

# COVID-19

## Virtual Press conference 7 September 2020

### Speaker key:

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MR	Dr Michael Ryan
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BA	Dr Bruce Aylward
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LA	Lara
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MS	Mariangela Simao
GU	Gunila

**00:00:53**

FA Dear colleagues, dear journalists, I welcome you to our press conference on COVID-19 today, Monday 7<sup>th</sup> September. I am Fadela Chaib, Communication Officer at WHO headquarters in Geneva, moderating this event. We have with us as always Dr Tedros, the WHO Director-General, along with Dr Mike Ryan, WHO Executive Director of the Emergencies Programme, and Dr Maria Van Kerkhove, our Technical Lead for COVID-19. They are in the room.

In the room also we have Dr Mariangela Simao - she's our Assistant Director-General, Access to Medicines and Health Products - and Dr Bruce Aylward,

Senior Advisor to the Director-General, who leads on the ACT Accelerator. We will also be joined by Dr Soumya Swaminathan, our Chief Scientist.

As usual we are translating this press conference into the six official UN languages plus Portuguese and Hindi. We will be posting the Director-General's remarks and an audio file of this press conference on the web as soon as possible. The full transcript of this press conference will be available later on on the web.

But now without further delay I will hand over to Dr Tedros for his opening remarks. Dr Tedros, you have the floor. Thank you.

00:02:27

TAG Shukran. Shukran, Fadela. Good morning, good afternoon and good evening. COVID-19 is teaching all of us many lessons. One of them is that health is not a luxury item for those who can afford it; it's a necessity and a human right. Public health is the foundation of social, economic and political stability. That means investing in population-based services for preventing, detecting and responding to diseases.

This will not be the last pandemic. History teaches us that outbreaks and pandemics are a fact of life but when the next pandemic comes the world must be ready, more ready than it was this time. In recent years many countries have made enormous advances in medicine but too many have neglected their basic public health systems, which are the foundation for responding to infectious disease outbreaks.

Part of every country's commitment to build back better must therefore be to invest in public health as an investment in a healthier and safer future. In fact there are many examples of countries that have done exactly that. Thailand is reaping the benefits of 40 years of health system strengthening. A robust and well-resourced medical and public health system aligned with strong leadership informed by the best available scientific advice, a trained and committed community workforce with one million village health volunteers and consistent and accurate communication have built trust and increased public confidence and compliance.

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As you know, Italy was one of the first countries to experience a large outbreak outside China and in many ways was a pioneer for other countries. Italy took hard decisions based on the evidence and persisted with them, which reduced transmission and saved many lives.

National unity and solidarity combined with the dedication and sacrifice of health workers and the engagement of the Italian people brought the outbreak under control. Mongolia acted very early, activating its state emergency committee in January. As a result despite neighbouring China Mongolia's first case was not reported until March and it still has no reported deaths.

Mauritius has a high population density with high rates of non-communicable diseases and many international travellers, which meant it was at high risk. But quick, comprehensive action initiated in January by Mauritius and previous experiences with contact tracing paid off. Although the Americas has been the most affected region Uruguay has reported the lowest number of cases and deaths in Latin America both in total and on a per capita basis.

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This is not an accident. Uruguay has one of the most robust and resilient health systems in Latin America with sustainable investment based on political consensus on the importance of investing in public health. Pakistan deployed the infrastructure built up over many years for polio to combat COVID-19.

Community health workers who have been trained to go door-to-door vaccinating children for polio have been utilised for surveillance, contact tracing and care. There are many other examples we could give including Cambodia, Japan, New Zealand, the Republic of Korea, Rwanda, Senegal, Spain, Vietnam and more.

Many of these countries have done well because they learned lessons from previous outbreaks of SARS, MERS, measles, polio, rubella, Ebola, flu and other diseases. That's why it's vital that we all learn the lessons this pandemic is teaching us.

00:07:01

Although Germany's response was strong it is also learning lessons. I welcome the announcement by Chancellor Angela Merkel over the weekend that her government will invest €4 billion by 2026 to strengthen Germany's public health system. I call on all countries to invest in public health and especially in primary healthcare and follow Germany's example.

Tomorrow the review committee of the International Health Regulations will begin its work. The International Health Regulations is the most important legal instrument in global health security. As a reminder, the review committee will evaluate the functioning of the IHR during the pandemic so far and recommend any changes it believes are necessary.

It will review the convening of the emergency committee, the declaration of a public health emergency of international concern, the role and functioning of national IHR focal points and will examine progress made in implementing the recommendations of previous international health regulation review committees.

The names of the members of the committee were published on WHO's website yesterday. Depending on progress made the committee may present an interim progress report to the resumed World Health Assembly in November and a final report to the assembly in May next year.

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The committee will also communicate as needed with other review bodies including the Independent Panel for Pandemic Preparedness and Response, IPPR, and the Independent Oversight and Advisory Committee, IOAC, for the WHO health emergencies programme.

Finally today is the first international day of clean air for blue skies. The pandemic and the measures taken in many countries to contain it have taken a heavy toll on lives, livelihoods and economies but there have also been some unexpected benefits.

In many places we have seen a significant drop in air pollution. We have been reminded of how starved our lungs have been of clean, unpolluted air. We have had a glimpse of our world as it could be and that is the world we must strive for.

Ultimately we're not just fighting a virus. We're fighting for a healthier, safer, cleaner and more sustainable future. I thank you.

00:10:16

FA Thank you, Dr Tedros. I will now open the floor to questions from the press. I would like to remind journalists that you need to raise your hand; just use the raise your hand icon in order to get in the queue to ask a question. Also remember we have a large number of you in the queue so please limit your questions to one.

We will start with a journalist from Africa, South Africa Broadcasting Company. Sophie, can you hear me?

SO Yes, I can hear you. My question is directed to Dr Ryan and Dr Tedros. Some few weeks ago you took a decision to send WHO officials or scientists to come and help South Africa when numbers were really rising. We are told now, it looks like the numbers have stabilised.

What's your assessment and are they still in South Africa, what has been their role and what have you learned from their report? I'm sure they did send some report in terms of what's happening in the country.

FA Dr Ryan.

MR Yes, first of all our gratitude to the Government of South Africa and the health system in South Africa for accepting WHO's role in supporting and advising South Africa in its response.

00:12:02

It's really good news that the number of cases has stabilised and is now dropping in South Africa but let me be clear that that is not down to WHO; that is down to the hard work of front-line workers in South Africa, the co-operation and the commitment of communities and the leadership of the government.

In terms of the team on the ground - and many of the team who are on the ground have come from other African countries - it really has been about sharing experiences, about getting communities on board, about improving surveillance, distributing surveillance deeper into community levels, increasing protection and training of health workers and ensuring that hospitals and health facilities don't become epicentres of disease.

So the lessons learned and the knowledge exchange have been excellent and in many ways South Africa reached out to WHO not through weakness but through strength in recognising that it had a complex outbreak on its hands and not that it needed the help of WHO but what it wanted to do was be able to work with WHO to identify areas in which things could be done better.

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South Africa has a strong health system, very strong laboratory system, a very proud history and diagnostics and proud history of vaccination so I think a lot of - some of the work has been looking at preparation for down the line and how a country like South Africa again can prepare itself for potentially delivering a safe and effective vaccine when that comes through the pipeline in the coming months.

So I think that's the more general overview. We'd be very happy to do a specific debriefing with journalists on the South Africa mission and the findings on that and particularly with our colleagues in the African regional office and Dr Tshidi Moeti, the Regional Director.

So we'd be very pleased if particularly journalists based in Africa would like to have a special session on that, we'd be very pleased to organise that with our colleagues in Brasul [?].

FA Thank you, Dr Ryan. Dr Tedros.

TAG Yes, thank you. Thank you, Sophie; very nice to hear your voice. I fully agree with what my general, Mike, said. Actually South Africa's request to work with WHO was from an angle or side of strength.

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We really appreciate humility in leadership. While doing their best - and even without WHO they can do well - asking to work together and asking for support shows the humility of the leadership, which is very, very important and we were very humbled actually when we were asked.

Actually the decline started even before we were asked to support and not just stabilising actually; from the figure we have if you take the number of cases, as you know the week of July 20<sup>th</sup> was when it had the highest peak; more than 83,000 cases per week.

Now in the week of August 24<sup>th</sup> - that's the last week - it's now 15,000 cases per week. This is a significant reduction but not just the number of cases; the

most important indicator is actually deaths and the number of deaths - if we take when it reached its climax, August 3<sup>rd</sup> - more than 2,000 a week. Now at August 24<sup>th</sup> it's actually 994 so South Africa is doing its best.

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We know it's very, very complicated but it's doing its best and we're very glad to partner and send our colleagues there to work with... and it's an honour for us to support any country. With the current trend we hope to further push it to a decline and further control the pandemic but I would like to use this opportunity to thank the leadership of President, President Ramaphosa not only in South Africa but in the whole continent by helping to develop the one continental strategy and helping the continent to move as one and of course the other things he's doing to help not only South Africa but the whole continent. Thank you so much.

FA Thank you, DG; thank you, Sophie. Now we move to Mexico, to Cancun. We have with us Paulina Alcazar from Incadena News. Paulina, can you hear me?

TR Yes, can you hear me? Thank you for letting me ask a question. Greetings from Cancun. People who have already been through the illness and have waited the time necessary to return to work but in the hotel sector; people are returning to work because they're afraid of being reinfected. We heard that there were warnings about the transfer of the virus when people travel abroad.

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So do we know what happens and what is the behaviour of the virus in those people that were reinfected a second time? Thank you.

FA Thank you, Paulina. Dr Maria will take this question. Thank you.

MK Sorry for the delay. I was listening for the translation. Thank you to our translators. Thank you very much for the question, Paulina. The question is about what we understand about reinfection. Let me first start with what we know about what happens when somebody is infected with the SARS-CoV2 virus.

When somebody is exposed and somebody is infected with this virus their body develops an immune response, an antibody response which develops a week or two - sometimes a little bit longer - after that infection and that antibody response provides some protection to that individual and it protects them against the infection.

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What we're learning about right now - and there are many studies underway right now, really excellent studies that are following individuals over time looking at how long that antibody response lasts; first of all how strong that

antibody response is depending on the type of disease you experience, whether you have asymptomatic infection, whether you have mild disease or all the way through severe disease and we are seeing that people even with asymptomatic infection still develop an immune response.

What we need to better understand is how strong that is and for how long it lasts. There are a number of studies that are on their way that are following individuals, the same individual over time and there are some very promising results from these studies that are showing that the antibody response lasts, it stays strong for a certain number of months.

We're only eight months into this pandemic and so we haven't followed individuals for many, many, many months so we don't know how long that robust immune response lasts. We do have some case reports of individuals who have appeared to be infected a second time. There are a couple of case reports that we are aware of, ones that have been confirmed by full genome sequencing.

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Essentially they had a sequence the first time the person was infected and then they did a sequence again at the second infection or presumed second infection, they compared those two sequences and they see enough of a difference to say, this is a new infection.

There's an example from Hong Kong and there's an example I've seen in a pre-print from the US and there are a few other examples, a handful of other examples, a small number from a couple of additional countries.

In those individuals what we are looking for is what type of an immune response did they have on their first infection if that was even measured and then at the time of the second infection did they have measurable antibodies.

I think that's really important for us to really understand, to see if that immune response lasts because in some individuals an immune response may decline. But again we do need to put this into context; out of more than 26 million cases having some case reports of reinfection tells us that this is possible but it doesn't tell us what's happening at a population level.

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We have examples of it and so we're following this over time and we're working with labs to determine, looking at that full genome sequence to see if there's a second infection. So we do know that it's impossible but there are only a few case reports that have been reported to date.

FA Thank you, Maria. We will now move to, I believe, a new journalist joining us today, Lerois Da Sousa from Mint India. Da Sousa, can you hear me?

LO Hi, can you hear me?



FA Yes, very well. Go ahead, please.

LE It's Leroy but anyway, I wanted to understand about the COVAX facility. Who is paying for the COVAX facility, is it only the developed countries or is it also the developing countries? I'm asking this specifically with regard to India. Can you please tell me if India has come forward to join the COVAX facility and contribute funds towards it as part of the agreement?

00:21:55

Do you want India to play a more proactive role in participating in COVAX?

FA Dr Bruce Aylward will take this question. Thank you, Leroy.

BA Thank you very much for the question, Leroy. In fact 170 countries have now come forward in a fantastic demonstration of international solidarity and co-operation to try and end the acute phase of the pandemic through working together in the COVAX facility.

This includes 78 what we call self-financing countries as well as 92 countries that would be eligible for assistance through the COVAX facility. India is certainly eligible, like all countries in the world, to be part of the COVAX facility and discussions are ongoing in that regard.

We from our side of course would welcome very much the participation of India as a full member in the COVAX facility both in terms of its extensive experience in vaccines, extensive experience in working together on the global scene in terms of childhood vaccination and other vaccines. India is an incredibly important player and we would very much welcome them to be part of the COVAX facility.

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At this point, as you will be aware, the COVAX facility is still evolving and the final date for final binding confirmation in terms of participation in the facility is on 18<sup>th</sup> September so discussions and negotiations are still ongoing with a broad number of countries in that regard.

FA Dr Swaminathan would like to add something.

SS Just to add to what Bruce said, I think India's in a unique situation because obviously of the very strong manufacturing capacity in addition to the large population that would need to be covered by a vaccination programme.

So India is in discussion with the COVAX facility, is very much going to be part of the facility both as a supplier of vaccine doses to the facility but also as a recipient of vaccines and, as you know, the advantage of being part of the COVAX facility is that you have access to a very broad array of vaccine candidates because the facility is investing in a large number of candidates trying to accelerate both the development as well as the manufacturing so that you have at least a few winners in that pool, which would then obviously



need to be scaled up and distributed equitably to countries across the world whether they are self-financing and paying for their doses or whether they're receiving it through the global AMC facility.

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The other challenge that countries need to start thinking about now is how the delivery of these vaccines is going to happen. This is not a childhood vaccination or immunisation campaign. This is going to be very different. It's going to be vaccinating adults, certain high-risk and vulnerable groups and this is going to be different from what's been done in the past, it's going to be a challenge for countries, particularly those with large populations.

So a lot of thinking is happening both at the global level as well as at the national level with the national vaccine taskforce that's been set up in many countries, including in India, to really think through these issues and start building and investing in the systems that are going to be needed, whether it's human resources, whether it's supply chain and cold chain logistics, syringes and needles, the training as well as the databases that would need to be put in place.

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So yes, I think we all have to learn from each other and help each other to develop those systems so on the one hand we have of course the vaccine doses that would need to be procured and distributed but then how are they going to get to the right people within the country in a fair and equitable and ethical manner. Thanks.

FA Thank you, Dr Swaminathan. Now we will move to Michael from CNN Opinion. I don't want to misread your name but let me try it. Busiorkiv. Is it right, Michael?

MI Very good, Fadela, I'm glad you haven't forgotten. Greetings from British Columbia, Canada. I hope I speak on behalf of all of us when I salute you all for the extraordinary media outreach you've been doing. It's extraordinary and it's been a very long emergency so I salute you.

My question is about faith in public health agencies. A former CDC head said recently that the COVID-19 virus responds to science and not to spin. But my question is, when the public becomes confused by public health messaging or stops trusting its advice or when the public health agency such as the CDC is seen to be politicised where does that leave us or how much more difficult will it be to fight the virus to the ground?

I don't want to put you in the position of criticising a member state but, as you know, the CDC has been the gold standard in so many fights of epidemics so I just wanted to put that to you because of the importance of public health of messaging - or rather the trust is so important to everyone. Thank you.

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FA Mike.

MR Thank you. Yes, I think first of all you did mention the CDC there and again greetings to our colleagues there. It is true that all great nations invest in their institutions that guide and frame policy for citizens. It doesn't matter if you're in India or in Brazil or in the European Union or anywhere.

You'll see many countries are measured by how they invest in their institutional policy platforms that allow good decisions to be made and that doesn't matter if it's economic decisions, health decisions, education decisions.

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Good decisions are based on having the best information, processing that information in a way that leads to policies that drive the best outcomes for citizens. It's not just true of science. Governments listen to evidence, governments listen to science but governments also have to implement policy and there is a gap between sometimes the pure science and the actual policies that work.

That's where a government has to operate and be accountable for that translation of science into effective, affordable policy that allows a society to move forward with trust that the government is doing its best in the interest of people.

No-one expects governments to be perfect and certainly no-one expects politicians to be perfect but the reality is everyone is expected to make the best effort based on the best interests of citizens, based on the best evidence and in that sense institutions that govern science and that translate science into policy and that ensure that the best possible drugs, the best possible vaccines, the best possible strategies are put in place to contain disease are extremely important.

Their independence is very importance because citizens must be convinced that they're giving their evidence based on the benefit and the advantage of ordinary citizens.

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So yes, it's really important that such institutions are independent all over the world, it's really important that governments listen to that advice but it's also important that governments have the space to implement policy that is based on that advice but not exclusively based on that advice at all times.

Therefore I think, yes, more and more governments... You've mentioned the US; there are my fine institutions in the United States and other countries that have for decades and decades been world leaders in generating evidence that has benefited not only American citizens but citizens all over the world and we

trust that those institutions will continue to perform in the way they have on behalf of US citizens and the rest of us around the world in the coming months and years.

FA I think Maria would like to add something.

00:30:49

MK Yes, very briefly. Just to come to the part of your question around the challenges of science and spin and in this situation that we're in I think, as Mike has said, many public health agencies are being challenged. WHO was challenged but I think what we try to do - and we are an evidence-based organisation, as you know; we are rooted in the science.

Our role is to consolidate, to review, to reach out, to gather information from our international networks, which existed before COVID-19 but are now focused on COVID-19, looking at surveillance, looking at epidemiology, seroepidemiology, mathematical modelling, vaccine, infection prevention and control, etc, etc.

What we do is we reach out to experts that are all over the world, that have front-line experience dealing with this pathogen so that that knowledge can be shared faster than any peer-reviewed publication that can come out, any report that can be generated so that we are constantly learning about this brand-new virus that didn't exist eight months ago.

So one of the things that we do - you've heard us speak a lot about how we develop guidance, how guidance is developed based on evidence, based on practical experience by front-line workers, by people dealing directly with this virus, through observational studies or in labs or whatever that may be and consolidating that into practical, evidence-based guidance.

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I think that's our role and that's the role of the US CDC and the role of many public health agencies, to consolidate and put that out. We try to be very clear in our guidance, which is focused on reaching decision-makers and reaching ministries of health and people that are taking the decisions to implement.

We try very hard to make that clear and concise and readable and actionable. We sit here, we do these press conferences, we do lots of different information products and we're surrounded in a room with many different communications colleagues and risk communication colleagues to get the information out to different audiences because we know when we speak in scientific jargon that doesn't always translate to the individual and to say, what does this mean for me.

We don't always get it right and we know that. We also rely on journalists, we rely on you to report the information in a balanced way and not to

sensationalise it to get the headline, to not confuse the general public and you're doing that.

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We need journalists as partners to help us get that information out as well because, as you say, there's a huge amount of information that's out there; it's too much, it's this infodemic. It's too much information and our brains are really not meant to absorb all of that.

So how can we get it out clearly to get the right information so people know, what do you need to do, what do I need to do to protect myself, protect my family. I think all of us have this role to play in this, whether it's the scientists or the international agencies or the national agencies.

It's the journalists helping us get it out in the general public. It's all of the different information products and we're leading, we're doing this as best we can. As I said, we don't always get it right but we are all trying to save lives and I think with that in mind and with the science on our side we can continue to do that.

As science evolves, as science grows - this is a positive thing - we will continue to get that message out and we know that you will hold us accountable to making sure that it's clear.

00:34:22

FA Thank you, Maria. We will move now to Gunila Van Hall, Swedish journalist based in Geneva. Gunila, can you hear me? Gunila? Okay, we will come back to Gunila later on. Now we can move to a journalist from BBC Africa, Rhoda Odiombo. Rhoda, can you hear me?

RH Hi, can you hear me?

FA Perfectly. Go ahead, please, Rhoda.

RH My question can be answered by either Dr Van Ryan or Dr Van Kerkhove. I'm just wondering, with so many unknowns about COVID-19, is a corpse of a patient who has died from the disease still infectious? I'm asking this because Kenya's Health Ministry is in the process of changing its new guidelines on the grounds that a body is not infectious. Thank you.

FA Maria.

MK I can begin. In fact we've just updated our guidance on the management of dead bodies from COVID-19 and issued guidance on the preparation of the body not only for infectious disease but also to be culturally sensitive, religiously sensitive and just sensitive to the fact that an individual has died and the safe management of that in terms of the appropriate types of personal protective equipment that an individual needs to wear when they prepare the body.

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It depends on the type of preparation that is being made for the body. This is a virus that spreads through these droplets or through these infectious small particles, mainly through the respiratory routes but there are other ways that you can come in contact with the virus; through touching of contaminated materials and contaminating yourself.

But there're safe ways to be able to do that so we've just recently issued updated guidance on that and we can make sure that we send that to you so that you have access to specifics within that guidance document itself.

FA Thank you, Maria. We will move now to Di Yong from Xinhua. Can you hear me? Di Yong from Xinhua, can you hear me?

DI Yes, can you hear me?

FA Yes, perfectly. Go ahead, please.

00:36:57

DI Thank you for taking my question. China has had no local infections for the past 20 days as all cases were imported and have been quarantined right away. The Government is staging an award ceremony tomorrow for some individuals and organisations for their outstanding performance in fighting COVID-19. Would you mind sharing some of your thoughts on this? Thank you.

MR Thank you. First of all I'm not aware of the ceremony but our deepest congratulations go to the front-line health workers in China and to the population who've worked together tirelessly to bring the disease to this very low level. It's taken a long time after a horrific start in Wuhan and a terrible toll and I think all provinces in China have experienced disease.

Bruce and Maria were there; they can maybe speak to that experience. But a huge partnership between communities, scientific institutions, public health institutions and the Government and a lot of co-operation, very sustained commitment to getting the job done so we congratulate the front-line workers and the communities in China for having reached such a successful outcome.

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But as we've learnt in other countries, as all of us have learnt, it's not over anywhere until it's over everywhere and as you said yourself in your question, China continues to import cases from outside so there is no room for complacency and as normal life returns in many countries and especially in China there's always the risk that disease can flare up again and sporadic cases can turn into clusters, clusters can turn into community transmission and community transmission can lead to overwhelmed health systems.

We saw that happen in the earlier part of the year. We continue to see that happen in some countries. We need to avoid that happening again and we

would also encourage obviously countries that have been through the worst and come out of it to continue to offer support to other countries, to offer advice and lessons learned, to offer their partnership, to offer their technology and to offer their solidarity to the rest of the world.

Bruce, Maria, you were there.

MK I was just going to add to that, I think we need to celebrate the successes where we can. As this pandemic continues, as Mike has said, as you've heard us say many times, we're not out of the woods, we do have a long way to go, the virus has plenty of room to move but we have tools in place that really work, we have tools in place that can show that you can safely break chains of transmission to reduce transmission in places which saves lives.

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I think it's important that we do celebrate the successes safely please, make sure that any type of gatherings that happen are done in a very safe way where you still have your physical distancing and you have all the measures in place.

But I do think we need to highlight and support each other in sharing the stories of what has worked. I think many people are really in difficult positions right now. I think many people, individuals, governments... Everyone is tired and seeing resurgence in many places can be very difficult to handle mentally, physically.

But we will get through this and I think showing how you can get through this, showing what works and all of the steps... I think, as Dr Tedros has said, the foundation of what we have - and what I was so impressed with when Bruce and I and the international team were in China in February was looking at the foundations of this public health infrastructure, the systems in place that are set up to deal with infectious diseases.

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A system in place for surveillance; a workforce that was ready and trained to do active case finding and we're seeing this in many, many countries now, it's not just China now; to see this strong workforce for lab, for testing, for getting samples back, getting test results back very quickly.

To have infrastructure and a workforce in place, to have isolation take place in not only medical facilities for severe patients or people who are at risk of developing severe disease but to have mild patients cared for in community centres.

To see community workers who are out there helping to do contact tracing, helping to do information and bringing packages to individuals who are in quarantine; there's an entire system that's in place that was activated in China and is being activated in many, many countries now and I do think again to

say, let's celebrate the successes where we can, not become complacent because it's not over but be at the ready... and I think that is a positive thing so we look forward to more celebrations of success and the sharing of knowledge across the world.

00:42:13

FA        Bruce would like to add something.

BA        Yes, thank you, Fadela, and thanks, Mike, for the opportunity just to reflect on a little bit of what today may mean in terms of what we've seen in China passing this milestone. It's an important one but, as Mike said, 20 days without internal transmission doesn't mean we don't have virus and staying alert.

But it provides an opportunity to reflect a little bit on what we saw when we were in China and I think three things were particularly striking that are helpful at this point in this pandemic. The first was just the investment - and Maria referred to this - in the public health infrastructure at the national level, at the province level and then as we got into the municipalities and right down to community level there was a public health infrastructure right through all levels of the country that could talk to the different pieces and could move information, move learnings.

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Some things were particularly striking. They could update their national guidance in a country of over a billion people every week and get that right out through their system so people could stay current. It was very, very striking when you get out to those peripheral levels and saw just how up-to-date they were and they had the latest information on how to track and deal with this disease.

But I think probably more striking were two other things that we saw. The first of those or the second thing overall was just the sense of individual responsibility that we saw in the Chinese people when you travel around the country for three weeks and you're staying in hotels, you're travelling in trains, you're in restaurants or various places - socially distanced, very distant often.

But you do meet a lot of people, a lot of Chinese individuals and their sense of responsibility for keeping the world safe, keeping their communities safe, for doing the right thing was probably the most striking thing we saw, that sense of collective responsibility and when you talk about the sacrifices that were being made it was their duty both for their own country and globally, which was so impressive.

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Then the third thing we saw - I think Maria might remember - that was so striking was in many of the municipalities and provinces that we were in cases



were at that point starting to come down, in some provinces down to quite low levels and we would ask, what's happening and what next, to the mayors or the governors of these big provinces and cities.

They would say - and we heard it every single place we went - well, we're buying ventilators and we're building more beds and we're doing this, we're doing that. We were just struck by the incredible effort to build additional capacity and preparedness to be able to deal with what they realised would be an ongoing threat for some time.

I think all of those things are part of the reason that we're seeing today the very low levels of transmission that hopefully can be maintained but it certainly won't be possible with that continued dedication to all three pieces of what was rather striking in terms of the response that we saw there.

FA Thank you, Dr Aylward. Now we will go to Jeremy Lance from Radio France International. Jeremy, can you hear me? Jeremy, I think we lost you. Second attempt.

00:45:40

JE No. You can hear me, I think.

FA Jeremy, please go ahead. I think you are asking in French.

JE I can ask it in English; an answer in French is always welcome but English is fine. It's a question about the French Government, which is considering reducing the quarantine period from 14 days to probably seven days. One of the reasons is that it could help people who are contaminated and their contacts to respect more the quarantine. What is your opinion about that, does it make any sense from an epidemiological point of view?

FA Maria will respond to this question.

MK Thank you for the question. Yes, I heard this as well but just to say that the quarantine period is the period in which people, contacts of confirmed patients need to be separated from others. The 14 days is based on what we know as the incubation period, which is the time from exposure it takes to develop symptoms. For most people the average time is between five and six days but the upper bound of that is 14 days and so that's why we make the quarantine period 14 days.

00:47:02

We also have been asked by our member states and by everyone to have a non-test-based quarantine period because it is very difficult globally to have a large number of tests done and everyone knows that testing capacity is increasing, we have a 14-day quarantine period which is set based on all of the data that we have seen.

We initially had suggested and required a test to be done at the end of that quarantine period but we recently removed that as a requirement. It still can be done. We are also asked by a number of countries if that quarantine period can be reduced; can it be reduced to ten days, can it be reduced to seven days, can it be reduced to five days?

Many countries are considering that and my understanding is the countries that are doing that are looking at reducing the quarantine period but then also adding in testing again. So the point is that when you have a quarantine period your contacts of confirmed cases are isolated, are taken out, are put in a separate facility so that they don't have the opportunity to pass the virus on to somebody else.

**00:48:11**

Based on the information that we have the median incubation period is five to six days but it can go up to 14 days so to make sure that we break chains of transmission our upper bound of that 14 days still holds based on the data that we have seen.

FA Thank you, Maria. We will move now to Lara from Sao Paulo, Folha de Sao Paulo. Lara, can you hear me?

LA Yes. Hello, can you hear me?

FA Yes, very well. Go ahead, please.

LA I'm actually from Globo in Brazil but never mind. My question is, you mentioned the communications and the scientific evidence and the importance of agencies such as the CDC. But my question is, what happens when government send controversial messages to the population?

Here in Brazil we've had shut-downs and lock-downs for the population, our schools are still closed mostly but our President has repeatedly been seen outside without wearing a mask or he's advocated for, for example, chloroquine, which does not have a scientific basis for treatment of COVID-19.

So what happens, where does a population stand in the middle of that?

**00:49:35**

FA Thank you, Lara. Dr Ryan will take this question. Thank you, Mike.

MR I think we've had many questions over the weeks about Brazil and Government policies and others in Brazil. I think Brazil is a very large country. The state governors and the state-based public health authorities have been very involved in offering advice and support to communities. Then you have the national Government, the Pan-American Health Organization, PAHO, our American regional office and ourselves.

So citizens in Brazil and in many countries are able to look and seek information from multiple sources and certainly I think it is important more

than... It is good to be in a position where you can have absolute trust in any given government but it's also important that people seek multiple sources of information.

As Maria said, maybe there are too many sources of information at times and that makes it very difficult for people to decide what is credible but it is very important that governments - and again it's going back to my previous answer...

**00:50:47**

Sometimes messages are sent to communities that may have political overtones but building trust... I remember a communications expert once saying to me, it takes years to build trust and seconds to lose it.

I think that's the issue; good governments build trust with communities by only providing them with verified, evidence-based information because if things go wrong communities will understand but if communities perceive that they're getting information that is being politically manipulated or is being managed in a way that is distorting evidence then unfortunately that comes back to roost, that comes back at a government politically at a later stage.

I think that has been the case around the world and for many different disasters over time. Transparency, honesty, admitting error, admitting uncertainty - in fact highlighting uncertainties and then highlighting where certainties do exist; people can absorb that.

People are smart and people are realistic and people aren't looking for magical answers, they're not looking for unicorns. They understand, we all live in the real world and trying to present over-simplified, simplistic solutions for people is not a long-term strategy that wins with populations.

**00:52:15**

So we would call for transparency, consistency, honesty, an admission of uncertainty, an admission of error and I believe that builds trust with communities. It doesn't matter whether you're a local official, a state official, a national official or a global official; those same principles, I think, pertain and we would call on all governments to look at that and ensure that their strategy for communicating with citizens is sustainable, is honest and is communicated to the best interests of their citizens.

FA Thank you, Dr Ryan. The next question goes to Stephanie Nebahe from Reuters. Stephanie, can you hear me?

ST Yes, thank you, Fadela. A question please on vaccines; in China the vaccinations there are being expanded beyond medical staff, diplomats, etc, under this emergency programme that began in July. Our understanding is phase-three data is not available and I wonder how concerned WHO might be about that vaccination proceeding on a wider basis without the data being

available and whether WHO is in touch with Chinese authorities to obtain that phase three data please. Thank you.

00:53:41

FA Dr Swaminathan will respond. Thank you.

SS Thank you for that question. I could start and Mariangela might want to add a little bit on the regulatory aspects. As we have been saying in the past, there are clear criteria for how new drugs and vaccines are evaluated before they're introduced into the population.

When we're talking about vaccines against COVID we have to be mindful of several things; one, that they're being developed at the fastest speed that we've ever known, unprecedented speed. Second, that we're using a number of new platforms, a number of platforms that have not been used in humans before. We're talking here about the RNA and DNA vaccines and also some of the viral vectors that have not been deployed at scale.

Then of course we're talking about using it not on millions of people but potentially on billions of people so we have to put into perspective the introduction of a vaccine given these new circumstances which have not been in the past and then evaluating the risks and benefits of introducing a vaccine before we have adequate data on both efficacy and safety.

00:55:08

Efficacy one would be able to assess based on vaccinating a significant number of people, half given the vaccine, half not given the vaccine or given a placebo and then looking at the numbers of infections in these two groups and you expect a reduction of at least 50% in the vaccinated group.

Safety is a little more complex because safety involves both immediate side-effects which are quite common with many vaccines so you may have fever, you may have pain at the local site or swelling which usually subsides in a couple of days.

But then you need longer follow-up for side-effects, particularly unexpected side-effects which you may see only over weeks and months. So we would expect to see a follow-up again for a significant period of time to look both for long-lasting protection and safety signals that may pick up later.

That is why WHO has these criteria and we'd like to see data on both safety and efficacy in significant numbers of people. The phase-one and two studies are usually done in a few dozen individuals and while these give you some idea about safety and also an idea about the immunogenicity of the vaccine, what we are really looking for is signals for efficacy and safety during longer follow-up.

00:56:37

Having said that, national regulatory authorities do have the mandate and the power to allow use of medical products within their own jurisdictions under certain conditions and an emergency, a pandemic is one of those conditions where national regulatory authorities may consider this type of use.

Hopefully this is done under monitored conditions, it's done under what we call the emergency use of products under research settings where people who are given the vaccine are followed regularly, are assessed at periodic intervals, where data is collected and can be used.

But this is only a temporary solution and the longer-term solution is really completing those phase-three trials, which will provide the confidence for those vaccine candidates to be actually used in the millions of doses. Thank you.

00:57:37

FA Thank you, Dr Swaminathan. Dr Simao, I think, has something to add.

MS Just some quick additional information that WHO's office in China and WHO headquarters have been working with the regulatory authorities in China. We're in direct contact and sharing information and the requirements for international approval of vaccines so we're working together with the Chinese authorities on this.

FA Thank you, Dr Simao. I think we are coming up to the hour so I think we will take one more question and I will come back to Gunila. Gunila, can you hear me?

GU Yes, can you hear me?

FA Yes, please go ahead, Gunila.

GU Thanks, Fadela. Thank you for taking my question. My question concerns schools. Mainly in Europe they've all restarted now but there is a certain confusion among teachers how to deal with the situation because you will have children who will have coughing or stomach ache and at what point should they send them home, where's the limit when you should close a class or even a whole school?

00:58:49

Some more guidance on this would be useful. Do you have some? Thanks.

FA Maria, please.

MK Thank you for the question. It's really important that when schools are considering opening up and the safe resumption of schools that there are plans in place specifically to address an example of what you just asked in your question; what are the plans in place if you have children that are ill, if you have children who have respiratory illness or a fever or are suspected to have COVID-19 or something else?

Is there a plan in place within the school itself to say, this is a case that we're concerned about or a potential case we're concerned about, and to have how the child should be cared for? Then if that individual is a case what is the plan around contact tracing and what do you do in terms of if a classroom should be closed or if there should be a partial closure or not.

WHO with our partners, with UNICEF and others; we have a technical advisory group that is helping to advise us on educational institutions, specifically around these considerations; what needs to be taken into account when schools open or how schools open and how they can open safely.

**01:00:04**

I think one of the big things is, is this plan in place to be able to quickly detect a case and then what do you do if this individual is an actual case. Those plans should be outlined very clearly; what are the actual steps that need to be done in terms of alerting the school nurse or the parents, tests that need to be done, the follow-up of contact tracing, informing of the class itself and the parents themselves.

We are seeing schools that are putting into place different measures within the class itself, keeping classes in these bubbles, so to speak, so that the class itself stays together and they don't mix with other classrooms.

We are seeing differences in the way that they are approaching this by age with the youngest children having certain types of activities that they have to do per day, making sure that they do their hand hygiene, making sure that they're well-informed; older children, making sure that they have their physical distancing and hand hygiene, etc, etc.

**01:01:01**

But it is very critical that these plans are clear and that it's communicated not only to the staff of the schools but the children themselves and also their parents because as the situation evolves it's really important to know what to do and when to do it.

MR      Maybe I could just add because I think for a lot of parents it really comes down to understanding from the school authorities and from the health authorities, what's going to happen if my kid gets sick, what's going to happen if there's a suspected case in the school, which is very different to a confirmed case.

It's really important that authorities communicate that clearly and that it's clearly laid out to parents - and you said it in your question - if my child has the sniffles or a slight fever does that mean they shouldn't go to school and they should wait at home and be tested, what are the...?

I think sometimes lives are very busy for people nowadays and parents do want to understand the rules of the game, how this is going to work out.

01:02:03

Yes, the schools have many things in place in terms of pods and cohorting and it's very important that parents understand that; more importantly that children understand why the system works that way. But for the decision to send my child to school or not, what's going to happen, will I be contacted by the authorities; there's an element of stigma.

People feel fearful; if my kid gets sick and then the whole class is sent home does that mean that we're going to be pariahs in the neighbourhood? People have a lot of concerns that bubble underneath the processes and the more that schools communicate with parents and the more that parents understand what's going to happen if - and the more that public health authorities come in and intervene when there is a confirmed case and it's very clear that the school doesn't have to go through this process alone; it's not just down to the schools.

01:02:53

Schools have prepared a lot, they've brought kids back but it's also important the public health authorities are there to work with schools so it's clear immediately when there is an incident, an event or a case or a cluster, that the public health authorities come and explain to everyone what's going to happen next.

It's extremely important that we don't see stigma arising from the fact that a child is diagnosed or confirmed with coronavirus. Anybody can get this disease and anybody can carry this disease symptomatically or asymptotically and it is not the fault of a child that they have this disease.

I think particularly we've seen this in other elements of community practise and we've seen health workers be stigmatised because of COVID. It's really important now we don't stigmatise our children over this or the families of people who have a COVID-positive case.

FA I think Maria has something to add.

MK Yes, it's not about the schools. I want to clarify something. With the question that was asked by Jeremy about the French Government and the question about quarantine, I answered the question as the quarantine that relates to the quarantining of contacts of confirmed cases.

01:04:03

There are other ways in which the word quarantine is used so I just want to make sure that my answer is specific so that. What WHO recommends is a quarantine period - these are contacts of confirmed cases - of 14 days. I was referring to the incubation period when somebody goes from exposure to when they develop symptoms. On average it's between five and six days but it can go up to 14 days, which is why we make that 14-day period.



We are always looking at the evidence of the incubation period coming from all different countries and looking at if that can be modified and if so can we modify it with the addition of testing or whatnot.

So we are looking at that but right now it continues to remain a quarantine period of 14 days. I did see a recent review that has looked at the incubation period, saying that the mean incubation period depending on the country ranges somewhere between two days and ten days; a mean incubation period of two to ten days.

**01:04:58**

So the 14-day upper bound is really a robust number to prevent the potential for onward transmission; I just wanted to clarify that because we were having a little debate here about the actual question itself so I want to be very clear.

MR      Could I also say, Fadela, say that we advise that people who travel internationally are travellers, they're not contacts. They may be coming from a country that has a higher incidence so people who are known contacts of confirmed cases should not travel.

People who are travelling by definition are not contacts so they're not the same category as Maria spoke about. Governments and people have to manage a very complex issue here; managing two weeks' self-isolation or restricted movement when people arrive in a country is, for a businessperson, for someone going home to see family, quite an imposition.

But those individuals are coming from an area of perceived risk in another country. They're not contacts of COVID and therefore governments are within their right if they want to to reduce the time of observation that those individuals are in specific self-quarantine or self-restricted movement.

That doesn't mean that the person loses responsibility to report symptoms if they get them so I think that's a flexible number and it's about the level of imposition of...

**01:06:25**

It's difficult for people to implement and it's difficult for governments to monitor so in a situation like - I don't know for sure, I haven't seen the issue or the data from the French side of the proposal but especially if you're focusing in on containing your own major community transmission and you're focusing on ensuring that your contacts of cases are self-isolating and you want to track them most aggressively for the 14 days, if people are coming into your country in order to reduce the pressure on your follow-up systems, yes, countries could be... it would be a defensible thing to say, we'll reduce the period of observation on travellers coming into our country.

Again each government has to set that period. Some governments are moving towards testing regimes; some governments are doing different things. I do

think that's - I won't say a flexible issue but it's an issue where governments have choices that they can make.

**01:07:22**

But I think Maria's correct; contacts of confirmed cases need to be in quarantine for 14 days and that's not something that we think would be advisable to reduce or adjust in any way.

FA Thank you, Maria; thank you, Mike, for this clarification. To our friends, journalists if you have still any remaining questions please do reach out to the media team and we'll make sure you have the answer.

I do apologise to those who could not get their questions answered. It's already one hour so I will give the final floor to Dr Tedros. Please.

TAG Thank you. Thank you, Fadela. Our message today is for countries to continue to invest in public health and primary healthcare while fighting COVID. Many countries who have invested in public health and primary healthcare are responding to the COVID pandemic in a better way so investment in public health and primary healthcare is essential.

With that thank you so much again for joining us and we look forward to seeing you in our next presser. Thank you.

FA Thank you all. Au revoir.

**01:09:08**