

COVID-19

Virtual Press conference

19 June 2020

Speaker key:

TJ	Tarik Jasarevic
TAG	Dr Tedros Adhanom Ghebreyesus
FG	Filippo Grandi
IS	Dr Iman Shankiti
CPJ	Chuol Puok Jock
GU	Gunila
MR	Dr Michael Ryan
MK	Dr Maria Van Kerkhove
NI	Nidhi
GA	Gabriela
MA	Mariella
SA	Sara
ST	Stephanie

00:00:00

TJ Simultaneous interpretation in six UN languages plus Portuguese and Hindi and this is thanks to our interpreters who are here with us. We would like to thank them for being here. I'll give the floor now to Dr Tedros for his opening remarks.

TAG Thank you. Thank you, Tarik. Thank you. Good morning, good afternoon, good evening. The pandemic is accelerating. More than 150,000 new cases of COVID-19 were reported to WHO yesterday, the most in a single day so far. Almost half of those cases were reported from the Americas with large numbers also being reported from south Asia and the Middle East.

The world is in a new and dangerous phase. Many people are understandably fed up with being at home. Countries are understandably eager to open up their societies and economies but the virus is still spreading fast, it is still deadly and most people are still susceptible.

We call on all countries and all people to exercise extreme vigilance. Continue maintaining your distance from others. Stay home if you feel sick. Keep covering your nose and mouth when you cough. Wear a mask when appropriate. Keep cleaning your hands.

We continue to call on all countries to focus on the basics; find, isolate, test and care for every case, trace and quarantine every contact.

00:01:57

As the pandemic gathers pace it's the most vulnerable who will suffer the most. All countries, rich and poor, have populations who are vulnerable to a higher risk of severe disease and death. Tomorrow is World Refugee Day, an important moment to highlight the risks of COVID-19 for some of the world's most vulnerable people.

Refugees are particularly at risk of COVID-19 because they often have limited access to adequate shelter, water, nutrition, sanitation and health services. Over 80% of the world's refugees and nearly all the world's internally displaced people are hosted in low and middle-income countries.

WHO is deeply concerned about the very real and present danger of widespread transmission of COVID-19 in refugee camps. Beyond the health threat posed by the virus COVID-19 is also exposing many refugees to even more severe hardship. A report published today by the International Red Cross and Red Crescent Movement shows that about 70% of refugees surveyed in Turkey reported having lost their jobs since the start of the pandemic.

00:03:30

We have a shared duty to do everything we can to prevent, detect and respond to transmission of COVID-19 among refugee populations. Public health measures that reduce transmission of COVID-19 require strict and sustained implementation. This is difficult to achieve in refugee camps where the public health situation is weak.

It's an honour to be here today with my brother, Mr Filippo Grandi, the United Nations High Commissioner for Refugees.

UNHCR's primary purpose is to safeguard the rights and well-being of refugees. WHO's mission is to promote health, keep the world safe and serve the vulnerable. Our organisations are a natural fit and every day WHO and UNHCR work to strengthen the collaboration between our two agencies.

Last month our two organisations signed a new agreement to strengthen an advanced public health service for the millions of forcibly displaced people around the world. COVID-19 has demonstrated that no-one is safe until we are all safe. Only by putting politics aside and working in true collaboration can we make a difference. We're most vulnerable when we're divided but with solidarity and co-operation we will overcome this pandemic and be better prepared for the crisis of the future.

00:05:18

It's now my great honour and pleasure to invite my brother, the United Nations High Commissioner for Refugees, Mr Filippo Grandi, to say a few words. Please, Filippo.

FG Thank you. Thank you very much, Director-General; thank you, Tedros. I'm really very honoured and pleased to share this press conference today because of all the reasons that you have just explained. I do appreciate very much WHO's focus on the most vulnerable, including the refugees, displaced, stateless people that my organisation deals with.

It's also very significant, I think, that we have decided to speak together to the media today, the day before World Refugee Day, which is observed tomorrow and which, in this context this year, takes particular significance.

00:06:38

It is also significant that we do this the day after we issued our yearly report on forced displacement figures. They refer to 2019 and, as you mentioned, they're very dramatic. I've already spoken to the press about this but let me repeat what I guess most of you know already.

We reported a dramatic increase in displacement figures last year compared to the year before. We're close to 80 million people that are either refugees or displaced in their own country and this means in simple terms that 1% of humanity lives today in situations of forced exile.

You also already mentioned, Tedros, a very important and significant statistic. 80 - in fact sometimes we could even say almost 85% of the refugees and practically all the internally

displaced people live in countries that, contrary to the political rhetoric, are usually countries that are either poor or middle-income countries, not countries with a lot of resources.

This means - since I'm speaking from WHO headquarters - countries that not only have fragile institutions, fragile economies but also often fragile health systems and this is something that we need to reflect on.

I would also like to add another couple of statistics. One is that over 40% of the people we're talking about are people below 18 years of age so a very big prevalence of young people; children or very young people; and of course a very big prevalence of women over men because many of the refugees are in fact women, often women that are also breadwinners and have children in their responsibility.

00:08:50

It's also interesting that two-thirds of the figure is not refugees that have crossed borders but refugees in their own countries; internally displaced people. These people are people that are more difficult often to access for all of us in the humanitarian community. Why? Because they are in the middle of conflict and these are the places where - as we know very well and you have spoken about this very clearly over the past few months and I'm very grateful for that - places like Yemen, places like certain parts of Syria, places like Libya are the places where doing work, health work also for the vulnerable is extremely difficult.

Finally one more telling statistic; the figure we reported yesterday is about double the same figure ten years ago so in ten years the figure of forced displacement has doubled. What does this mean? This means that the space, the opportunities for solving forced displacement are receding.

00:09:59

We calculate, we estimate that in the 90s about 1.5 million refugees and displaced went back every year in operations of voluntary repatriation. We're down to less than 400,000 a year that avail themselves of these opportunities. This means that - as I've said many, many times and yesterday I was invited also to brief the Security Council on this - we are living in a world in which making peace is very difficult.

New conflicts emerge and add themselves to old conflicts, as in Afghanistan, as, to an extent, in Somalia despite improvements,

in other places, where conflicts continue to displace people and inflict suffering on civilians.

A few more words just to say that on this situation we now have the additional complication of the pandemic. I won't speak about the pandemic because of course the experts are here in WHO but I would like to add a few points to what you already said.

Though we have not seen - or not seen yet, I should say - major outbreaks where we feared the most, in large concentrations, in refugee camps traditionally as in Bangladesh for example. We've seen cases, we've seen some small outbreaks but not the catastrophic outbreaks that we were fearing at the beginning because of the lack of social distancing, the lack of water and sanitation facilities and so forth.

00:11:45

I think this is also due to the fact that in many of these situations we had time to prepare and there is where our co-operation with WHO has been invaluable because it is WHO - and I want to stress it and many of my humanitarian colleagues can say the same - that has provided us throughout these difficult months with leadership and technical guidance without which we would not have been able to achieve whatever we have been able to achieve.

So it's for me also an opportunity to thank the Director-General and to thank WHO staff worldwide for the support that you have provided to us in these very, very difficult months. But of course we hear what WHO keeps telling us; we need to keep that vigilance high in those situations.

And remember; the majority of refugees and displaced are actually not in refugee camps. They are in communities and those communities in some places have been devastated already by the pandemic. I'm thinking of Latin America where 17, 18 countries host more than four million Venezuelans on the move.

00:12:57

I'm thinking of many urban centres in Africa that are host to large refugee populations. I'm thinking of Afghans in Pakistan and Iran that live, share facilities and accommodation with communities that have been impacted very severely by COVID.

Throughout these situations what worries us and perhaps at this point from our perspective even more than the health impact is the impact on livelihoods. Refugees and migrants depend

essentially on daily wages, on very fragile income, on that informal economy which lock-downs eliminate very quickly.

So a lot of the jobs of the very thin livelihoods on which refugees depend have already disappeared and this is causing enormous vulnerability in people that depend on these incomes, vulnerabilities that translate also into health vulnerabilities because in many places to access health facilities costs money which is not there any more.

I would like to make a final comment. The key issue that we have been impressing on governments is that refugees, displaced people, other people on the move must be included in national health responses and this is again an area in which we have cooperated very well with WHO.

00:14:31

I have to say that in most countries this has happened. There was a clear understanding that if you excluded this population it would be actually a liability for the rest of the population as well so I want to thank all governments for having done this.

The next campaign for inclusion will be tougher and it is inclusion in social and economic responses. That will be more difficult, to include refugees and displaced people. It will be more difficult economically because it costs a lot of money. It will be difficult politically in many countries but I want to use this forum to appeal to states to think of that.

I've reached out already, we've reached out to the World Bank, to the International Monetary Fund, which are putting in place rescue packages for fragile economies to tell them, take into account when you plan this with governments that some of those states have the additional responsibility of hosting large refugee populations. I have to say that both the IMF and the World Bank have been very responsive on that so thank you very much.

00:15:38

I can only conclude by echoing what the Director-General said. I hope, as has been said many times, that the pandemic will be an opportunity for all of us to reflect on the need to move away from the rhetoric of me first, my country first and to work together in a unanimous manner.

Yesterday I briefed the Security Council, as I said, and this was my main message; please put aside your divisions. As the DG said, let's depoliticise these issues. This is valid for the pandemic

and this is valid also in dealing with refugee and migration issues. Thank you very much, Dr Tedros.

TAG Thank you. Thank you, Filippo. That was really, really great and speaking from your heart. I really enjoyed your speech and your passion. Thank you so much. Today we're also honoured to be joined online by two WHO colleagues who're working with refugees. First I would like to introduce Dr Iman Shankiti, WHO's representative in Lebanon.

As you know, Lebanon is a country of six million people, of which 1.5 million are refugees, mainly Syrian and Palestinian. There are also more than 0.5 million migrant workers. Dr Iman is currently leading the overall response to COVID-19 in Lebanon. Dr Iman, you have the floor and as-salaam alaikum to you.

00:17:27

IS Thank you so much for giving us the chance to brief you on Lebanon and thank you, Mr Grandi, also. As you said, DG, Lebanon is hosting more than 1.5 million refugees and 0.5 million migrant workers, which is around 30% of the total population and this is one of the highest percentages in the world.

The outbreak in Lebanon; we can still say that it is so far under control. We still have clusters of transmission; we do not have wide community transmission. The COVID-19 outbreak has really coincided with a very difficult period for Lebanon. We have a severe, unprecedented financial crisis and also this has been topped up by political insecurity and civil unrest which started in October 2019.

This has all resulted in a competition for the very scarce resources and employment which is quite fierce and also there has been a rise in collective anxiety in Lebanon. The threat of COVID-19 and the lock-down measures all are favouring inequities in access to health, a fact that WHO and partners have been working diligently together with UNHRC, [unclear], UNICEF and we have all tried to work with intensive social mobilisation and large-scale awareness interventions to address this very early in the outbreak, looking at some of the alarming figures that the refugees are facing due to the impact of the civil unrest and the COVID-19.

00:18:58

There has been a sharp drop in access to vaccination, which is estimated at around 50% and this is due to financial hardship but also due to the lock-down. There has been an overall drop in the

utilisation of primary healthcare services, which amounts to around 47%.

The admissions to hospitals also decreased by 30%. There has been a significant increase in the child labour estimates and also some of the recent figures or reported estimates that 63% of the caregivers have reported that they didn't have enough food for the last two weeks.

The rise of domestic violence - and this is something that we have been monitoring on the ground together with UN Women, UNPA [?] and National Commission for Lebanese Women. We're looking at monitoring trends around gender-based violence among the host community and also among refugees and we can see that there's a sharp rise in this.

00:20:04

We have been compiling this on a monthly basis, sending out gender alerts. This was used to brief governments, UN and also to impact the advocacy for programming for the refugees. WHO, UNHR and DP UNICEF, [unclear], IUM, civil society organisations and others were all aware of the triple crisis that Lebanon is facing. That's why when we started planning the response we planned it across the eight global pillars.

The support had short, medium-term and longer interventions. It was geared towards reinforcing the country health system's resilience but also supporting access or continuing care and also access to COVID-19 [sic] but there was a special emphasis on access to care for vulnerable populations, specifically refugees.

For example to ensure equity we kept saying that what applies to the Lebanese applies to the whole population in Lebanon. This was something that was quite important for us, that we adopted one national health preparedness and response plan. This was developed and it's in implementation right now. The same standards, the same rules apply to all whether a refugee, a migrant or Lebanese.

00:21:21

Also I would like to highlight a success story which was highlighted two weeks ago with UNHCR when we started testing of refugees. We developed a national testing strategy and the testing strategy... There was a sample that was specified for the refugees in their informal tented settlements but also for the refugees that are living among the population.

The testing has started and almost 50% of the samples in the camps have been reached. The same will be applied to the Palestinian refugees very soon.

Now due to the fragile context in the country the efforts are made by all partners to minimise tension between the refugees and host communities and to avoid stigma and discrimination, which has been happening a lot. WHO Lebanon together with UNICEF UNDP are collaborating with the Ministry of Information to counter rumours and misinformation.

At this critical juncture I can only say that I am urging all partners, stakeholders, private sector to work together, to work with us, to continue working with us to ensure that no-one is left behind. Thank you.

00:22:35

TAG Thank you, shukran, Iman. Now I would like to invite Mr Chuol Puok Jock. Mr Jock is currently leading the COVID-19 response in the Gambella region in Ethiopia. Ethiopia hosts more than 700,000 refugees in eight different regions. More than 40% of the refugee population is hosted in seven camps in the Gambella region. Mr Jock, you have the floor. Please go ahead.

Can you please unmute? Probably...

CPJ Thank you. [Unclear] for me to join this [unclear]. Do you hear me now?

TAG Yes, we can hear you. Please proceed.

CPJ Okay, thank you. Thank you for the introduction to Dr Tedros. I think it's a very good time for me to meet you today. I wish I could sit down with you as we [unclear].

Coming to the issues, Ethiopia has a population of more than 100 million and, as Dr Tedros said, it hosts more than 750,000 refugees in different camps in different regions.

00:24:13

Gambella hosts almost half of the refugees in Ethiopia and Gambella has a population of 0.5 million. They host more than 300,000 refugees in seven refugee camps. At the moment we have almost 8,000 refugees in the border waiting for resettlement.

So you can imagine that really is a huge effort for the COVID-19 response planning. In Gambella we have five hospitals and 28 health centres serving the host communities and 14 health

facilities that are serving the refugee camps. We can see that we don't have capacity to manage the case if COVID-19 continues spreading across the regions.

Do you hear me?

Currently we have five confirmed cases in the regions. [Inaudible] small number of people but we are really worried at the spread of the disease in the camps because the conditions where people are giving are cramped conditions and there [unclear] water to wash.

You know that there are illegal people coming across the border from South Sudan to the camp, which is really worrisome for the spread of the disease.

00:26:12

Currently WHO is working with HARA, the Ethiopian Government refugee agency, together with UNHCR and other agencies and partners just trying to prevent the spread or the entrance of COVID-19 into the camps. We are trying by changing the screening and using the surveillance system in the refugee camps to find the cases.

Currently we are working hard with all the partner and government agencies to tackle all the problems in the camps and together with UNHCR and other agencies we are trying to respond to the COVID-19 pandemic, especially for the vulnerable communities.

Taking this into account, we are really preparing for the case in the camp. We put in place isolation that may take care of those who may not require immediate treatment. Really we are working hard. It is a very, very big task for the partners. However I can really call upon all the partners to really work to tackle those problems within vulnerable communities including refugees and IDPs in the country.

00:28:09

Saying this, I really thank you for inviting me today to join this press conference to address the refugee situation in the region. We are really working together with all the partners and personally I would like to say, refugees are really our brothers, our people, where we can work to see their problems and we can be with them together in this COVID-19 response. Thank you.

TAG Thank you. Thank you, Chuol. Thank you so much indeed and I can understand the situation in which you're serving. Thank

you so much for your commitment in a place where we need committed people like you so our appreciation and respect to you and your colleagues. You're helping the most vulnerable and you should be proud of that and we're proud of you too.

Tarik, with that, please, back to you.

TJ Thank you. We all join, I think, in our thanks to Mr Jock and Dr Iman for the work they're doing. Also thanks to Mr Grandi for his opening remarks on this very important topic. We will now open the floor for questions. I will remind journalists that you can ask questions in six UN languages plus Portuguese and we will try to be concise and take one question per person. We will start with Gunila Vanhall, who is our Geneva-based colleague here for Swedish media. Gunila.

00:29:53

GU Yes, can you hear me?

TJ Very well.

GU Good. I have a question on what we all talk about, the second wave that we seem to be seeing now in China. What is WHO's definition of a second wave? Are we talking about when we have ten cases to 100 cases, when we have a cluster, when we have several countries? What do you recommend countries do if we have this second wave?

I'm thinking especially about Europe where they had strict lockdowns and they feel, we cannot afford to go back to that kind of situation. What kind of recommendation would you give to European countries if they have what we call a second wave? Thanks.

00:30:39

MR Thank you. That's a lot of questions inside a question and important issues at hand. I think there is no specific definition of a single wave but let me explain it like this. What we will see sometimes with viral diseases is they pass through a community like a wave passing through and it passes through and ends so you end up with... the number of cases rises and it falls down to a very low or undetectable level and there's a period of time in which there's very low or no activity and then the disease returns in a large way. That's what we see with seasonal influenza every year.

There's a different concept which many countries are facing now when they've come off the peak of the first wave but they

haven't reduced the disease down and they're in a steady state where they're struggling to reduce the incidence of the disease and then they get a second peak.

In other words community transmission continues to occur but at a lower level but you do not get down to the very low levels and then you experience a second peak within that first wave. So you can see a situation in some countries where they could get a second peak now because the disease has not been brought under control.

The disease will then go away, reduce to a low level and they could then get a second wave again in the autumn or later in the year so you may have a second peak within your first wave and then you may have a second wave. It's not either/or.

00:32:14

The second peak depends on how good, how strong and how effective is the control you have over the disease at this present moment. If you start to experience a second peak then the chances are that the disease is spreading in a way that you have not got full control over.

There is a phenomenon - and we've seen this phenomenon in many countries - that as countries have got better at testing sometimes the number of cases being detected goes up and then it's difficult to determine; is an increased number of cases due to more testing or more disease?

It's very important at that time to look at things like hospitalisations and deaths. If you start to see hospitalisations going up that's not because of testing. If you start to see the number of people dying going up unexpectedly that's not because of testing.

00:33:10

So I do think it's important to look at increased numbers, to examine where are those increased numbers happening, who are those increased numbers happening to, can it be explained by increased testing, is the health system starting to come under pressure.

If it is you need to act to protect the health system and to suppress infection because nobody wants to go backwards in the epidemic to a situation where people can't access healthcare. There are many countries potentially in that situation and that's why the Director-General has been very careful, Maria and many of us at WHO, to advise our member states that exiting lock-

downs must be done carefully, it must be done in a stepwise manner and it must be done and driven by the data. If you don't know where the virus is the chances are that the virus will surprise you. Maria, do you have any further...?

MK Just to supplement that, as Mike has said, many countries are in different situations and, as the Director-General has said in his speech today, this pandemic is accelerating in many parts of the world and so while we have seen countries have some success in suppressing transmission and bringing transmission down to a low level every country must remain ready.

00:34:27

If countries are seeing some success and are considering lifting the lock-downs we need to ensure that we are all using this time wisely to ensure that our systems are in place to be at the ready to detect any cases, any resurgence in cases, ensure that our workforce is in place, not only our healthcare professionals who are on the front lines caring for patients but those who can carry out contact tracing, those who can actively find cases and support the ability to rapidly identify cases.

Make sure that your supplies are in order, make sure not only that your hospitals are ready but that you have the supplies to be able to deal with any resurgence in cases and make sure that your essential medical services that may not have been able to be activated or be used at the full potential that they should be; make sure that they are up and running and that people receive the medical services that they need.

We should not be surprised if there are resurgences in cases because we know that a large proportion of the population remains susceptible, which means that if the virus has an opportunity to enter into the population again and if we do not have physical distancing and hand-washing and all of the other measures in place to be able to detect, isolate, care, contact-trace it will take off.

00:35:52

So it's about being able to not only lift these measures carefully but be able to activate them rapidly when they need to be activated again.

MR Sorry, just in terms of a complete answer I think it's important for precision. Having a cluster of cases does not mean a second wave so if we take an example of our colleagues, our friends in Germany - and I'm sorry if I pronounce this incorrectly

but in Gutersloh there has been a cluster of cases. That's involved a number of positive individuals; one-third of those tested have been positive; 7,000 contacts identified and in quarantine.

Schools and childcare in the area have been closed but in doing all of that German authorities hope to avoid a larger lock-down. What German authorities are doing is a targeted intensification of testing. They're doing smaller measures aimed at suppressing infection. They're trying to limit that geographically and in terms of its impact and then wait and see, does that work, and then if that works keep doing that.

00:36:59

They may have to add more measures; they may be able to take some of those measures away. I think what we really want to see is that agility, that ability to use data, to use investigation, to use testing, to use physical and social measures in an agile, adapted, sensitive, emphatic way where you're doing the absolute minimum you need to do to suppress the infection or the maximum you need to do with the minimum disruption of society.

I think there are good examples and I think our colleagues in Beijing as well are mounting a very large-scale response in Beijing in an attempt to prevent that getting out of hand and we've seen the same in Korea, we've seen the same in Japan; an approach to rapid detection, description, investigation and suppression of clusters because that's what you get at the end of your wave.

00:37:54

You get a few cases occurring and then a super-spreading event or something happening where there's a large amplification of disease and when that happens you want to avoid that first amplification turning back into community transmission.

What we've seen in the pattern - and we've said it before; you have sporadic cases here and there; they lead to clusters of infection; sometimes within those clusters super-spreading events because of indoor gatherings or because of some special risk factor.

Then those specific clusters have been associated then with reseeding at community level and then more intense community transmission picking up. There is a sequence of events here so when you start to see a cluster now in the absence of disease,

when you're down to a very low level of disease and you see a cluster you have to jump on the cluster, you have to take the cluster seriously because you want to avoid that second peak, you want to avoid going back into community transmission.

So using our tools in a more precise and agile way is what we need to do if we want to avoid the blunt instrument of lock-down, which we all need to avoid if we can because of the deleterious social and economic consequences.

00:39:07

But if you have full-blown community transmission and your hospitals are overwhelmed then you have no option again so we need to give ourselves options, we need to give ourselves choices and the only way we give ourselves choice is to react quickly; react quickly to the clusters, investigate, suppress infection, limit the measures and then avoid going back into the more destructive measures as a last-gasp attempt to shut down community transmission.

TJ Many thanks, Dr Ryan and Dr Van Kerkhove, for this detailed answer. We will try now to go to India where we have Nidhi from India TV. You need to unmute yourself, Nidhi.

NI Hi, can you hear me?

TJ Yes, now it's fine.

NI The number of patients who recovered from coronavirus in India has crossed about two lakh now and the recovery rate in the country stands at 54%. Recently the recovery has moved past active cases as well. How do you read these recovery numbers in India, what do these tell you?

00:40:21

MR Maria can give you some specifics. It's always great news when we see people recovering from COVID-19. The recovery numbers tend to lag behind because they're very often not reported officially and it takes time for us to catch up.

What we do see in those numbers is a group of patients who are very lucky in many ways to have got through the disease; some people who've been critically ill but also people who need continued support. Potentially some who've been critically ill need follow-up. At the critical stage this disease takes an awful lot of people.

They need follow-up medical care, they may need life support, income support and certainly the last thing they need is stigma

and we've seen situations where again patients are finding it hard to reintegrate because of stigmatisation.

So it's very important that we see the survivors of COVID as people who've been through a lot, people who've suffered and people who deserve the care and acceptance of communities as they return. COVID survivors are a symbol of hope for all our communities and we hope that in India they will provide that symbol for further efforts to control the disease.

00:41:37

We're also obviously seeing some interesting and useful therapies emerging and trying to ensure that patients who need it get medical oxygen, get access to the drugs, the standard of care that they deserve so, yes, it's good to see that.

There's nothing particular you can read into recovery rates but I'll ask Maria to maybe speak about that in terms of epidemiologically what it means.

MK Thanks, Mike. Yes, we are seeing a large number of recoveries and we expect to continue to see that. If we look at the breakdown of severity that many countries are seeing amongst the reported cases there will be recoveries but what we're trying to do through our clinical networks and through our collaborations with clinicians and medical professionals all over the world is really to understand what recovery looks like.

So even in mild patients who didn't necessarily require hospitalisation for care they are still seeing some lingering effects and we're really learning what those lingering effects look like. We're hearing of people feeling quite tired for quite some time, still feeling a little bit out of breath if they need to walk up stairs or walk up hills and so we need to better understand that so that we know what kind of long-term care is required.

00:42:51

Those individuals who've had severe disease who've been either intubated or on ventilation and required more advanced care; they may have some longer or more severe effects going forward but again we're working with the clinicians to find out what rehabilitation looks like amongst those that have recovered.

But as Mike has said, the fact that we're seeing so many recoveries is a sign of hope. We want to ensure that everyone who is infected with COVID-19 receives the care that they need to prevent them from advancing to severe disease but no matter

what level of disease they have to ensure that they're cared for even after they recover and they leave hospital.

TJ The next question comes from National Geographic. We have Gabriela di Bella with us. Gabriela. Can you unmute yourself, please? Hello?

GA Hello?

TJ Yes, we can hear you now.

GA Hi. Can you hear me now?

00:44:02

TJ Yes, now it's fine.

GA First I'd like to thank you for all your work. In Brazil we are also seeing a really big explosion of cases of severe respiratory syndrome. I would like to know how the WHO organisation is looking at this picture and if you are evaluating these numbers still when you look to the country and if this is happening too in other countries. Thank you.

MR I think I've said this before; our team in the American regional office, the Pan-American Health Organization, are working very, very closely with authorities in Brazil at both federal and state level. I think in the last 24 hours we've had again over 22,000 cases from Brazil and over 1,230 additional deaths, covering all of the federal units in Brazil.

The highest-reporting federal units are Sao Paulo, Rio De Janeiro, Rio Grande de Norte, Espiritu Santu and Pernambuco. The situation across the country varies and I think that's an important issue in any large country and federated state. The situation and the epidemic situation in each state is very different and we've seen flattening of cases in some areas but a continued rising of cases in others.

00:45:46

I've spoken previously about the health workers in Brazil who've bravely stood in the front lines. We've seen about 15,000 cases of COVID-19 amongst physicians, about 12% of the total; in healthcare workers nearly 19,000 cases amongst nurses and also amongst other technicians who work in the hospital space, I think, over 40,000 infections.

Healthcare workers represent over 12% of all COVID cases in Brazil so these are a very brave, courageous group of people who've stood on the front line and served the people of Brazil

with great courage and professionalism over the last number of weeks.

The intensive care capacity around the country continues to cope. I've said previously that some intensive care units in some areas have come under pressure but the system continues overall to be coping.

But it's difficult for any system to sustain this persistent increase in cases, the persistent pressure on the system and, as I've said previously, this requires an all-of-government, all-of-society approach with federal and state-based systems working seamlessly together in the service of the citizens of Brazil.

00:47:09

We will continue to work and support the Government of Brazil, the states and the citizens in any way we can to both suppress the infection and save lives.

MK I just want to add in general what we're doing to support as it relates to dealing with patients in clinical care in all countries. We work through our regional offices and our country offices to ensure that not only do we provide guidance in terms of what medical professionals need to do, how they can best care for patients, which we of course learn through our collaborations internationally.

We providing training, whether through our Open WHO platform or virtual training where we try to have these one-on-one discussions with healthcare facilities and with healthcare professionals.

We provide support in looking at surge capacity; what does the workforce need to look like, what do the number of beds need to look like and in what type of area within the hospital, whether for mild patients or more severe patients?

00:48:08

Ensuring that the clinical pathway is appropriate, whatever that medical facility looks like; making sure that there're infection prevention and control measures within the health facility, whether that's a community care centre or whether that's a tertiary hospital or whether that's a purpose-build severe acute respiratory infection treatment centre to ensure that healthcare workers are protected, that they have appropriate PPE.

We're also working to ensure that there's adequate oxygen supply in country so that patients that need respiratory support,

who need oxygen will have access to that within the country and within the healthcare facilities that are there.

But the support is through our regional offices, is through our country offices, it's through our partners, with our EMTs and it's based on need and it's based on risk. That is something that we as WHO with our partners are working to provide all countries everywhere based on what they need and when they need it and how it needs to be implemented.

TJ Thank you. The next question comes from Italy; Mariella Busolati from Business Insider Italy. Mariella.

00:49:28

MA Can you hear me?

TJ Yes, now we can.

MA Okay, thank you. I would like to know the technical details on the measures you're adopting inside the refugee camps to stop or keep the COVID lower. Thank you.

FG Thank you. The most important measure that we demand - that we request actually to governments is to ensure that whatever measures are taken for the national population include also refugees. This is where we work very closely with WHO because WHO have access to ministries of health and this is where our partnership is particularly valuable.

Many governments - most governments have done this already, as I said earlier, but many governments require additional assistance, in particular when a population is additional to their national population. This is where we have mobilised again with WHO's support and assistance medical supplies, PPEs, whatever is needed to help governments set up those responses, in particular where there are large refugee camps and you do have to set up, say for example, quarantine or isolation facilities in a refugee camp.

00:51:06

Clearly we have then worked specifically with governments to do that in those situations. We have worked very much in other areas as well, especially again when there are large refugee camps and concentrations; for example on improving water supplies which are so crucial, on improving sanitation systems to ensure that there is better hygiene. Often these are very overcrowded situations.

We have worked - extremely important as well - on another track, again with WHO; public information. I think we have all learned - all of us including people like me who are not experts like those people with whom I'm sharing this table - we have all been listening every day to the advice provided by the health authorities or by WHO on how to prevent the spread of the pandemic; washing hands, keeping social distancing, not congregating in large clusters, referring to doctors when we have symptoms, etc, etc.

00:52:15

So all of this was necessary also for refugee communities, often in different languages because they don't speak the language of the national population, of the nationals. This is another area in which we have been working very hard. These are really the main areas in which we have been cooperating with WHO but, very importantly, with governments that are hosting those populations.

MR May I supplement Filippo again with huge thanks to HCR, to colleagues in UNICEF, Red Cross and local NGOs. If we use just a particular example where we've all had concerns and worked together very effectively, we have the Rohingya refugee situation in Bangladesh with approaching a million people there over a long period of time; first of all with great thanks to the Government of Bangladesh.

Again the host government is a hugely important factor in the success in caring for refugees and we've worked very closely with the Institute of Epidemiology and Disease Control to establish laboratories in Cox's Bazar, not just for the refugee population but to support the local population as well.

00:53:23

Very often supporting the host population is very important as well as supporting the population who're being hosted as refugees.

Since the start of April we've supported over 11,000 tests being conducted in the camps. That's a daily sampling rate of about 500 samples per day. I know it doesn't sound like much but doing that in a camp situation has its own challenges.

We've supported 1,080 bed capacities in 12 isolation centres for severe acute respiratory illness so that people who do fall sick can, as Filippo said, be treated safely and not infect other patients and they're being run by partners in the camps.

Part of this process is transferring knowledge to local actors, local Bangladeshi actors, to Rohingya themselves, many of whom have professional backgrounds. We've established a referral pathway so we can identify and pick patients out who have respiratory illness and we've trained more than 200 staff in the camps on clinical management.

In addition we've trained over 800 staff in infection prevention and control, not just in the camp facilities but in the surrounding facilities within the host community so working across the health sector.

00:54:36

Indeed we've also had to update the operational plans for the cyclone season because if people have to shelter they may have to shelter in conditions in which they can't physically distance or are much more crowded together so we've had to update that guidance according to that.

But doing that while also protecting the immunisation programme, continuing to do routine immunisation and all of the other health services that are needed so providing healthcare to refugee populations is pretty much the same as providing it to any population but you're very often doing it in extreme environments, in situations of overcrowding where resources are limited, where you have a host government that's supportive and providing and facilitating that process, it makes it a lot easier.

Where you have partners as wonderful as UNHCR and the leadership that they show then the job is much more straightforward so we very much appreciate it. We would like to achieve that kind of action in every refugee camp in every country. Sadly that is not the case yet but that is the standard to which we wish to aspire.

00:55:48

TJ We will go now to Sara Gerving from Davex. Sara. Hello. Can you unmute yourself, please?

SA Yes. Sorry about that. Thanks for taking my question. Because vaccine is at an accelerated, unprecedented rate are there any concerns that long-term health impacts of a vaccine might not be detected? Are there any concerns about safety when the development process is at an accelerated pace?

MR Yes. I think when we talk about accelerated vaccine development what we hope is that we're talking about more efficient, faster but still extremely safe, well-planned, well-

managed. So what we're trying to do with many partners around the world - and there are many initiatives which are trying to accelerate the development of vaccine but not cutting any steps, no shortcuts, no issues that can be shortcut in this.

But there are things that have been done to speed up the process of that development and it's been unprecedented, the co-operation, the collaboration since many months ago, since the Director-General hosted the meeting here of the research and development experts from all over the world in February and subsequently in April brought partners together to initiate the Access for COVID Tools initiative.

00:57:14

Both have driven that process but there are no shortcuts in science and safety is a must. The trials that are underway now are safety trials and efficacy trials will begin. Those first efficacy trials will need to be as large as possible for two reasons; one, so we can get an early signal of clinical efficacy; but also because if we move from vaccinating small numbers of people to vaccinating very large numbers of people too quickly we may see effects that would not be detected in a small group.

Rare side-effects can be detected only when you have a large group of people tested so we would like - and that's why we've been working with partners all around the world to ensure that the clinical trials that we carried out together are done on as large a scale as possible in order to be able to detect any rarer symptoms or side-effects that may come from the vaccine.

It's an important question and something that needs to be closely monitored. That is often why even when vaccines are introduced for the first time they're associated with what they call post-marketing surveillance. There is a much higher need to do surveillance when you introduce a new vaccine, even when it's approved because there's always a chance of a very rare side-effect. You need to be able to pick that up and manage it.

00:58:36

So yes, there will have to be great care taken and we have to balance the benefit of a vaccine that can save lives and we have to manage the risks that are associated. Immunisation has proven over the last 50 to 70 years to be the single most effective health intervention and the single most effective life-saving intervention for children all over the world and we hope as we go through this process that we will together find a safe,

effective and affordable vaccine that will save lives in the coming years.

TAG I would like to add to that, safety for WHO is very central and if you remember, when we had the publication on hydroxychloroquine some weeks ago and the safety problems that were reported then, we temporarily suspended the Solidarity trial immediately because safety comes first and with vaccines the same thing.

00:59:47

If a safety issue is raised then we have to take action immediately but before then whatever safety precautions should be taken under the trial or the studies with regard to safety should be considered properly. That's one.

Then the ACT Accelerator that Mike mentioned, which was launched on April 24th, was, one, to accelerate the development and second, to ensure equitable access to the vaccine and for the vaccine to really reach everywhere and those especially who need it so you have both components.

But although it's not impossible to find a vaccine it's very important to understand that it's going to be a very difficult journey and we have to understand that. As you know, there is no known vaccine against any coronavirus so far so if a vaccine is discovered this will be the first vaccine for coronavirus so you can imagine how difficult it could be when you are searching for something first.

The second issue with the vaccine is, as we said earlier, the safety issue, which you said, and the safety issue should be assured. But more importantly once you have the product it should be accessible. Those who need it should have it but then because of the issues that I raised, since this is going to be the first time and all the things I said, our focus should be on doing the basics, the basics meaning the comprehensive public health approach, something that's already at hand.

01:02:25

I have already outlined some of the things before and my colleagues have already talked about them; the testing, the tracing and the rest and also what individuals can do; keeping your distance, using masks when appropriate and also cleaning your hands regularly and all the precautions that you can take.

We can actually keep away this virus by doing the basics, by understanding that this is everybody's business and each and

every individual should take care of herself and himself and his loved ones and should care about the others too.

When we do that we can really suppress this virus and that's why we're daily talking about that. We have to take more on what is at hand. We have to use what's at hand. Thank you.

TJ The next question comes from Reuters. We have Stephanie Nevahey.

01:03:50

ST Thank you. Sorry. I think a question for Mike; we'd be interested in knowing please your reaction to the comments by China overnight or early this morning about their preliminary findings that the Beijing outbreak is linked to what they're describing as a European strain of the virus.

They've also said that they, the Chinese authorities, have provided data to WHO. Could you comment and also confirm? Thank you.

MR Thank you. I haven't seen the sequences myself yet. Maria will maybe speak to that but when we talk about a European strain we need to be careful. There are different strains circulating but, to be frank, strains and viruses have moved around the world. For example if you go to New York, many of the viruses that circulated in New York were of European origin. Even places like Japan have reimported cases from Europe.

So I think it's not indicating that Europe is the origin of the disease at all. What it's saying most likely is that the disease was probably imported from outside Beijing at some point. Establishing when that happened and how long the chain of transmission is is important and that's why we're pleased to see the intensity of the investigation ongoing to ensure that we can find where that cluster began.

01:05:20

Again it demonstrates just how dangerous a cluster can be in a closed environment, whether that transmission is occurring person-to-person or through environmental contamination where an individual can contaminate the environment and all of the various hypotheses that have been looked at.

What is, I think, reassuring is that this coronavirus looks very much as if it's of human origin and as such pushes very much back against one of the hypotheses that was being pursued by

Chinese authorities that this could have been a breach of the species barrier again.

I don't think the evidence quite points to that but again I haven't seen the sequences. I haven't spoken yet to some to four scientific colleagues who have views on that but my sense is that we're dealing with a human origin for the outbreak. Exactly when that virus arrived potentially back in China, I think, remains to be determined.

What is important is that the cluster was established and secondly that there was an amplification again in a closed environment. We need to look in that environment; what are the risk factors that drive transmission in an environment like that?

01:06:34

Were in an environment in Beijing where many, many workers and people working there and from a cultural perspective are wearing masks but they're involved in a lot of activity, there's a lot of water, there's a lot of air-conditioning, there's a lot of freezing so the environment itself may have facilitated the spread of disease at least initially.

We've seen that in meat-packing plants; we've seen that all over the world so what is it about this environment that allows the disease to amplify in that setting? We've seen the same in religious settings; we've seen the same in others.

So it's really important to look at what are the factors that drive transmission in an environment like that and I think currently that's what we're very interested in. We are relieved in the sense that it looks as if this is a human-to-human event but again we need to understand the details of how that transmission occurred in that particular environment. Maria.

01:07:34

MK Just to briefly add, several sequences from Beijing have recently been uploaded to GISAID and so these are accessible to be able to look at and as we understand it the virus is closely related to the European strain, as Mike has said.

That was published on 18th in GISAID. We also of course received notification through our country office, through IHR which we do for all events in all countries. We've had briefings with our country office and we did have some members from China CDC brief our STAG the other day but again this is not unusual.

We've had a lot of briefings in this pandemic and just take an opportunity to thank so many countries. We had a briefing from Gibraltar today for the STAG. We're learning about how countries are dealing with their individual situations and every opportunity we have through these briefings is to learn.

As Mike has said, some of these amplification events are very important when outbreak investigations can be done and more detailed epidemiologic investigations can be done so we can better understand how this virus transmits between people in an attempt to prevent it from happening again.

01:08:53

TJ Many thanks. I will call now on Mr Jock who is joining us from Ethiopia, who wanted to intervene after the question was asked of the High Commissioner for Refugees. Maybe, Mr Jock, you could add something to what has been said on that question about COVID in refugee camps.

CPJ Thank you. Do you hear me now?

TJ Yes.

CPJ Yes, thank you. I just want to subsidise what has already been answered by the UNHCR Commissioner. Just to share their opinions, what we are doing in Gambella in relation to how we can prevent outbreaks in refugee camps.

Currently in Gambella we have a comprehensive plan for people from the host community and refugee and we have all the Coronation platform that is inclusive for both refugee and host communities. We have only one treatment centre now in Gambella that is ready to receive cases from both the host community and the refugee.

01:10:09

As we said, we are now preparing for the worst-case scenario in refugee camp in case cases increase in the refugee camps. We are preparing now just to treat mild cases in the refugee camp if cases increase in the refugee camp.

As we said, most of the [unclear] now are engaging in ITC watch [?] and risk communication and community engagement in refugee camps just to prevent this one [?], besides the system of surveillance to be able to detect the cases.

This is what I wanted to subsidise just to share what we're doing. As UNHCR said, when the Government is committed to include this one I think the communication, the spread of the virus in the

camp can almost be limited, as we are doing in the host community. Thank you.

TJ Thank you very much, Mr Jock, and good luck with your work. We will conclude this press conference here. I will let Mr Grandi and Dr Tedros maybe say goodbye as well. From my side, just to let you know that an audio file will be sent to you shortly and that a transcript will be available tomorrow. I wish everyone a very nice evening. Dr Tedros, Mr Grandi, maybe.

FG Just to once again thank WHO for hosting me here today. Tomorrow is World Refugee Day so please spare a thought about people that have now one more reason to worry in their lives, just as we all have but in addition to that they're people on the move, people in exile, separated from their countries and their families.

01:12:12

So I really appreciate this attention on this particularly vulnerable group. If I may also add one point, Mike earlier made a very important point; he stressed that whatever we do in refugee camps, in the refugee situation is also directed at communities hosting refugees. This is extremely important.

We can't create differentials or a different situation because another risk that a pandemic, as we all know, might generate is further stigmatisation of people that are not mainstream in that community. So I think it's very important that we also pay attention to that particular effect of the pandemic. Thank you very much.

TJ Thank you. Thank you, Filippo. Thank you for joining us. Tomorrow is Refugee Day and I hope it will be a time to also reflect on how we can support our brothers and sisters who are living inside a difficult situation. With that, thank you for joining and bon week-end. See you on Monday during our regular presser. Thank you.

Thank you also for joining us, Mr Jock, and our greetings to our colleagues there. Thank you; and Iman of course. Shukran.

01:13:50