over the virus, the more they can open up. Opening up without having control is a recipe for disaster. It's not one size fits all. It's not all or nothing.

We believe there are four essential things that all countries, communities and individuals must focus on to take control. First, prevent amplifying events. COVID-19 spreads very efficiently among clusters of people. In many countries we have seen explosive outbreaks linked to gatherings of people at stadiums, nightclubs, places of worship and in other crowds.

Preventing these amplifying events is essential, but there are ways to hold gatherings safely in some places. Decisions about how and when to allow gatherings of people must be taken with a risk-based approach in the local context.

Countries or communities experiencing significant community transmission may need to postpone events for a short time to reduce transmission. On the other hand, countries or communities with sporadic cases or small clusters can find creative ways to hold events while minimising risk.

Second, reduce deaths by vulnerable groups, including older people, those with underlying conditions and essential workers. Countries that do this well

may be able to cope with low levels of transmission as they open up. By protecting those who are most at risk, countries can save lives, prevent people becoming severely ill, and take the pressure off their health systems.

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Third, individuals must play their part by taking the measures we know work to protect themselves and others. Stay at least one metre away from others, clean your hands regularly, practice respiratory etiquette, and wear a mask. Avoid the three Cs, closed spaces, crowded places and close-contact settings.

And, fourth, governments must take tailored actions to find, isolate, test and care for cases, and trace and quarantine contacts. Widespread stay-at-home orders can be avoided if countries take temporary and geographically-targeted interventions.

To support countries in their efforts to open up, WHO has a range of evidence-based guidance which can be applied in different transmission scenarios. Recently, we have published guidance for hotels and other accommodation and guidance for cargo ships and fishing vessels.

This is all part of our commitment to supporting every sector to reopen as safely as possible. Meanwhile, we're continuing to work with our partners through the ACT Accelerator and the COVAX Facility to ensure that once a vaccine is available, it's available equitably to all countries.

I would like to thank the European Commission for its announcement today that it's joining the COVAX Facility, and for its contribution of €400 million. As President Ursula von der Leyen said, global cooperation is the only way to overcome a global pandemic. I fully agree with Her Excellency, the President.

Of course, it's not just schools and businesses that have been affected by COVID-19. In all countries, health systems have been put under extreme pressure and the true impact of the pandemic, in terms of increased sickness and death from other diseases, remains to be seen.

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A WHO survey published today from 105 countries shows that 90% of countries have experienced disruption to their health services. Low and middle-income countries have been the most affected. The survey shows that up to 70% of services have been disrupted for essential services, including routine immunisation, diagnosis and treatment for non-communicable diseases, family planning and contraception, treatment for mental health disorders and cancer diagnosis and treatment.

Many countries have started to implement some of WHO's recommended strategies to mitigate service disruptions, such as triaging patients to identify priorities, shifting to online patient consultations and changes to prescribing practices. However, only 14% of countries reported removing user fees, which WHO recommends to offset potential financial difficulties for patients.

WHO will continue to work with countries to provide tools to maintain essential services. For example, WHO is developing a Health Services Learning Hub, a web-based platform that will allow countries to share experiences and learn from each other.

Finally, I would like to mention WHO's ongoing work responding to another emergency, the aftermath of the Beirut blast. Although Beirut is no longer in the headlines, WHO is continuing to support Lebanon in the wake of the blast four weeks ago, which left more than 6,500 people injured, 300,000 people homeless, and severely damaged critical health infrastructure and medical supplies.

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WHO and our partners are providing care for the injured, making sure everyone has access to basic and lifesaving health services, providing mental health support for health workers and communities, and rebuilding destroyed hospitals.

At the same time, we're responding to COVID-19 by expanding testing and treatment, buying urgently needed medicines and protecting healthcare workers. To sustain this lifesaving work, WHO has launched an appeal for at least US\$76 million. We thank all donors who have already committed funds.

To support this appeal, the WHO Foundation, which we have recently established, has today launched a campaign to which any individual organisation can contribute. To give, go to whofoundationproject.org and click on Donations. Your contribution will make a difference to the lives of many who need support.

In closing, I would like to repeat the four critical things that countries, communities and individuals must focus on to control transmission so they can open their societies and economies safely.

First, prevent amplifying events. Second, reduce deaths by protecting vulnerable groups. Third, take the individual steps to protect yourself and others. Fourth, find, isolate test and care for cases, and trace and quarantine contacts. And, above all, national unity and global solidarity are essential. This virus thrives when we're divided. When we're united, we can defeat it. I thank you.

00:13:08

MH Thank you, Dr Tedros. I will now open the floor to questions from the press but I would remind you first that you need to raise your hand. Use the Raise Your Hand icon in order to get in the queue to ask questions.

Also, remember we have a large number of you in the queue and please stick to one question. We also have to restrict this briefing to under an hour, so I apologise now in advance to anyone who doesn't get their question asked. The first question is from Riley Griffin, of Bloomberg Health Reporting. Riley, could you please unmute yourself and ask your question.

RG Hi, all. Thank you for taking the time to answer my question today. I'm curious to know what the WHO thinks will be the most important data points, as well as red flags, as Phase 3 study results from COVID-19 vaccines begin to emerge, and how conclusive will this early data from late-stage studies be in your perspective. Thank you.

MH Thank you, Riley. I think this is a question for Dr Soumya Swaminathan. Dr Soumya, are you on the line?

SS Yes. Thank you, Margaret. Do you hear me?

MH Very well. Please, go ahead.

00:14:28

SS That's a very good question and the WHO has been working with global experts, including experts from the national regulatory agencies, the FDA, the EMA, and many others, to put forward the criteria for consideration to call a vaccine safe and efficacious.

There are well-described criteria which talk about the minimum efficacy that would be needed. We'd like to see a vaccine with at least 50% efficacy, preferably higher. But, also important is how you measure it and you have this upper bound and lower bound of the confidence intervals and we do not want, ideally, a vaccine with less than 30% at the lower bound of efficacy to receive approval.

Safety is also very important and safety needs a longer follow-up, actually, to really get a good sense. There are the immediate side effects like fever and pain and swelling, which are relatively minor, but what is important is to really follow-up this cohort in order to assess what could potentially be more serious side effects and make sure that these are still rare and occur at an acceptable frequency.

We have clear-cut guidelines and criteria as to some of the other regulatory agencies and what's going to be really important, I think, is to go make decisions based on science and have a scientific group that's constituted, that's above all conflicts of interests, that's not influenced by any interests, that looks at the data and makes a recommendation on whether and when a vaccine should be licensed for use.

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The risk of approving a vaccine prematurely for use is that, first of all, it will make it very difficult to continue with randomised clinical trials and, secondly, that there's a risk of introducing a vaccine that has been inadequately studied and that might either turn out to have low efficacy, thereby not doing the job of bringing an end to this pandemic or, even worse, to have a safety profile which is not acceptable.

Therefore, I think scientists around the world are united in a call for agencies and for companies, and most companies have supported the stand, that the approval of a vaccine must be based on data from Phase 3 clinical trials.

MH Thank you very much, Dr Swaminathan. The next question is from Helen Branswell, from STAT. Helen, please unmute yourself and ask your question.

HB Hi. Thank you very much for taking my question. I think this is probably for Bruce. Today is the deadline for countries to indicate whether or not they're going to commit to the COVAX Facility. I guess there are probably some hours left, but can you tell us how things are looking now?

BA Thanks, Helen. Yes, today is a really important target. It's a milestone, not a, I think somebody used the word earlier, cut-off. What we're trying to do is make sure as many countries as possible can participate in the COVAX

Facility, so 31st August is a key target. It's the target date for countries to confirm their intent to join the COVAX Facility.

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What we're looking for today is that countries inform us of their intent and also which option. There's, as most of you are now aware, two different options by which countries can join the facility. They can either purchase doses upfront or they can option doses. So, today is the day by which we know if they want to join, what option they want to follow and, then, there are a couple of other provisions, as well.

We've had some very exciting announcements, as Dr Tedros referred to in his speech already today. The European Union announced first thing this morning that they would be joining forces with the COVAX Facility to try and ensure its success, and then members of the European Union, itself, such as Germany, have said that they would be joining.

There are still hours to run through the day and then, of course, there may be some countries that need a little longer but this is a key milestone and, so far, it looks quite encouraging.

The next big milestone, of course, is going to be 18th September, and that's the date by which countries will have needed to make a binding financial commitment of their intent. So, there is a little latitude as we try to help make sure as many countries as possible can join the facility but, so far, encouraging indeed.

MH Thank you very much, Dr Aylward. For our next question, we're going to Mexico, to Paulina, from Encadena [?] News, Cancún, Mexico. Paulina, could you unmute yourself and ask your question.

00:20:13

PA Thank you very much. Can you hear me? Good. Thank you. My question this time refers to the issue of infection of children and between them and their families and in other settings. How is it possible to cut the chain of transmission when somebody is brought to see a doctor, for example, on public transport? That is actually going to be a vicious circle. So, I wonder what recommendations you could give us to avoid that risk. Thank you.

MH This one is for Dr Maria, I think.

MK Thanks. The question is about infection in children and how we prevent chains of transmission from children and from parents. Thank you for this question. There's some very good studies and research that are being conducted in children to better evaluate what is the disease caused in children, what does infection look like in children, how many children are infected and what does transmission look between children and between adults and children.

With regards to transmission, there are some studies that are looking at the fact that children can be infected, and we know that children can be infected. Children can be infected in their households, if they're infected through contact with an infected parent, and they could be infected in other locations. You mentioned something like public transport.

This virus needs people to transmit between. If children are near an infected person, they can be infected. So, there's a number of measures that adults and children, that all people can take to prevent infection, and it's the same for adults, it's the same for children.

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It's physical distancing of at least one metre. It's wearing a mask where appropriate, where you can't do physical distancing. It's cleaning your hands with soap and water or an alcohol-based rub. It's practicing respiratory etiquette. It's staying home if you're unwell. Following your local guidance.

As it relates to schools, and I know there's a lot of interest in the safe operation of schools, this needs to be conducted in the context of communities because schools operate where communities are.

If transmission can be controlled in the community, and the DG has outlined a number of ways in which that can be done, which includes active case finding, isolation and care of known cases, contact tracing and quarantining of contacts, and then all of the measures that I just mentioned. Children can participate in that, as well. So, it's very important that we follow all of these actions so that we prevent infections in adults, so that we can prevent onwards to children.

The last thing, just to mention, is that while we don't have a complete picture of what transmission looks like within children, there appear to be differences by age and by age group and it's very important that we look at children by different age groups, the youngest children, those under five or so, those that are in their elementary school years, those that are little bit older, in their adolescence and teenage years.

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It appears that teenagers can transmit more often compared to the younger children. So, we're still learning and we need to do everything that we can to protect ourselves from getting infected and to prevent our ability to transmit to others.

MH Dr Kelly will add some more.

EK Just to add to that, I think the important thing, also, is to remember that when there is necessary medical care, urgent medical care, necessary medical procedures, these children and their parents can safely visit the medical facility, and I think it's important to think about.

Early in the outbreak we saw many, many families staying away from medical care. Now, months on, we're still seeing that in many cases and in parts of the world where a fever can mean something very serious, this needs to be considered carefully based on your local situation.

I think that some of the results the DG was talking about today show that the issues that you have in terms of getting to the facility, getting there safely and getting home safely, can be solved and that 70% of the services interruptions that we're seeing are due to people just not showing up. It's not because the health workers are not there, it's not because the PPE is not there, necessarily. So, families need to consider that when they're considering the

care for their children, considering what's necessary and what can be postponed.

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MH Thank you very much, Dr Kelly. For the next question we'll go to China to Li Jingzhi [?] of Xinhua. Please, unmute yourself and ask you question.

LJ Hi. Can you hear me, clearly?

MH Yes, we can. Speak up if you can. You are very soft.

LJ Okay. Here is Xinhua News Agency. Thanks for answering my question. The rate of the epidemic in Europe has picked up. France, Germany and Switzerland are more severe than in May and June. What trend do you think the epidemic will take? And, what do you propose as the response to epidemic prevention and control?

MH Yes, you're saying that there's an increase in transmission in some European countries and what steps should we be taking. Is that correct?

LJ Yes.

MK Thanks very much. I'll begin and maybe others want to supplement. I think what the DG discussed today, and the many things that we've been talking about over these past several months, is about the actions needed to reduce transmission to suppress transmission, so that it is down to a low enough level where we can start to reopen up societies again.

I think what we need to figure out and what we are all figuring out are ways to live with this virus, where we take action to reduce the transmission, so preventing clusters. The DG was talking about this today.

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This virus operates in clusters. It amplifies in specific settings. Where people come in close contact with one another and they're not taking proper precautions and the virus is circulating, the virus will use that opportunity to spread and it will spread rapidly in these types of clusters, and we can prevent those by either avoiding crowded spaces, enclosed settings, by ensuring that we prevent the virus from entering those in the first place, like a long-term living facility, for example.

We've seen devastating effects of when the virus enters a long-term living facility. We can wear a mask if we're in places where we can't physical distance and we have poor ventilation. There's a lot of things that we can do.

I think what we're trying to figure out is how do we live with this while we take these necessary actions and we try to get on with our daily lives. As the Director-General has pointed out, people are very eager to get back to their normal life but I think what we are finding out is that our new normal includes physical distancing.

Our new normal includes making some modifications to our daily life to keep ourselves protected, to keep us from getting infected and to keep us from infecting somebody else. We all have that responsibility to play.

And, also, if we take these measures while reducing the virus, controlling the virus, we can get our other services back online. Schools can open, workplaces can open, essential medical services which have to be reinvigorated because people need to get the services that they need, which are lifesaving services.

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It's not just COVID-19 that we're thinking about. We're thinking about all the medical needs that people have. Babies are being born. Vaccines are needed. Ed can add to this.

But, we need to control the virus, and the reason we keep saying that this is so important is because we see that this is possible and we see with outlining the steps, of having this workforce in place, finding cases, isolating cases, carrying out contact tracing, providing adequate care, targeting those clusters, we can really bring the virus under control and that will save lives.

MH And Dr Bruce Aylward will add something.

BA Just a very quick point to make further to Maria's points is that we're in such a very different situation, Europe is, than it was in March and April. Now, there's, yes, an increase in cases but not nearly the level seen at that time. Also, there's tremendous knowledge that's been built, there's tremendous capacities that have been built, there's tremendous skillsets that now exist, and the populations understand how to manage their risks.

This comes back to the third point on the Director-General's and fourth point on his list that he just enunciated and Maria reinforced, but we can't say it too often. Europe has learned how to identify, isolate, quarantine. It has also identified how to put in place the individual measures.

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We've already seen, in some areas of Europe, a very rapid reversal in what were some rapidly increasing curves. So, I think that while we cannot be complacent, there's some encouraging signs already that even these initial upswings can be turned around much more rapidly than they were in the spring because of the knowledge, skills and capacities that have been built.

MH And Dr Edward Kelly will add something too.

EK I just think, just to add to the two points by Bruce and Maria, this idea of ensuring that services are still running is extremely important. There's been a lot of assessing of the potential impact on services, potential impact on deaths of things going up and down.

But, countries, right now, are doing things. There are many, many interesting examples out there. This is why the Director-General flagged some of this, that WHO, with partners, is trying to work on in terms of gathering that information.

Even just outside of Europe, a country with much less in terms of resources, our colleagues in the Somalia Country Office, working with UNICEF, have been out there getting a measles vaccine and a polio vaccine campaign going in the midst of COVID, in a very difficult situation. So, I think there are clear lessons, even from countries with lower resources than many in the Northern Hemisphere, to point the way.

MH Thank you very much for all those answers. We'll now go to Christine, from ABC News. Christine, could you unmute yourself and ask your question.

00:31:25

CH Thank you. My question is for Dr Van Kerkhove. The last time you talked about genome sequences, if I remember correctly, you said there have been over 75,000 identified, 75,000 SARS-CoV-2 genome sequences identified. My question is we're seeking a point of clarification.

Also, you said at that point, if I remember correctly, that they can alternately be described as changes or strains, different strains of the virus. Is it accurate to say that there are 75,000 strains of SARS-CoV-2 identified? That's what we're seeking clarification on. Thank you.

MK Thanks for the question. I was just checking as you were asking the question. There are almost 84,000 full genome sequences that are available. These are full genome sequences that have been provided by countries, uploaded into the GISAID system. There are more full genome sequences available from other platforms, as well. So, these are sequences that are available.

The changes that we are seeing are also known as mutations. Mutations are the same thing as changes and these are natural changes that we see in these types of viruses, as viruses continue to circulate, and the SARS-CoV-2 virus is no different.

What is really important, and I think when people use the word mutations, especially when I discuss something like this with my family, for example, it's a scary word but these are natural changes, these are normal changes in the virus. So, changes and mutations we use interchangeably. I use changes more often when I speak publicly but it's the same thing as mutations.

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The one thing that I think is important that you know about, and that the world knows about, is that WHO is working with virologists all over the world, people that have incredible experiences with not only viruses and high threat pathogens but coronaviruses in particular, and those who study these full genome sequences and study what these changes mean.

Because it's important that, like I said, that they change naturally. But, are these changes important? Do these changes mean that the virus is behaving differently? Do these changes mean that diagnostics may not work or we may need a new type of a vaccine?

And, so far, the virus seems relatively stable in the sense that the diagnostics work, the vaccines that are in development, the therapeutics that are in development are still applicable for this virus that is circulating, and that's important.

But, we have a system in place to help us and to advise us on which of these mutations are important and then how do we further study them in the lab to look at the differences that those changes may mean.

But, so far, it's around 84,000 full genome sequences that have been made available and I would like to just quickly continue to stress the importance for

these viruses to be shared, to be sequenced and to be shared, and to thank all of you who are out there who are continuing to do that.

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MH Thank you very much, Dr Van Kerkhove. For the next question, we will go to Spain, to the Spanish newswire, EFE. It goes to Isabel. Isabel, can you kindly unmute yourself and ask your question.

IS Thank you, Margaret. Good afternoon. Some new studies say that children may transmit the virus up to three weeks after being infected themselves and even when they have been totally asymptomatic. Your information that you have corroborates this information and this is appropriate to children or this is something that happens also in adults?

MH That's a question for Dr Van Kerkhove, I think.

IS Yes.

MK I will begin. Thank you for this question. When we look at testing of individuals, we carry out what are called molecular tests or PCR tests and this indicates evidence of particles of the virus, parts of the virus in an individual.

Having somebody test PCR-positive doesn't necessarily mean that they are shedding live virus, that they can actually transmit a live virus to someone else, that they're infectious to somebody else.

What we understand from the data coming from labs is that people can be PCR-positive, meaning that we can capture fragments of the virus for many weeks, in fact, and it depends on how severe a person is, it depends on how severe their disease is because you can shed virus, you can have a PCR positivity for many, many weeks but that doesn't actually mean that you can transmit the virus for that long.

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What we understand about infectiousness, of when somebody can transmit to others, that comes from trying to isolate the virus or grow the virus from a sample collected from an individual.

What we understand, there are a few of these studies that have been conducted and what you need to do to carry out these studies is follow an individual and test an individual, collect samples over several days from the same individual.

What we understand from those results, and these are still preliminary, what we understand is we can isolate live virus, which means they can transmit to others just before they develop symptoms, up through the first eight-nine days of their illness. After day ten, it's very difficult to grow the virus. So, it appears people are most infectious at or around the time they develop symptoms and for the first five, six, seven, eight days of illness.

This can be different for individuals who have severe disease and there's one example of a study, I don't know if it is actually published or it is still in pre-print, of severe patients who are hospitalised and, therefore, isolated that can shed live virus for up to three weeks. So, it depends on the severity of their

illness. But, just because somebody is PCR-positive for many, many weeks, doesn't mean they can actually infect people for that long.

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So, this is what's important. Why we keep saying that it's really important that we carry out active case-finding and that we isolate individuals for a set period of time, and we have definitions of how long people should be isolated based on the data that I just provided to you. It's also important that we carry out the contact tracing and we find those contacts and we quarantine those contacts. This is what breaks chains of transmission.

MH Thank you very much, Dr Van Kerkhove. It looks like there are no further interventions in the room. The next question will go to Mary Ann Benitez, from the Hong Kong Standard. Mary Ann, can you unmute yourself and go ahead with your question.

MB Hi. Can you hear me?

MH Very well, Mary Ann. Go ahead.

MB Thank you for taking my question, Dr Harris, my friend from Hong Kong. Anyway, what's the WHO's stance or guidance on emergency authorisation of vaccine before a Phase 3 trial is complete, as done in China and Russia and now, possibly, the US, after its FDA chief, Dr Hahn, said it's possible to approve emergency authorisation of vaccine for use in selective settings like he did with convalescent plasma? Thank you.

MH I think that's a question for Dr Swaminathan. Dr Swaminathan, are you online still?

00:39:06

SS Yes. I'm here, Margaret. I can start and Mike might want to supplement because of the past experience that he's had in other emergencies, including Ebola.

The emergency use, authorisation or licensing is something that has to be done with a great deal of seriousness and reflection. It's not something that you do very lightly. Of course, every country's national regulatory authority has the authority, within their own territories, to make these decisions.

As far as WHO is concerned, we have on our website a guidance document which lays out, step-by-step, what the approach would be. Our preferred approach, of course, is to have a complete dataset that could be used for prequalification of vaccines and that would then allow large-scale procurement by global bodies and distribution to countries. That's the preferred route.

For the UN, it would depend, really, on the data that the manufacturer provides to WHO and it's going to be based on efficacy and safety data, as I described earlier, and it would be considered on a case-by-case basis. Over.

MH Thank you, Dr Swaminathan. Dr Ryan, do you have something to add?

MR I agree very much with Soumya. We have an experience in investigational use of vaccines in the field, the most recent experience with the Ebola vaccine in the field, and it proved very successful.

But, in order to bring that vaccine to the field, we had to do that under an investigational use approach which meant collecting huge amounts of data, having adverse event surveillance in place. It involved a lot of monitoring, a lot of safety follow up.

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So, the more you move to use a drug or a vaccine from an emergency use point of view, it still does not take away the need to collect important information. The difficulty and the challenge with the vaccine is at the moment we're moving from vaccinating tens or hundreds of people to, now, vaccinating thousands of people.

We need to get the safety and efficacy signals from those studies because if you move too quickly to vaccinating millions or hundreds of millions or billions of people, you may miss certain adverse events that you won't pick up with smaller numbers, and you need to maintain monitoring.

But, as Soumya said, each country has a sovereign right to define its policy for vaccination or any other therapeutic intervention in its population, but it must be guided by the highest possible ethical standards, the highest possible scientific standards.

Where countries do move forward with any form of emergency use authorisation it should be linked to very intense and increased monitoring of the implementation of that product and with a very clear view that if any safety signal was picked up, that there would be an immediate change to the policy.

There are very strict guidelines around emergency use and how it's done in organisations in Europe, the FDA in the US, the EMA in Europe. We have similar regulatory authorities in Africa, in India and other places.

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So, I think it's really important that countries, governments are guided by their national regulatory authorities and maintain the highest possible standards so that we maintain a position of looking for safety and efficacy before using these new products at population scale.

MH And Dr Edward Kelly will add something, as well.

EK Just to add briefly to that. I think one important point for our colleague from Hong Kong, also, beyond the licensure, is that fact that however these vaccines move through that important process to look at efficacy and safety, they then need to get out into health systems globally.

It's been over 50 years we've had the measles vaccine, roughly, and we are still struggling to make sure that every child gets a measles vaccine in countries around the world. And, this is part of what Bruce referred to earlier, that's the key piece of the ACT Accelerator of all these partners working together, not just to come up with the tools but also make sure that they get implemented in countries.

MH Thank you very much, Dr Kelly, Dr Ryan, and Dr Swaminathan. The next question goes to Nina Larson, from Agence France-Presse. Nina, can you please unmute yourself and ask your question.

NL Hi. Thank you for taking my question. I saw that David Nabarro, one of WHO's Special Envoys on COVID-19, hailed Sweden's approach to the coronavirus crisis in an interview with New Zealand radio, seemingly avoiding the blunt instrument of lockdowns.

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But, a graphic on WHO's website shows that Sweden's death rate at nearly 58 per 100,000 is among the highest in the world and certainly much higher than in neighbouring countries with similar cultures and populations.

So, my question is does WHO, indeed, think that Sweden is a good example of how to handle the pandemic, and do you agree with country's public health agency chief who indicated it was now controlling the outbreak and could probably avoid a second wave that seems to be affecting the rest of Europe? Thank you.

MH Dr Ryan, would you like to answer that?

MR I can begin and, certainly, from a Swedish perspective, I think even in Sweden, Anders Tegnell and the team there have done a good job. They, by themselves, have said that despite the measures they put in place, the issue for them was in not having had adequate protection for long-term care facilities and they saw very high death rates because of very high death rates amongst older people, particularly those in facilities. They also had issues with transmission amongst ethnic minorities, as well.

Nobody has come through this pandemic with a perfect strategy. Everyone is learning about the virus. The approach in Sweden and, again, there is a misunderstanding that Sweden has not implemented control measures.

Sweden has implemented quite strong control measures for COVID but what it has done, in the main, is try to rely on individuals and communities to comply with the advice of government and it has tried to avoid imposing mandatory lockdowns, mandatory separation of individuals.

00:46:08

That's based on a very high level of trust, historically, between government in Sweden and its own population, and that is the way in which the Swedish people and the Swedish government interact. That is the social contract in Sweden.

But, it is wrong to suggest that Sweden has had an altogether different approach to the rest of Europe. In fact, it has had an approach of light-touch regulation of the process. In that process, they have suffered from high death rates in long-term care facilities and, by their own admission, have said that that, in itself, was an error in not providing adequate supportive care or protection in those situations.

I think that's the case of many, many countries were taken aback and surprised by the high rates of death and the high rates of infection in the long-term care facilities amongst older people and people with underlying conditions.

So, from that perspective, we all have to learn how to live with this virus. I've said at previous press conferences that there is a point at which we, in

learning to live with the virus, we try and find a way to keep our societies as open as possible while at the same time breaking chains of transmission and controlling the infection.

00:47:14

How do we find a way to control the infection, suppress the infection, break chains of transmission and, at the same time, open up our societies? These are almost impossible concepts to reconcile. How can we calibrate our response to do the least damage to our society but the most damage to the virus? Can we sustain those behaviours, can we sustain that process for long enough through which time we can have a vaccine?

There are no correct answers to this. The context of each country is entirely different. The social contract is entirely different. The relationship between government and populations is entirely different and each government has to find its way with its population to control the disease.

There are lessons to learn from every country and its approach. No country has done it perfectly. All countries have made mistakes but all countries have done some things correctly. We should look at Sweden, we should look at the model, we should look at their approach to see what elements of sustainability, what elements in the ways they have learned to live with the virus and learn from what has been done and what has been done not so well in all countries, including Sweden.

MH Thank you, Dr Ryan. No further interventions from the room. The next question goes to Hilary, from Business Insider. Hilary, please unmute yourself and ask your question.

00:48:43

HI Hi. Thanks for taking my question. I just wanted to ask Dr Tedros a follow up from the opening remarks today. You said that countries can find, quote, creative ways to hold gatherings if the virus transmission is low enough, and I was hoping you could be a little more specific on what are some of those creative strategies and what do those look like in practice.

MK Thank you for the question. I'll begin. I think one of the big messages we want to get out is that in countries that are able to control this virus, and this virus is controllable, it takes a lot of hard work, there are ways that people can remain to find ways to be social again while still being physically distant from one another.

This involves mass gatherings and we have outlined guidance on how and when mass gatherings can take place and whether they should be postponed or cancelled or, in other situations, whether they can take place safely, all the way through sporting events, through individual barbecues that happen and birthday parties, that happen at people's homes.

I think we've seen some creative use of bringing people together socially while keeping them physically distanced, whether these are barbecues that take place and you have different situations in backyards where people are quite spaced.

I've seen some very creative nightclub situations where you only one or two people per car and no one can leave their car, and there's a DJ playing, and they have music playing.

00:50:22

Again, we are social creatures. We miss our friends, we miss our families and there's different ways that we can find to get that creative outlet, but we do need to take individual responsibility. Those that are hosting events like this have a responsibility to have them done safely and in some situations they may need to be cancelled, they may need to be postponed.

We do realise that that is difficult and that's a sacrifice that we have to make but, as individuals, there's decisions we need to make about do I participate in this? You've heard us say before if doesn't feel safe then it probably isn't, but you have a responsibility to try to minimise your exposure.

In many countries, where they are controlling transmission, and in many countries they are controlling transmission, social events can start to take place safely. This has to do with limiting numbers, it has to do with keeping people separated and making sure that when you do bring people together in a physical space, that they stay at least one metre apart.

One last thing, just to mention young people here, because unfortunately we are seeing some clustering events and amplification events that are taking place in nightclubs and in different types of entertainment industries.

But, there's ways that perhaps that could be done differently and things could be done outside, and so work with us, and that creativity and that ingenuity is something that we need to think about how our new normal goes forward.

00:51:52

MH Thank you, Dr Van Kerkhove. We're coming up to the hour, so I think we've only got time for one or two more questions. The next question goes to Sarah Wheaton, from Politico. Sarah, please unmute yourself and ask your question.

SW Thank you. A question about COVAX. The European Commission announcement that you referred today, they've said they're still working out whether... Well, they won't answer questions, basically, about whether they'll actually be procuring vaccines through COVAX, although they have said that they will join the effort. Does it make a difference for the success of COVAX if the European Commission and European countries actually procure through you? Thank you very much.

MH This is one for Dr Aylward.

BA Thank you, Sarah, and Soumya may want to add to this. There's different ways of participating, joining forces with and working with the COVAX Facility. Remember, the goal here is to make sure that all countries get some vaccine at the same time, we roll it out together, rather than some countries get all of the vaccine, because the goal is to reduce the risk of severe disease globally as rapidly as possible.

We know who is at highest risk of severe disease. Those proportions are different a little bit around the world, of course. We know the people who care

for those people will need to be protected, as well. So, the goal is to roll it out in coordinated way.

00:53:36

Now, everybody who has bought options on vaccines or vaccines around the world are going to affect the speed with which products get rolled out to countries around the world. So, the goal in joining forces between COVAX and the EU, there's many different ways that can look.

I'm surprised they're not answering their phones because it's a great story. Their commitment is to make sure that we can work together to reduce the risk around the world as rapidly as possible, key to saving lives, key to taking severe disease down, key to taking pressure of the healthcare systems and, ultimately, to getting our societies and our economies open again.

Indeed, every aspect of the COVAX Facility is being worked out in real time. So, not surprised at all that the EU wanted to make a very strong statement of a commitment to this joint solution but also recognising that there's going to be unanswered questions we're going to have to work out as we go forward.

As you've seen over the last couple of weeks, we've had to introduce new design elements to the COVAX Facility that meant more countries could participate, that it's stronger, it's better, and we'll continue to do so as we go forward.

So, procuring through the same mechanism, that might be ideal but that's not necessary to be able to work together and achieve the goals of the facility. The big thing now is how we work together.

MH Thank you, Dr Aylward. Dr Kelly would like to add something and the DG.

00:55:18

EK Just quickly, I'll say that, to add to Bruce's point on whether procurement equals success for the COVAX, just to add to the piece that, of course, this is within and connected to the overall ACT Accelerator work that is there and, as someone who has worked at WHO for about 13 years and nearly a decade before that with the US government, the current collaboration between the global institutions working in public health is quite unprecedented.

I think that, in and of itself, is going to be one of the big successes in terms of how this has an impact for the vaccine but also for the diagnostics, the therapeutics, and the other pillars of the ACT Accelerator.

MH Thank you, Dr Kelly. Dr Soumya, do you want to add anything or is that enough?

SS I don't have anything.

MH The last question will go to Germany, to ARD Radio, Karl Mäurer. Karl, can you unmute yourself and ask your question.

KM Thank you very much for taking my question. Can you hear me?

MH Very well. Please, go ahead.

KM I have not a medical question but I think it's an important question. People in Germany and other countries demonstrate, protest against the protective measures, and they ignore the protective measures. One of these protests just happened in Berlin on Saturday. What is your advice? How should one discuss with these people? How should governments, authorities deal with such demonstrations?

00:56:58

MK Maybe, I can start with that.

MH Please, do.

MK Then, Maria might come in. In dealing with epidemics for quarter of century now, and Bruce and Maria and others will have the same view, I believe, epidemics and emergencies create strong emotions and acceptance of measures is always very, very tough.

It's really important that governments don't overreact to people protesting against measures. It has happened since time immemorial. The real important thing to do is enter into a dialogue with groups that feel that they're protesting against measures.

We want to live in free societies where protest is facilitated but we also want those protests to be done safely. We don't want them to increase the risk of disease transmission. But, it is really important that the process of reaching that compromise and reaching that safety is done through a process of dialogue and we try to build relationships across society, not divide society, not to create division, not to create more division.

When people protest, it's because they're protesting against something they perceive to be unfair or unjustified. It's really important that we enter into a dialogue with people to explain why these measures are being put in place, and you may not convince everybody.

00:58:26

It's the same thing when it comes to vaccination. You may not convince everyone to be vaccinated but it's really important that we're not imposing will upon people, but at the same time we're cognisant of the fact that these protests, and Maria spoke to it earlier, gatherings can occur and they can be made to be safe.

We should not be shutting down protest, we should not be shutting down the right to dissent but we should be trying to make that as safe as possible and the best way to do that is to create the opportunity for dialogue, and I've done that myself so many, many times in the field with communities.

It takes time, it takes listening, it takes people being reasonable and what other way is there for our society to progress and evolve unless we're willing to listen to each other and understand not everyone has the same opinion, and try to find a way as society to move forward together and not polarise things constantly into opposing camps and opposing forces. This is not healthy for our society.

So, I would advise governments to try and find a way to initiate and sustain dialogue with all sections of society and listen. One thing that Dr Tedros has

taught us, and certainly taught me, is that you have to listen. You have to open your ears, open your heart and listen to what people are saying because sometimes people are saying things that are important and they need to be listened to. But, we try and must try to make such protests as safe as possible. Dr Tedros may wish to comment or any of the other people there.

00:59:57

MH Thank you, Dr Ryan. It is the last question, I was going to say. I will let Dr Tedros finish. Final words.

TAG Thank you. Maybe, I will use the opportunity to add. That's why I was asking you for the floor but I will just be very brief. One, on the amplifying events. The question was directed to me. Of course, Maria had helped and it was taken care of, but I would just like to add a bit.

As you know, the amplifying events are like what we said earlier, it could be stadiums or places of worship, and we have two countries that are good examples, especially with these two events, where the two events actually fuelled the COVID epidemic.

One is Korea, early days, actually, and it was a church. As you know, Korea had the second largest number of cases in February, after China, and the transmission was in a church. The virus actually got the fuel from that crowded area and they registered the second largest number of cases at that time. Of course, they moved quickly and suppressed transmission and, as you know, South Korea is one of the models now.

Then, the other event that everybody knows, the other amplifying event happened in February again, I think February 19 in Milano, when two teams played and the full stadium was packed with 40,000 spectators and the virus again, in that stadium, got the opportunity and used that event to spread.

01:02:18

So, what we're basically saying is the best thing would be to avoid this type of crowd and governments to do everything to avoid these amplifying events so that the other economic sectors can actually open up and the economy can go back into life.

I think we can live without going to the stadium and we're doing that. Teams are playing in stadiums without spectators but with live transmission so people can see it from their homes. So, if the risk is high, it's better to use that model without spectators at the stadium, teams playing. That's one model.

The second is, in places of worship, what can be done is like what the Kingdom of Saudi Arabia did during the recent Hajj. A limited number of people, well-spaced, physical distancing properly observed, with masks and other precautions, I think they have done at the annual Hajj. That's why we said it can be done but with serious precautions, but the best would be to avoid it, especially if the risk is really high.

Many countries went into lockdown because the virus was faster, because it used amplifying events like the examples I just said, and then the governments resorted to lockdown in order to be ahead of the virus.

So, to stay ahead of the virus, avoiding amplifying events or taking the maximum precautions when we want to do it, will be very, very important and, as I said earlier, the WHO wants the economy to open up.

01:04:28

Lives and livelihoods cannot be separated and we should do everything to open our economies to open our schools. But, since we know a lot about this virus now, we need to do everything to suppress transmission.

Then, on the demonstrations last weekend, I fully agree with Mike. We should listen to what people are asking, what people are saying. We should engage in an honest dialogue and at the same time, though, to those who have demonstrated in the past week, what I would like to say is the virus is real, it's dangerous, it moves fast and it kills and we have to do everything to protect ourselves and protect others.

I felt really sad. I'll just tell you a story that colleagues told me when they asked in one country about the high death rate and some said, no, these are the elderly dying, so it's fine. No, when the elderly are dying it's not fine. It's a moral bankruptcy.

We should not be morally dead. Every life, whether it's young or old, is precious and we have to do everything to save it. So, the best approach would be something that works for all of us to stay alive, for the young, for the old.

That's why, even during demonstrations or wherever when there are crowds and especially amplifying events, we should keep our distance, we should wear masks. Even if we may have mild case, we should always remember that there may be another person who could be young or old, who may have a severe condition and could even die.

01:06:48

But, accepting someone to die because of age is moral bankruptcy at its highest and we shouldn't allow our society to behave this way. We should care for one another, and there is a balancing act that can help us to protect our health and also to move ahead with our livelihoods. It's always possible to keep a balance and that's why I'm stressing that it's always possible.

Then, finally, with the COVAX Facility, I would like to use this opportunity to thank Germany. Germany has joined the COVAX Facility today and also we're negotiating with the rest of EU members. One possibility we're checking is for the EU members to join as a bloc.

I think the best way to end this pandemic is through solidarity, through cooperation, through oneness, the best way to save lives and the best way, also, to move into faster economic recovery. Whether we like it or not, we're living in a globalised world, we're intertwined. The only option we have is to move together and to fight this enemy together. Thank you.

MH Thank you so much, Dr Tedros, on those very moving words. I will now close this press conference and remind you that we will provide the audio file and Dr Tedros' remarks right now, immediately after this press conference. You will also have the full transcript tomorrow.

I apologise to those who could not get their questions answered. Please contact us via media enquiries and we will make sure they're answered. Thank you so much.

01:09:06