

COVID-19

Virtual Press conference

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SI	Simon
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00:00:22

MA Hello, everybody, and welcome to our regular WHO press briefing on COVID-19. As usual we'll be providing simultaneous translation in all six UN languages plus Portuguese and Hindi. Remember because we're using Zoom Hindi is listen-only and is

actually found under Japanese. Likewise if you wish to listen in Arabic please go to the Korean button.

Today we have Dr Tedros, as usual, who will be leading the briefing but today joining our Director-General will be Dr Ahmed Al-Mandhari, the Regional Director for the WHO Eastern Mediterranean region, and Dr Richard Brennan, Regional Emergency Director for the same region. They will be providing more information about the COVID situation, the context, the challenges and achievements in the region.

Joining them will be our other regular speakers, Dr Mike Ryan, Executive Director of the WHO Health Emergencies Programme, and Dr Maria Van Kerkhove, our Technical Lead for COVID-19, who will, as ever, provide answers to all your questions. I will now give the floor to Dr Tedros.

TAG Thank you. Thank you, Margaret. I would actually like to use this opportunity to thank Tarik. He has been moderating, as you are now, for, I think, close to 74 times so I'd like to thank him and also thank you for joining on July 1st. I would like to say to one of our colleagues here, Happy Canada Day; July 1st.

00:02:19

Good morning, good afternoon and good evening. More than 10.3 million cases of COVID-19 have now been reported to WHO and more than 506,000 deaths. For the past week the number of new cases has exceeded 160,000 on every single day. 60% of all cases so far have been reported just in the past month. We will never get tired of saying that the best way out of this pandemic is to take a comprehensive approach; find, isolate, test and care for every case, trace and quarantine every contact, equip and train health workers and educate and empower communities to protect themselves and others.

No testing alone, no physical distancing alone, no contact tracing alone, no masks alone; do it all. Countries that have adapted this comprehensive approach have suppressed transmission and saved lives. Flare-ups are to be expected as countries start to lift restrictions but countries that have the systems in place to apply a comprehensive approach should be able to contain these flare-ups locally and avoid reintroducing widespread restrictions.

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However we're concerned that some countries have not used all the tools at their disposal and have taken a fragmented approach. These countries face a long, hard road ahead but one

of the lessons of the pandemic is that no matter what situation a country is in it can be turned around; it's never too late.

As you know, in March Italy and Spain were the epicentres of the epidemic or the pandemic. At the peak of its epidemic Spain had almost 10,000 cases a day and Italy had more than 6,500 cases but both countries brought their epidemics under control with a combination of leadership, humility, active participation by every member of society and implementing a comprehensive approach.

Both countries faced a daunting situation but turned it around. The fastest way out of this pandemic is to follow the science and do what we know works; a comprehensive approach. Today and tomorrow WHO is holding a second research and innovation forum bringing together more than 1,000 scientists from all over the world to take stock of the progress made so far, to discuss new research questions and knowledge gaps and to define research priorities for the remainder of this year and beyond.

Research and innovation have played a vital role since the beginning of the pandemic and even before. In January WHO published the first protocol for PCR testing for the new coronavirus.

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In February we brought together hundreds of researchers from around the world to identify research priorities. In March we launched the Solidarity trial, a large international study to find answers about which therapeutics are the most effective and in April with the European Commission and multiple other partners we launched the Access to COVID-19 Tools Accelerator to catalyse the development and equitable allocation of vaccines, diagnostics and therapeutics.

This pandemic is a scientific challenge but it's also a test of character. We must act in the interests of global solidarity and our shared humanity. We have a shared responsibility to ensure that all people have access to the tools to protect themselves, especially those who are most at risk.

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Although the pandemic is global there are differences in the experience and approach of each region and country. Over the next few weeks we plan to feature a different region regularly to highlight the challenges in different parts of the world and the lessons we're learning.

Today we're starting with the Eastern Mediterranean region, comprising much of the Middle East and North Africa, which is the third-most affected region globally after the Americas and Europe. Today I'm delighted to be joined by Dr Ahmed Al-Mandhari, WHO's Regional Director for the Eastern Mediterranean, and Dr Rick Brennan, the Director of the WHO Health Emergencies programme of the region, to talk about their experience and challenges.

Dr Al-Mandhari and Dr Brennan, welcome, both of you and thank you for your time today. Dr Ahmed Al-Mandhari, you have the floor.

HM Thank you very much, our dear brother, Dr Tedros, for giving us the chance to come and join you in this important platform and this important regular briefing that you have started at the beginning of this pandemic. It is our great pleasure to participate [unclear] in this sort of briefing.

If you all accept, I'm going to give my talk or briefing in Arabic so I'll start reading the briefing. Thank you very much, Dr Tedros and colleagues.

00:09:00

TR Good day, everyone. Good day, good evening. I greet everyone. We have come to a grim milestone. The number of cases worldwide is more than ten million and there've been at least one million cases found in our region, Eastern Mediterranean. Transmission of the disease was relatively delayed in our region compared to other parts of the world but we have still seen a steady increase of the number of cases since early May.

In June alone the number of cases reported was higher than the total number of cases reported from the period January to the end of May. All countries in the region are now experiencing cluster or community transmission.

Today three countries make up more than 50% of the total number of cases reported in the region. Those are Iran, Saudi Arabia and Pakistan. Recently increasing numbers of cases are also being reported from Iraq, Libya, Morocco, the Occupied Palestinian Territory and Oman.

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Almost 87% of all deaths reported are from five countries. Those are Iran, Iraq, Saudi Arabia, Egypt and Pakistan. Over the past few days we have started to see a gradual steadying in cases

and deaths across the region are also plateauing but we remain as vigilant as ever.

We are in a race against the clock. Half of all countries in the region face humanitarian emergencies as well. Millions of people live in camps or camp-like settings. Health systems are devastated by years of war and health workers and medicines are in very short supply.

Humanitarian access to people in non-government-controlled areas is still limited and people are simply dying of diseases that are easily treatable under normal conditions. These are avoidable deaths.

Now COVID-19 has engulfed the region, making things worse. The front-line workers and health personnel who are fighting against poverty, hunger and disease are now facing fear and panic from ordinary people. We have noticed that the disease has been slower to take off in conflict-affected countries, although this is in part due to problems with testing and reporting more than anything else and we are working under the assumption that it is widespread.

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Despite challenges we need to strengthen our ability to test in those regions and our response. We remain very concerned about the populations living in camps who are high-risk. We have been working [unclear] with partners and national authorities to limit inward and outward movement and applying other control measures.

We have a considerable migrant workforce in the region and these individuals are more exposed to COVID-19 than others, they're more vulnerable so with partners and national authorities we are working to make sure that the needs of migrants and migrant workers are addressed and to make sure that they're protected.

We are at a critical threshold in our region. Today some countries are beginning to ease restrictions but there's a real risk that we will see further increase in cases even in countries where the situation seems to be stabilising and that's why we're refining our guidance as the situation evolves every day and we're working closely with governments and partners to minimise the risk of increasing transmission patterns.

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We have certain challenges that we have to identify and we need to scale up our support but let's just say the limited data reported from many countries is preventing us from obtaining a complete picture of the situation and it therefore affects our ability to make solid, evidence-based recommendations.

It is imperative that we learn from the many challenges of this crisis. We have made small steps forward and small victories. The governments have had to play a pioneering political role. The logistical centre in Dubai also has played a leading role in ensuring that protective gear and supplies are swiftly delivered.

The regional polio programme has been instrumental in supporting the response to COVID-19 and the polio team has however had to pay a high price for this contribution. More than 200 polio workers have tested positive and two of them have lost their lives. They are a courageous and valiant team and we pay tribute to them. We pay tribute also to health workers across the region and beyond.

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There however is no option to fail, quite frankly. Some six months into the pandemic response it is more critical now than ever that we do not disrupt essential services such as immunisation programmes or treatment for people with chronic diseases or services for mothers and children.

These services must continue uninterrupted. We still have a long and challenging road ahead. More than ever the role of individuals and communities is critical as countries start lifting restrictions. Every decision made by a single person affects us all collectively and can have irrevocable consequences. We must remain fully committed to our regional vision for health for all. Everyone has to have access to health. This is a right.

It means that all governments need to step up and help us face this challenge. Thank you very much. Thank you for your kind attention.

TAG Shukran jazeelan, my brother, Ahmed. Now back to Margaret, please.

00:16:53

MA Thank you very much. I understand Dr Al-Mandhari will not be able to stay for long but Dr Rick Brennan will be available to answer questions about the Eastern Mediterranean region. The first person I have with a question is Corinne Gaultier from Bloomberg.

CO Hi, everyone. Thank you for taking my question. Mine is about the new China mission. I was wondering if you could give some more information on it such as when will the team go exactly and what will the mission do exactly - will you study the new swine flu as well? - and maybe who is on the team. Thank you.

MR Their planned mission is an advance mission, much as the previous China missions were a small advance team who went in advance to make preparations with Chinese colleagues, essentially to set up the scope of a mission, the terms of reference, the areas of study and then to lay out a programme of work to carry out all of that work. That's currently being obviously dealt with right now in terms of the formalities for that and we expect initially two experts from headquarters here to join our country team.

One will be an expert in animal health and one will be an epidemiologic expert with a major background in field investigation of epidemics and epidemiologic methods for investigating such situations.

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But as I said, that is a scoping mission and we do expect then in collaboration with colleagues in China to define a larger international mission. Again it's important to note that we welcome such collaboration in many, many situations. We work very closely with countries who generally will carry out their own investigations and provide those investigations to WHO and therefore it is an extra step for any country to invite in international teams and collaborate openly with them so we look forward very much to that collaboration.

With regard to the issue you referred to, the new virus, I think it's important for us to clarify that, I believe, the virus you're referring to is the Eurasian avian-like H1N1 swine influenza virus, which has been a virus that's been under surveillance by Chinese authorities and by the global influenza surveillance network around the world, the WHO collaborating centres. It's been under surveillance since 2011 and in fact the most recent publication is a publication of all of that surveillance data over that time. And obviously reporting both on the evolution of that virus within the swine population but also in terms of occupational exposures to workers over that time.

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It's very important work and it's work that is again carried out in collaboration with the WHO collaborating centre at China CDC and the other collaborating centres around the world, including the WHO collaborating centre for influenza at CDC in Atlanta and again shows the vital importance of the global influenza surveillance and response system, the WHO collaborating centre network, who keep these viruses under constant surveillance.

There are many, many, many avian flu and influenza viruses out there that have pandemic potential. We learnt that in 2009, when a pandemic emerged in the Americas and we constantly need to stay on the alert. We need to continue to carry out very, very good surveillance on this G4 genotype and we expect that will continue in the coming months and years but again it's important, I think, to reassure people that this is not a new virus.

This is a virus that is under surveillance. We are concerned with any viruses that show potential to infect humans and we will continue with our collaborating centres and the global influenza surveillance and response system to keep this virus under close surveillance.

00:21:30

MA Thank you, Dr Ryan. The next question comes from Jim Rupe, Westwood One radio. Jim, can you unmute yourself.

Jl Yes, thank you very much and hello, everyone. I apologise for not having a question about the Middle East or the Mediterranean thing but I do have a question about... As I understand it there is no vaccine for a coronavirus and this is the first coronavirus pandemic.

So my question is, if there is a vaccine that is developed successfully for this coronavirus - and I'm assuming there will be - will that help in developing a universal vaccine for the coronavirus or just a universal vaccine in general; would this be a great step toward that?

MR Universal vaccines against respiratory pathogens are really the holy grail of our long-term hopes. We've spent many decades thinking and hoping for a universal vaccine against influenza and that has not been achieved although much work is currently underway to develop such a universal vaccine and that work is funded by many agencies around the world, including the Bill and Melinda Gates Foundation.

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So identifying targets in viruses that are conserved over time, in other words sequences or proteins that we can develop vaccines against, that allow us to give a universal protection are very important.

It remains to be seen whether a vaccine against this coronavirus would provide any cross-protection against other coronaviruses. Many of the vaccines being developed are being developed against the surface proteins of the virus. There is constant variation in those proteins and therefore we would hope that the vaccines that are developed will be effective against this strain of the virus.

It remains to be seen whether that would provide any cross-protection and I would imagine, given the long-term threat presented by coronaviruses and what we see out there in nature, that the long-term pursuit of more universal vaccines against SARS coronaviruses should be a long-term objective in the vaccine development community.

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But for now we deal with SARS-CoVi2 and what we do need is a safe and effective vaccine against this virus and as you know, many, many products are currently in the pipeline, many now in clinical trials. We hope that such vaccines will be, number one, effective, number two, safe and, number three, will be accepted by people around the world and be available for everyone who needs them.

Those outcomes are not a given and we have a lot of hard work to do in order to be able to achieve that but yes, the pursuit of universal vaccines is a very positive idea but, as I said, it's easy to say, it's hard to do. We are many decades into influenza control and we're still not close to having universal vaccines against that virus.

MK Thanks, Mike. Just to add to say that I think this is a very good question and it's a good opportunity to say that the work on vaccines for SARS-CoVi2, the virus that causes COVID-19, began even before January 2020 with the development of vaccines for SARS-CoVi1 and for MERS and so the work that began there was building the research capacity, building the techniques and the technologies that could be used to advance vaccine development as a whole.

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So in January 2020 we didn't start from scratch. We had a new virus, we had a new pathogen and being able to know what that is triggered our work into focusing on SARS-CoV2, as Mike has just said. But the collaborations that began with scientists all over the world, with manufacturers, with production companies; that started before and now we've enhanced that, now we've accelerated that, working towards a vaccine that is safe, that is effective and that is available for those who need it.

But I think we should pay homage to the people who have been working on coronaviruses for decades. There are a number of coronaviruses that circulate and so those that did the hard work for SARS-CoV1, those that are doing the work for MERS - because MERS is still circulating in the Eastern Mediterranean region and other countries as well; any advancement we could make for a coronavirus vaccine will get us closer to a vaccine for any coronavirus that emerges. Hopefully this work will pay off in the long run.

MA Thank you, Dr Van Kerkhove and Dr Ryan. The next question we have is from Emma Farge from Reuters. Emma, can you unmute yourself and go ahead.

00:26:37

EM Good afternoon. I wanted to ask a question on the Eastern Mediterranean region, please. The Director referred to limited data and I was wondering if he could elaborate on what he meant by that. Did you mean that the region is not testing enough or it's not providing enough data? Please could you clarify?

MA I think [inaudible]. Would you kindly answer that question?

RB Thanks very much, thank you for the question. I think it's actually a combination of issues. As Dr Al-Mandhari said, we have nine or ten countries in the region with humanitarian emergencies and they have very weak health systems, do still not have sufficient testing capacity [inaudible]. We are working with them to strengthen that testing capacity.

I think also there are some other gaps in the availability of data, not being readily available but we are working with each of the countries to do that. I think what we have seen is across the region a very strong effort by most of the countries to expand their testing and as we look at the patterns of increase in the number of cases and increase in the number of deaths that has coincided with the increase in testing.

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But we still, as the Director-General himself said, all know what works. We need to be scaling up all those public health interventions that we know are effective and testing is critical to that so we still need more testing at subnational level and we are working very, very hard with each of our member states on that particular issue.

MA Thank you, Dr Rick Brennan. We have no further answers in the room so the next question will come from Donato Mancini from the Financial Times. Donato, can you unmute yourself and go ahead.

DO Hello, can you hear me?

MA Very well. Please go ahead.

DO Hi. Good afternoon. WHO has spoken a lot about equitable access to medicines, especially during this pandemic. So do you view US moves to hoard virtually all remdesivir through September with concern?

00:29:20

MR Yes, we're aware of the reports in the media around this purchase or procurement of remdesivir stocks and we're obviously working through our colleagues and our partners in the Access to COVID Tools Accelerator to clarify and verify this report. Obviously there are many people around the world who are very sick with this disease and we want to ensure that everybody has access to the necessary life-saving interventions but, as I said, we will reserve our commentary until we've verified the exact nature of the contracts but we're also aware of other arrangements being put in place for sub-licensing and manufacturing in other countries.

So let us look at the issues, let us look at the implications of this but certainly, yes, we can restate; we are fully committed as an organisation and with our partners to equitable access to life-saving interventions.

MA Thank you very much, Dr Ryan. The next question comes from Agnes Padrero of AFP. Agnes, can you unmute yourself and go ahead.

00:30:32

AG Hello, do you hear me?

MA Very well. Please go ahead.

TR I'll ask the question in French. The Chinese army mentioned the authorisation to using a vaccine among its troops. I wanted to know if you have any information on this vaccine and on the first uses of it and any general rules on testing a vaccine in this manner. Thank you.

MR Yes, the various vaccines are used in different situations but certainly in terms of population base utilisation of vaccines we would await the results of population-based clinical trials in order to prove safety and efficacy of use.

In the area of national defence and security militaries around the world have their own methods in order to define what products are needed or justifiable or used in their troops. We would again also be reassured that such products when they're used in the military are again subject to the proper safety and efficacy testing and again subject to the informed consent of the individuals who take those products.

MA Thank you, Dr Ryan. Just letting you know, we do have a lot of questions today. We really appreciate all the interest. We will take as many as we can but we can't guarantee that we'll get all your questions so please stick to one question, as everybody has but just letting you know.

00:32:23

The next question will be from Christian Ulrich of Deutsche Press Association. Christian, please go ahead. Unmute yourself.

CR Hello. This is Christiana. Thank you for taking my question. It is also on remdesivir. I was wondering, is your communication channel still open to Washington, are you talking to the US Government on remdesivir and other matters or is this on a wind-down? What is the latest on the relationship between WHO and the US Government? Thank you.

MR I can only speak to the technical collaboration and certainly we are grateful for and continue to engage with our technical counterparts in the United States on all matters related to science and public health and we're very grateful for their collaboration.

TAG It's just the same as Mike said; we're in contact and we're still discussing and there are collaborations. It's not specific to one thing that you raised but on many issues. Thank you.

00:33:48

MA Thank you, Dr Tedros and Dr Ryan. The next question we have is from China Daily, from Chen Huai Hua. Chen, could you kindly unmute yourself and please ask your question.

CN Hi. A related one; has the US made a pledge of its vaccine as a global public good, since the USA is the leader in the development of vaccine? Thank you.

MR I think you should refer that question to the United States Government.

MA Thank you, Dr Ryan. We now have a question from Greece, from Kostas Davanas from Hellenic Public TV. Kostas, please unmute yourself and go ahead.

KO Yes, thank you. Do you hear me?

MA Very well, Kostas. Please go ahead.

KO Thank you for taking my question. I'm coming back to the G4 virus. Can you give us please some [unclear] information about this new virus and how dangerous can it be in connection with COVID-19? Thank you.

00:35:11

MR I will begin. I think I've given you... Number one, this is a very recent publication. As I said, the viruses discussed in the paper that's just been published are not new and in fact this G4 genotype was previously reported in swine in China by the Harvard Veterinary Research Institute in a 2016 publication.

G4 genotype has been the dominant genotype in swine populations since 2016. The interesting finding in the latest report is the seroprevalence among swine workers, which needs to be looked into carefully with an elevated seroprevalence rate against the G4 virus being reported.

But this needs to be reviewed and looked at and we need to really understand the study design and the context and exactly how that process was carried out. Sporadic zoonotic infections, infections that transfer from swine to humans with the G4 genotype have been reported in the past and, as I said, the WHO collaborating centres, particularly the one at China CDC and our collaborating centre in the United States, CDC in Atlanta, have been working on this Eurasian avian-like A H1N1 variant and this has been, as I said, under surveillance now for many years.

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What is interesting in collaboration with OFFLU and the WHO Global Surveillance and Response System in monitoring this; different candidate vaccine viruses of closely related strains have been developed by WHO at the China CDC and they're available for vaccine development and preparedness purposes.

This has been a huge part of developing the pandemic influenza preparedness framework and ensuring that we're constantly checking on each and every one of these viruses and ensuring the candidate vaccine strains are available for rapid development should any one of these numerous strains ever show a likelihood of spreading successfully or efficiently in human populations.

But again I'd like just to restate that this is a finding from surveillance that's been carried out over many years. These are not new viruses. We always take any variant strains of swine flu viruses extremely seriously and that is why we will work and continue to work with our collaborating centres around the world on the surveillance and the development of countermeasures. Maria.

MK Just to add that this paper highlights the importance of the work that WHO and partners do with our collaborating centres globally looking at viruses that are circulating in animals. This one happens to be a swine influenza virus but there are other coronaviruses that are circulating in animals, there are other known pathogens that are out there.

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What we are doing is working with partner agencies at FAO and OIE, with academic institutions across the global, with academic institutions across the globe, with national centres for disease control all over the world to conduct surveillance in wild animals, to conduct surveillance in domesticated animals and to conduct surveillance in those animal workers to ensure that if there is a virus that spills over we are able to detect it and we are able to detect it rapidly.

There's a whole body of work and scientists who are working globally on all continents looking at these viruses and for those of you who are watching who may not know that I think it's important to mention. So as Mike has said, this is not a new virus. This is a paper that is reporting on surveillance activities that have taken place between 2011 and 2018 in China.

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We're grateful to all of our partners who are doing work in this area of looking at the epidemic potential - we always say essentially, is a virus that is circulating in animals, can spill over into humans; we call that a zoonotic transmission - and the potential for that virus to continue to spread.

But this is an important area of work and it highlights the need to remain focused on this. Even though COVID is happening globally we still need to ensure that our surveillance programmes for influenza are continuing and that we strengthen them so that we are able to detect these viruses spilling over rapidly.

MR If I could just add to that that the global influenza surveillance and response system collaborating centres, national influenza centres around the world are constantly doing surveillance for seasonal influenza and they are the basis of developing the yearly seasonal influenza vaccines for the northern and southern hemispheres.

They carry out active and ongoing surveillance of avian flu strains around the world. All of that infrastructure has been turned and is now looking also at COVID-19 and doing sentinel surveillance for both COVID-19 and for other influenza viruses.

This is a hugely important global good. This is a massive piece of global health security and I would remind our member states and our donors that this system is constantly underfunded and this system is in constant threat of being not funded.

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Our colleagues - Rick Brennan is on the line from the Eastern Mediterranean region. We've spent the last five years investing in and expanding the influenza surveillance and response capacities in the Eastern Mediterranean, on the African continent and we now face a situation due to funding shortages that we may have to pull back on these investments. These are the unfortunate trade-offs that we may have to make.

MA Thank you, Dr Ryan and Dr Tedros. The next question is from Laurent Sierro from the Swiss news agency here in Switzerland. Please unmute yourself and go ahead, Laurent.

LA Can you hear me, Margaret?

MA Very well, Laurent. Please go ahead.

LA Thank you and thank you for the briefing. You mentioned earlier the flare-ups observed in certain countries that started to lift the lock-down. There has been a steady increase this week in

Switzerland and in most of the cases it's related to small clusters in nightclubs so do you consider that it's possible in this kind of venue to honour the physical distancing or is it just impossible and should these venues be closed for now? Thank you.

00:41:57

MK Thank you for the question. You highlight an important challenge that many countries are facing right now where they have seen success in suppressing transmission or some success in suppressing transmission and are starting to open up and many countries are doing that carefully.

We live here in Switzerland and we are seeing that careful lifting, that stepwise approach of lifting these measures and I think we need to be realistic that we will see some setbacks in the sense that there could be pockets of activity, there could be clusters of activity. You mentioned a nightclub and anyone who's been in a nightclub knows how close you could be in contact with one another and if the virus is present then it will take that opportunity to pass between people.

Which is why we mention all the time this comprehensive approach of physical distancing and it's physical distancing at all times of people, at least 1m between people; using hand hygiene; using respiratory etiquette; staying home if you're unwell; staying home if you're asked to and other measures that governments have put in place.

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But the virus does like the opportunity to pass between people if you're in close contact with one another. What is important is when we do see these pockets of activity, we do see some clusters emerging that we use the system that is in place, that public health infrastructure, the ability to rapidly find cases, to test those cases, to isolate cases - even if they're mild those mild cases need to be isolated or cared for in a medical facility - and to conduct contact tracing; make sure that the contacts are identified and that they're in quarantine.

By doing so you are effectively breaking those chains of transmission because you don't allow the virus to pass any more between people. But it's all of this together that needs to be put in place and so when these clusters begin it's important that countries act aggressively to try to stamp it out so that the small clusters hopefully remain small and die out and they don't become bigger.

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MR I think the thing to remember with transmission is - because we often end up in scientific arguments over asymptomatic, symptomatic transmission but in effect we're talking about context, we're talking about behaviour and though we might argue on the types of transmission the fact is that context and behaviour also are major drivers of transmission.

So our behaviours will facilitate disease transmission or mitigate against it. The context - as you mentioned, nightclubs, large gatherings where people's social inhibitions... where people even if they're asymptomatic may be shouting, singing and that produces its own problems.

So I think these are really important contexts and we've seen in cluster investigations in south-east Asia again how specific contexts can lead to higher levels of transmission but that is when the virus is present. So it very much depends on the background intensity of transmission at the community level and in situations where the virus continues to transmit and is in society then there are particular contexts.

We've seen that in long-term care facilities; we've seen it with dormitories, we've seen it with crowded places, mass gatherings and then there are particular contexts in which we've seen transmission intensified or amplified and generating those kinds of events.

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So it is about proximity, it is around intensity, it is around duration and every individual is in a sense - every person needs to look at their own risk. You need to be aware of what is the local transmission, you need to know what the transmission in my area is. You need to be able to take control of your own destiny also and not just rely on information from governments.

I do think people can manage. We do this every day of our lives as human beings; we manage risk. We decide when we cross the road. We decide when we fly. We decide when we have an operation or not have an operation. We make decisions every life. Sometimes we make life-and-death decisions about ourselves and about our children.

We are by nature, by evolution risk managers as individuals and I think we're intelligent and we're able to do that. What we need is the information to make those risk-based decisions. We need to

gain the knowledge to be able to make good decisions.
Knowledge and information allow you to make good decisions.

We decide on our proximity to other individuals. We decide on the intensity of our social engagement. We decide how long we spend in that environment. We can be advised by government, we can be advised by science but in the end this comes down to personal motivation and personal choice.

Governments and scientists have to support communities with the information, we have to facilitate, make it easier for people to make good choices but in the end it comes down to individuals and it comes down to communities.

If it doesn't feel safe it isn't safe for you and therefore inform yourself, understand the risks, manage those risks because otherwise the question you're asking - should we shut this, open that? - comes down to these binary choices; open/closed. We're in a situation right now where we have to, as I've said previously, learn to live with this virus, understanding how this virus is affecting your community, understanding how your behaviour, your individual behaviour either increases the risk or decreases the risk of this virus transmitting is absolutely vital.

00:47:45

So there is an element of government responsibility here and it is real and it is very important but there is also an issue of individual responsibility and taking control and managing our own risks.

MA Thank you, Dr Ryan. The next question comes from Bianca Rothier of Globo. Bianca, please unmute yourself and go ahead.

BI Hi, Margaret. Can you hear me?

MA Very well, Bianca. Please go ahead.

BI Thanks a lot. Dr Tedros said today that some countries had taken a fragmented approach and these countries face a long, hard road ahead. I would like to confirm; is that also the case of Brazil, am I right? How do you see the situation in Brazil at this point in time? Yesterday PAHO said that the peak in Brazil could be in August. Do you agree?

MR I think the Director-General was making general reference to the techniques and to the strategies that have worked. He was not making specific reference to any individual country. Again, as I have said on numerous occasions in the past, Brazil is a large,

diverse country with many different environments and situations that it has to deal with.

00:49:11

Currently it is a complex challenge for Brazil both at federal and state level and we encourage again Brazil to continue to take a comprehensive approach and to focus on reducing mortality, suppressing transmission and ensuring that communities are fully empowered and that government approaches are all-of-government, bipartisan and focused on passing the best possible information to people at all times.

MK I'd just like to add something. It's not about any one particular country. It's about what we are learning about how countries are responding in general and in the beginning, in early January when we're learning more and more about this what we've seen and what we've learned from countries is countries that acted very fast, who took this very, very seriously because of their experience with other similar pathogens like SARS back in 2003, like MERS in 2012/2013; they had first-hand experience of how dangerous a pathogen like this could be and that aggressive nature and approach and looking at this as an all-of-society, all-of-government approach and focusing on the fundamentals of public health really had a head start in the sense that they were able to formulate a plan, get organised, take this very, very seriously and really act quickly.

00:50:36

But the other thing that the Director-General said today was that it's not too late to turn it around so even countries that didn't do that, even countries that didn't have that first-hand experience with SARS have experience now with COVID-19 and it isn't too late to turn it around, it isn't too late to get the structure in place, to work on that and to use it appropriately.

Many countries are going through very difficult periods of time. Some countries who have had success in suppressing transmission, who are opening up now may have a setback, may have to implement interventions again, may have to implement these so-called lock-downs again. We hope not. We hope that we won't have to go into widespread lock-down again.

So it's not too late to act fast, it's not too late to use the tools that we have and countries have tools, they have surveillance in place, they have testing that is in place, they have people who can do contact-tracing even in situations that are overwhelmed. Break down the problem, break down this seemingly

overwhelming problem into smaller components that you can tackle.

00:51:44

The reason we say this over and over again is because we have seen countries that have been in overwhelming situations who have turned this around. So it isn't too late to use this comprehensive approach. We are here, WHO is here for all countries all over the world.

MA We're running out of time but we've got time for two more questions. I call now on Simon Ateba, our friend from Africa News Today. Simon, unmute yourself and please go ahead.

SI Can you hear me?

MA Yes, Simon. Please go ahead.

SI Thank you for taking my question. My name is Simon Ateba from Today News Africa in Washington, DC. As the number of cases in Africa continues to increase - we have 400,000 people who have been infected so far and over 10,000 fatalities have been recorded - we are beginning to see many people claiming that they have a way of curing the disease using non-traditional methods.

00:53:00

For instance on Monday a very popular pastor in Nigeria, TB Joshua, released a video of a medical doctor in Cameroon who was said to have been cured of the virus through prayers. I was wondering, in the context of infodemics how does WHO react to this influx of information coming from non-traditional sources and from pastors and from people who are not maybe in the medical field claiming that they are curing the disease? Thank you.

MR It's important we make the distinction between claims of disease cure and good acts that support communities in terms of the suffering they go through and certainly spiritual leadership at a time like this is very important in communities whatever the faith and therefore we respect and have worked very closely with faith-based organisations on the huge contribution they are and can make to managing anxieties at community level, providing direct support to communities coping with this disease, dealing with bereaved families and individuals.

So the role that faith-based organisations play is very important. They also play a very important role in getting good information to people. Sometimes it's projected as a route of misinformation.

In fact we find that faith-based organisations are a very effective way of passing good information because faith-based organisations are very often trusted by communities, they're a different channel and we're working very, very closely with those organisations around the world.

00:54:43

In fact this week at the pre-conference on the WHO infodemiology conference I think we had more than 10,000 connections to that conference. In fact I think today on the research side we have 1,000 connections into that so you can see there's a massive hunger and there's a massive commitment to the positive management of information around this pandemic and we're working very hard with our partners in the tech industry, our partners in the communications and social sciences and other UN organisations to do that so faith-based organisations are a very important part of this response.

With regard to claims of traditional methods or healing we've seen that in many different diseases effective therapies have been found through the examination of traditional products and other things. There are products out there that can enhance health and well-being and obviously healthy diet and supplement our diet with appropriate products is a very important part of being healthy.

00:55:50

Specifically though when it comes to making claims around cures for products we have to be very, very careful. We want to make sure that all products that show promise in the care or cure of individuals with COVID-19 go through and go into properly managed trials so we can see what their impact and their effectiveness is.

It is impossible to determine the effectiveness of any drug or any traditional product unless we put it through the rigours of a properly controlled trial; that is to say, whether it's a product developed by the pharmaceutical industry or a product developed by traditional methods.

As I said, many drugs and many effective things have been found through traditional approaches so traditional medicine is very important to communities around the world and therefore WHO has an initiative on traditional medicine. We look on traditional medicine in a very, very positive way but it is also, as I say, extremely important that any promising therapy go through the

proper testing for safety and efficacy so we can all support such products if they are found to be effective. Maria.

00:57:07

MK Just quickly to add on the information, as you pointed out, there's a huge amount of information that's out there not only for COVID but for different cures and every element of this pandemic. As Mike has said, we have a conference that's ongoing right now on this infodemiology of how do we manage all of this information. We're not set up to absorb this much information all the time so how do we tease out the good information from the misinformation from the disinformation?

Because there's information that's out there that's not quite right and that needs to be corrected and so we work very hard with different platforms, we put out these myth-busters where we directly, head-on say, this one isn't quite right, this is wrong, here's the right information.

But there's also information that's out there that's willingly wrong and that can be incredibly dangerous and it can put people in harm's way and so we're working also to ensure that the information that's out there is not harmful and that anything that is out there that is purposely wrong we address.

00:58:06

Faith-based leaders are incredibly important in this and, as Mike has said, we work with faith-based leaders across the globe, we work with different travel and tourism industries, we work with the civil sector, we work with scientists and public health professionals, we work with journalists.

Journalists also have a role to play in getting good information out, having fair and balanced reports and we're so grateful for these articles that come out that explain very complex topics and put it into the context of how we can help people, suppress transmission and save lives so we welcome the partnership with journalists on that and we work with individuals.

Everyone on the planet is part of this response, every single person and everyone needs to know that they have a role to play in this, not only for protecting themselves from getting infected but preventing the onward transmission to their loved ones, to someone who potentially is vulnerable that could develop severe disease.

So you have a role to play in also ensuring that you don't pass on poor information. Go to good sources. You can always come to

WHO but there are Ministries of Health, there are hotlines, there are reliable sources of information so please choose your information carefully and please be conscious about the information that you pass on.

00:59:25

TAG I would like to add on this issue. I remember - this is during the HIV/AIDS era at its peak and we started using medicines and some patients were using some medicines and there was the same situation as we're seeing now where people were forced to choose between the medicine and faith.

I remember we discussed with religious leaders and the religious leaders going to their followers saying, the two can go together, have your faith, continue to take your medicine, that's what we advise you. That really resolved the situation and we know - as Mike said - many religious leaders who would really advise their followers, follow their faith but at the same time use science. The two do not contradict; they go together.

That's our advice and we would call on all religious leaders to be in this fight and save lives. Thank you.

MA Thank you, Dr Tedros. The very last question goes to Paulina Alcazar from Encadena News, Mexico. Paulina, can you unmute yourself and go ahead?

01:01:12

PA Yes, thank you. Can you hear me?

MA Very well. Please go ahead.

PA Thank you for taking my question. Greetings from Cancun, Mexico. As the Dr Tedros says, this virus is very quick and thanks to the contact tracing we know that more and more people are infected without symptoms, the so-called asymptomatics. Can this be due to taking more than four months in raising their immune system through food, vitamins, care? Do you have new records of this condition?

MA Can you repeat that? We couldn't quite understand. You mention a condition related to the immune system. Is that correct? Would you kindly repeat it?

PA Yes. Thanks to the contact tracing we know that more and more people are infected without symptoms, the so-called asymptomatics. Can this be due to people taking more than four months to raise up their immune system by food, taking care of their own?

01:02:23

MA Are you asking whether people have improved their immune system by particular foods? Do I understand you correctly?

TR I can ask this question in Spanish if that's possible. Thank you very much. Dr Tedros is saying that this virus is circulating extremely quickly and thanks to contact tracing we have been able to find more and more people who are asymptomatic. These people do not have any symptoms.

Could this be due to having taken care of themselves for four years, having improved, strengthened, bolstered their immune system through healthy eating, through doing exercise? Do you have any information about this? Do you have any information regarding the asymptomatic people that perhaps have boosted their immune system through healthy living? Thank you.

MK I can start. Maybe Mike would like to... I understand the question. It's more about why are we seeing more of these asymptomatic cases through the contact tracing and are they doing something differently.

01:03:37

We do know that through contact tracing and people who are under medical observation, some of them are being tested and they're testing positive and they don't have symptoms and we've known this for quite some time; that you can have people who test positive and don't have symptoms.

We know that this individuals., if they're not in quarantine, can pass the virus to someone else. What we tend to see through surveillance activities is normally surveillance is focused on people who show up in a health facility, especially in the beginning of an outbreak.

Certainly in the beginning of the pandemic we often found people who were symptomatic first and then when we did our contact tracing if we found that that individual passed to someone else - the secondary transmission - those individuals tended to have more mild infection, some of them being asymptomatic.

We don't know why in terms of their immune system or if it had anything to do with how they ate. What we know is that all people are susceptible to this virus and people can get infected and we know that it's very important when we do our case finding and our contact tracing that those initial cases are isolated and they're cared for depending to the severity of their

illness and those people who are undergoing contact tracing are in quarantine because in essence if they in fact are infected then they are not able to pass that virus to someone else.

01:05:07

MR I think in general we don't understand the factors that drive asymptomatic versus symptomatic transmission. We don't know whether that is related to dose, related to age, related to the health of the immune system but regardless of that I think it's important that as human beings we're a very complex biologic system and we need a healthy immune system.

We go through many infectious diseases throughout our lifetimes and therefore a health immune system, a healthy microbiome, having general health is very important in fighting disease and therefore while it doesn't specifically help for COVID-19 a healthy diet and being in generally healthy condition and protecting and promoting immune health is very positive for any number of infectious diseases so I think it is important; good nutrition leads to better immune systems.

We've seen that; we've seen children who are undernourished, children in refugee camps around the world and how they succumbed so quickly to acute respiratory infection, to the impact of measles and other diseases.

So we do see the vulnerabilities that are created by poor nutrition and undernutrition around the world and we've seen the impacts of stress. You put a human being into a situation where they don't have access to adequate hydration, adequate diet over a prolonged period of time, where they're subject to psychological stress.

The archetype for that at the millions and millions of refugees and migrants around the world who live in these sorts of conditions. Absolutely, people in that situation are more susceptible to infectious disease and I think as a general principle we all need to look to how we can create a healthier population.

This is what Dr Tedros speaks about in the three pillars of WHO's strategy; we're not just talking about responding to epidemics; we're talking about protecting health, healthier lives. We're talking about healthier and stronger health systems to deliver healthcare and we're talking about protecting the world against emergencies.

01:07:19

So a huge chunk of WHO's overall strategy in our programme of work for the next five years is built around the principle of healthier lives and the immune system is an extremely important component of that and nutrition is linked to that in a very meaningful way.

MA Thank you, Dr Ryan and Dr Van Kerkhove and thank you to all the journalists who attended and for these really good questions. We will send the audio files as always and thank you, Dr Brennan, for being on the line and answering questions as well. I'll hand over to Dr Tedros for final [inaudible].

TAG Thank you. Thank you, Margaret, and a very good start. This is not your first time actually; we had you before to moderate this. Thank you to all also for joining and especially to our colleagues from EMRO, Ahmed and Rick; nice to see you virtually and thank you for joining. Thank you also to all journalists who have joined today and others of course. See you on Friday. Thank you.

01:08:44