

# COVID-19

## Virtual Press conference 10 September 2020

### Speaker key:

FC	Ms Fadela Chaib
TG	Dr Tedros Ghebreyesus
AB	Antonio Borotto
SS	Dr Soumya Swaminathan
MG	Maria Godoy
BA	Byram Altu
MR	Dr Michael Ryan
BR	Dr Bruce Aylward
NK	Naomi Kresge
MV	Dr Maria Van Kerkhove
SO	Sophie
AP	Anna Pinto
RM	Robin Miller
MS	Dr Mariângela Simão

### 00:00:00

FC Dear colleagues, dear journalists, I welcome you to our press conference on COVID-19 today, Thursday 10<sup>th</sup> September. I am Fadela Chaib, WHO Communication Officer based in Geneva. I am very happy to be moderating this press conference. We have with us in the room as always the WHO Director General, Dr Tedros, along with Dr Mike Ryan, WHO Executive Director of the Emergencies Programme, and Dr Maria Van Kerkhove, Technical Lead for COVID-19, and Dr Soumya Swaminathan, our Chief Scientist, Dr Mariângela Simão, Assistant Director General, Access to Medicine and Health Products, and Dr Bruce Aylward, Senior Advisor to the Director General. Bruce Aylward leads the ACT-Accelerator.

### 00:00:56

As usual, we are translating this press conference in the six official UN languages, plus Hindi. Sorry, today we do not have Portuguese translation. We will be posting the Director General opening remark and an audio file of this press conference will be sent to you as soon as this press conference is over. A full transcript of this press conference will be available later on, on our website. But now and without further delay, I'm happy to give the floor to the Director General, Dr Tedros. You have the floor.

TG        Merci beaucoup, Fadela. Good morning, good afternoon and good evening. Since the beginning of the pandemic, accelerating the development of an equitable access to vaccines, diagnostics and therapeutics for COVID-19 has been a priority for WHO. Already, we have made remarkable progress. In January, within two weeks of the first cases being reported to WHO, we published the first protocol for PCR testing for the new coronavirus.

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Since then, millions of tests have been produced and already rapid tests are now starting to be used. In February, WHO brought together hundreds of scientists and researcher to identify research priorities. In March, we launched the solidarity trial to find answers fast about which therapeutics are the most effective.

One therapeutic, dexamethasone, has already been proven effective for patients with severe and critical disease. Others have been proven ineffective and still others are in trials. Around 180 vaccines are now in development, including 35 that are in human trials. No disease in history has seen such rapid development in research. It's a testament to the incredible advances in science and technology the world has made in recent years.

Now, the world's ambition to develop these tools as fast as possible must be matched by its ambition to ensure as many people as possible have access to them. In April, together with the European Commission and multiple other partners, WHO launched the Access to COVID-19 Tools Accelerator, to catalyse the development of and equitable access to vaccines, diagnostics and therapeutics.

### **00:03:43**

But the ACT-Accelerator will not be able to deliver on its goals without a significant increase in funding. The \$2.7 billion it has received to date has been generous and has enabled the robust start-up phase. But this is less than 10% of the overall needs. The ACT-Accelerator still faces a funding gap of US\$35 billion.

At the same time, bilateral vaccine deals and vaccine nationalism could compromise equitable access and hold-up progress for all countries in bringing the COVID-19 pandemic to an end. Between now and the end of the year, we have a limited window of opportunity to scale-up the ACT-Accelerator and fully enable the equitable allocation framework.

Currently, the ACT-Accelerator is supporting research into promising vaccines, therapeutics and diagnostics, but we need to rapidly scale-up our clinical trials, manufacturing, licensing and regulation capacity, so that these products can get to people and start saving lives.

Today, the Facilitation Council of the ACT-Accelerator met for the first time. The role of the council is to provide political leadership and advocacy and to mobilise additional resources. An ACT-Accelerator high-level event at the United Nations General Assembly will take place on 30<sup>th</sup> September.

Finally, today is World Suicide Prevention Day. Every 40 seconds, someone somewhere dies by suicide. Every single death is a tragedy, for the family and friends who have lost someone they love and for whole communities. Suicide affects people all over the world, regardless of gender, age or economic status. Tragically, suicide is the second leading cause of deaths amongst 15 to 29 year olds. There is much that can be done to bring down these high rates. At the national level, every country must have a comprehensive multi-sectoral suicide prevention strategy.

#### **00:06:16**

We know what works. Restricting access to the means of suicide, including pesticides and firearms, building life-skills amongst young people that enable them to cope with stresses in their life, early identification, management and follow-up of people at risk of suicide, and you in the media can play your part by reporting sensitively on suicide.

At the individual level, there are three things each of us can do. Raise awareness to reduce the stigma around suicide and mental health. If you know someone who you think may be thinking about suicide, offer them your help and if life ever feels so hard that you don't know how you can go on, I encourage you to reach out for help. Like ending the pandemic, the key to preventing suicide is solidarity. Helping each other. I thank you.

FC Thank you, Dr Tedros. I will now open the floor to questions from our friends the journalists. Just reminding you to raise your hand if you want to ask a question. We have with us several journalists. I will start with Antonio Borotto from EFE, Spanish news agency. Antonio, can you hear me?

#### **00:07:56**

AB [Non-English 00:07:56 - 00:08:51]

FC Thank you, Antonio, this question I think can be answered by Dr Swainathan. Soumya, please.

SS Thank you very much for that question. So, first of all, WHO has always welcomed the conduct of so many clinical trials around the world for so many vaccine candidates, because the more we have that are tested for safety and efficacy, the better the chances of finding one that is safe and efficacious and can be deployed widely.

Now, when you do clinical trials, we are basically looking for two things. We are looking for protection, or what we call efficacy, compared to the control group. Then you also look for safety, which is side-effects, adverse effects, all the way from very minor side-effects to serious adverse events.

Every clinical trial protocol has built into it an SOP, operating procedure, for how you manage these side-effects. So, the clinicians at the sites where the trials are being done are trained in good clinical practices, which means that they are following all

these participants closely, monitoring them and then there is a protocol for what you do when something happens.

If it's a mild side-effect there are things to be done. If it is major, as it was in this case, it was a severe side event and therefore the trial was halted. Again, this is normal procedure. This is good clinical practice, because safety is of the highest priority in any clinical trial. So, the trial has been halted, the Data Safety Monitoring Board is going to look into the details of this individual with the reported side-effect. There will be obviously discussions and then a decision made on how to proceed.

So, I think this is a good perhaps wake-up call or a lesson for everyone to recognise the fact that there are ups and downs in research. There are ups and downs in clinical development and we have to be prepared for those. It's not always a fast and straight road. But we don't need to be overly discouraged, because these things happen and we have to wait for the determination by the Data Safety Monitoring Board on this particular case and then what the next steps are going to be for this vaccine trial. We hope that things will be able to move on, but again it depends. It depends on a lot and we have to wait to see the details of what actually happened.

**00:11:51**

FC Thank you, Dr Swainathan. We will go now to Maria Godoy from National Public Radio. Maria, can you hear me?

MG Can you hear me?

FC Yes, very well. Go ahead, Maria.

MG Thank you for taking my question. My question is about Bob Woodward's new book, *Rage*. In the book, he makes it clear that President Trump knew early on about the severity of COVID-19. Yet the President has said that it was the WHO's failure to raise the alarm early enough about the coronavirus that caused him to withdraw the US from the WHO. So, I'm wondering, what is the WHO's reaction to the reporting that Trump did in fact know about the severity of the virus early on and yet blamed WHO for failing to alert the world properly to its dangers.

FC Thank you, Maria. Dr Tedros.

TG Thank you, Maria, for that question. But I have no comment on that particular question. Thank you.

FC Thank you, Dr Tedros. We will now go to Byram Altu from Anadolu News Agency, Turkey. Byram, can you hear me?

**00:13:10**

BA Yes, I can hear you. Thank you very much for taking my question. Mr Tedros, you said currently 35 vaccine candidates are in trial phase at the moment. Oxford's coronavirus vaccine could still be ready by Christmas says AstraZeneca today, and meanwhile President Trump says a vaccine may be ready by October. So, which of the vaccine candidates is the most promising, as all the world's people would love to have good news from you. Thank you.

FC Thank you, Byram. Dr Swainathan?

SS Yes, certainly, we would all be looking for good news and the sooner the better. But again, we have to remember that clinical trials take time. We

cannot rush them, because you have to collect enough data on enough numbers of people to satisfy ourselves, satisfy the regulatory agencies, that a particular drug or a vaccine is actually safe and is having the effect that you want it to have.

So, this actually requires that tens of thousands of people enrol in these clinical trials. If you look at some of the clinical trials that are enrolling today, they have a sample size of anything from 30,000 to 60,000. Usually, half of them are given the vaccine, the other half are given a placebo. It's a blinded study so that the participants as well as the doctors don't know who has received what.

### **00:14:43**

They have to be followed-up for a certain length of time, a minimum of six months, to be able to assess both on the protective efficacy and the safety. So, since a few trials did start in the month of July, it is possible that we may start getting some results, at least interim results, by the end of the year.

However, follow-up for safety needs to continue longer, but the minimum is six months. So, whilst it's very possible that results might start coming in, and let's hope we get some positive results, the regulatory agencies will then need some time to examine those results and then take an opinion on whether the vaccine is ready for licensing.

So, it could be that we see some results at the end of the year, it could be early next year, but that's the timeframe in which we start seeing the results. There's no way of predicting currently which ones are going to be effective. I think the proof actually lies in having done the trials.

What we can say is that the data from the phase one and two studies has been quite promising. For most of the candidates that have crossed phase two, they are showing that they are able to elicit an immune response in terms of neutralising antibodies. Some of them are eliciting a T-cell response as well and safety, although it has been in smaller numbers, has not been a very big issue so far.

### **00:16:15**

But ultimately, we want to see protection from disease, protection from infection and protection from severe disease. For that, you need the clinical end point to be done in these large clinical trials. So, we have to be a little bit patient and wait for the results.

FC      Thank you, Dr Swainathan. I think Dr Ryan has something to add. Dr Ryan?

MR      Just to emphasise what Soumya has said. I think there's an understandable anxiety to move as fast as possible towards having a vaccine, but part of the whole design of the randomised control trials is even the vaccinators don't know who has received the vaccine and who has received the placebo.

Even when they collect the data, the data is centralised through a centralised analysis. Even when that happens and the investigators analyse their data,

they will then present their data to the regulatory authority who will then analyse that data again.

The purpose of this is to ensure that this is done in the most direct, most honest and most scientific way possible and that takes time. In that sense, this is not a race. This is not a race. It is a race. It's a race against this virus and it's a race to save lives. It's not a race between companies. It's not a race between countries. It's a race to support public health in the safest and most effective way possible. That's the race we're in. It's not a competition and many of the drug companies, and it is to their credit, have come together and said that this is not a race. They will not bring dossiers to regulators until they are sure that data is pointing in the right direction and they deserve to be commended for that.

### **00:17:59**

That's what we need to see. This is a race against time, it's a race against the virus, it's a race to save lives. But let's not bet on any horses until we get to the end of this race.

FC      Dr Aylward.

BR      Thank you, Fadela. A few of us are speaking on this issue, I think, because we hear it so often. That is the challenge and understanding of the timelines around the trials that you keep hearing about. Sometimes we hear people saying, well, this could be ready by November, sometimes it could be ready by next year.

I think one of the things, Byram, that's just important to recognise is that everybody is interpreting the data slightly differently. When we plan a trial, there's a best-case scenario that we recruit everybody very, very quickly, that we get to the clinical end points in the trial very, very quickly, and in those best-case scenarios that's usually what people are referring to when they give you these very short timeframes.

### **00:19:01**

But reality is that it takes longer to enrol people very often. It takes longer for the events to occur longer for us to get to the clinical end points that Soumya mentioned. So, it's not like... Everybody's working from the same basic concept of the trial, but the reality is that once you get into practice on these, the timelines inevitably run long.

Remember as well, some aspects are not in the control of the people who are running the trials. How quickly you can enrol people, sometimes it takes a long time to build the confidence and get people enrolled. Then similarly it takes time for the events to occur. For people to get exposed to the disease. It depends on how much disease is in the communities.

So, all of these factors are what result in the wide range of estimates that you sometimes see in terms of the trial timelines, from a very best-case scenario right to some of those longer timeframes. But what we're finding, if you look at all the trials conducted so far, we're not hitting the best possible timelines. It inevitably takes longer. That's why, as Dr Swainathan mentioned, we're really looking late this year, beginning of next year to have really clear results on these products at the earliest.

FC Thank you, Bruce. Now we will give the floor to Karl Moya from ARD Radio. Karl, can you hear me? Karl, can you unmute yourself and ask your question please? If Karl is not answering, we will go to another journalist. We will come back to Karl later on. Naomi Kresge from Bloomberg News. Naomi, can you hear me?

NK Hi, this is Naomi. Yes, can you hear me?

FC Yes, very well. Please go ahead.

**00:21:15**

NK Thanks. So, I'm wondering, why have the numbers of deaths in Europe remained so relatively low even as cases increase? Has something changed about the virus or has something changed about how doctors are responding to the virus? Or is this just demographics of young people being affected instead of old people? What has changed to keep the virus out of these older and more vulnerable populations? Thanks.

FC Thank you, Naomi. Maria?

MV Yes, thank you very much for the question. It's a good one. You partly answered it with the way that you asked the question yourself. It's a combination of factors, we think. Being eight months into a pandemic, we know so much more about this virus than we did in the beginning. So much more about how to find cases earlier. How to provide clinical care for cases depending upon the severity.

We know that early intervention at the first point of entry, someone is identified as a case, that early action in checking their oxygen saturation level, providing oxygen when necessary, admitting them to hospital to provide symptomatic care, providing respiratory support when needed, dexamethasone if they are in a severe state or a critical state, that will save lives.

**00:22:42**

But in addition to that, we are in a better position to prevent the virus from infecting vulnerable populations. We know that individuals of older age, individuals who are over 60 and older, people with underlying conditions, are at a higher risk of developing severe disease and at a higher risk of dying. If we could prevent that from happening, then we can reduce deaths.

So, we've heard from a number of countries. When the virus enters a long-term living facility, for example, it can have devastating effects and have high mortality. In many situations in many countries, that is being prevented now. We're preventing the virus from actually entering that type of facility and we can prevent that then we can prevent deaths.

So, it's a number of factors. If we can find cases earlier, we could provide earlier care. If we could prevent amplification events in vulnerable populations, that will also save lives.

But the last thing to mention is we are seeing as countries are opening up... In many situations, countries have been successful in controlling transmission. But as they open their societies up, we're starting to see some resurgence in some areas and that resurgence is largely happening in places where people



congregate. In some countries, that's happening amongst younger populations.

We've heard about outbreaks that are happening in nightclubs, for example, and entertainment industries and different types of social events. That tends to be younger individuals. So, we are seeing a shift in the age demographic of individuals being affected. That is to be expected somewhat. Because in the beginning of any epidemic, any pandemic, your surveillance tends to focus on severe patients, because that's what the system is set for. As your testing capacity increases, your surveillance expands, you find people on the milder end of the spectrum. Those tend to be younger individuals, individuals without comorbid conditions. So, that will change the picture of mortality that is happening.

**00:24:43**

But I do think we need to be careful. Even though we are seeing a reduction in mortality because we have tools that are in place, we still don't know the long-term effects of this virus. So, even individuals who have mild disease, we are learning about some individuals who are having some long-term effects. I think we just need to focus on still saving lives, as many lives as we can, but we also need to focus on preventing infections and we do have tools in place that can do that.

FC Thank you, Maria. Now we are moving to South Africa. Sophie, can you hear me? South Africa Broadcasting Company.

SO Yes, I can hear you. My question is directed to Dr Ryan and Dr Tedros. Very soon the United National General Assembly will get underway even though it is virtual. What is your message to heads of state and government, particularly at a time when many countries are inward-looking? The nationalism seems to be thriving and at a time where all countries' economies are affected and there's poverty, the ordinary citizens of the world are suffering and the big economies, the big countries, the G7, where at times people look at in terms of assistance.

It looks like they are also having their own challenges in their own respective countries to rebuild what has been affected by this COVID-19, the economy. What is your message? How do we help the poorer countries to rebuild their economies? I'm looking at South Africa's GDP. That was announced a few days ago. Quite depressing. Is there hope?

**00:26:54**

MR I'll begin. Thank you for the question and I think the DG will speak to his interventions at the General Assembly. But Dr Tedros has been speaking about the need for solidarity, for collective action and for a global response to this that transcends national boundaries, transcends political rivalries, transcends political systems and that we're in this together. It's not over anywhere until it's over everywhere. So, Dr Tedros has been very, very consistent on this matter.

Obviously, the occasion of the General Assembly offers a platform for all countries to come together and work together very much in the spirit of what's



happening scientifically, what's happening through ACT. We need that political alliance.

In that sense, in some senses, the weakness that has allowed this virus to spread around the world is that very connectiveness we have. We are connected together in such a way for which there is no way back from that connectedness. Our countries are connected, our people, our families. We live distributed across this planet and in this situation we need to turn that connectedness back into our greatest strength. What connects us, allows the virus to spread. But what connects us, allows us to stand together in the face of that virus. I believe that Dr Tedros has had that message since the very, very beginning. Solidarity and solutions, and the need for us to come together as a global community. I'm sure Dr Tedros may wish to speak to that. Bruce, you had a point to make as well.

**00:28:41**

FC        Bruce?

BR        Thank you very much, Fadela. Sophie, thank you for the question, because part of what you asked us was, is there hope? Absolutely, is the answer today. Earlier today, as the Director General referred to, he co-hosted with the European Commission President, the first meeting in launch of what we call the ACT-A Council, which is an international council now, which guides and tries to take forward the work of the accelerator that has been launched, to try to accelerate the development and equitable distribution of vaccines, therapeutics and diagnostics.

What we saw today was a tremendous affirmation of the need for collective action going forward if we are to get our economies restarted, our health systems safer and our societies reopened. Some of the interesting things... You asked, Sophie, about the collective action versus a national action. One of the striking things that we are presented today was that if we look at the international sectors of the economies in low-income and high-income countries together, over the next 15 months, the losses could be as great as \$15 trillion. The only way... Pardon me, \$12 trillion.

**00:30:10**

The only way that we are going to address that is by a collective action that ensures all countries get some of the products, especially the vaccines as they're rolled out. Because that way, we can reduce severe disease everywhere and get international mobility and trade moving again, get the health systems safe around the world and recover those losses.

So, the big messages at the General Assembly... The Secretary General speaks of this all the time and he speaks of it again today. He was very, very clear that we need a collective solution. The exact same position as the Director General. Also, a message very much of hope.

But there was also a message of caution and that was if we do not see the quantum leap in financing that's going to be needed for the ACT-Accelerator, we won't be able to grab that opportunity which we have in front of us. That is we're hoping as the vaccines look more and more promising, that we will be able to rapidly restart international travel and trade, and get the health

systems safer. That will only happen, however, if not only the resource is there, but we agree collectively to roll these solutions out in all countries at the same time.

FC Thank you, Bruce. I think Maria has something to add.

MV It's very quick and it's related to the last point of your question about the hope. I just want to link it back to World Suicide Prevention Day, which is today. I think there are a lot of people out there who aren't feeling that hope. I think as much as we can to promote a message that we will get through this. So, there are many people who are going through very difficult times right now and we're all in different situations. It's very challenging for all of us. But if you need help, please reach out and there are people that can help.

### 00:32:02

FC Thank you, Maria. We will do a second attempt to reach Karl Moyer from ARD Radio. Karl, can you hear me?

KM I can hear you. I hope you can hear me.

FC Yes, perfectly.

KM I'm sorry for the problems before. One question to Dr Tedros. Dr Tedros, tomorrow it will be half a year that we speak of COVID-19 as a pandemic. How do you assess, how to you evaluate the general reaction of the states on COVID-19 and how to you evaluate your own reaction of the World Health Organization itself?

FC Thank you, Karl. Mike Ryan will respond. Thank you.

MR Thank you. Just to remind you that Dr Tedros declared a public health emergency of international concern on January 30<sup>th</sup> 2020 and six months ago, as part of one of his press statements, characterised the multi-country epidemic as having reached pandemic levels. But WHO had issued its highest level of alert under international law on January 30<sup>th</sup>.

### 00:33:14

Certainly, the spread of the disease around the world has hit everybody very hard. The messaging from WHO... WHO has been on this case since December 31<sup>st</sup> 2019 and we have worked under the leadership of Dr Tedros every single day, every single night across our six regional offices, our 147 country offices and with our 194 member states, to stand on the face of this virus. To use every piece of scientific knowledge we have, to generate the knowledge we don't have and to apply that knowledge in terms of policy and action to reduce the impact of this virus in terms of cases, deaths and the impact on livelihoods.

We mourn the loss of the people who have been lost. We celebrate the bravery of our frontline health workers. We stand with all those people around the world who have struggled to get by in this pandemic. As Maria said, on World Suicide Prevention Day, we stand with those people who are feeling the pain from this pandemic and for many other reasons.

We commit to continue the fight, to now take the fight to the virus. To continue to control and do everything we can to suppress transmission of this virus, to do

everything that is humanly possible to develop a safe and effective vaccine, and to deliver that vaccine with our partners to those who need it around the world.

So, I think from a WHO perspective, we can only commit to do what is humanly possible from where we sit, to work with our member states, to work with everyone around the world, to bring this pandemic to an end. The end will not come soon. We are all of us... Every citizen on this planet is tired and we wish this virus were not with us. But we must work to the end of this and I believe we will. Certainly, under the leadership of Dr Tedros at WHO, we will continue the fight under his leadership.

FC Thank you, Dr Ryan. Maria?

### 00:35:24

MV Yes, it's a great question and it's a really good opportunity to reflect back. So, Mike has outlined that it has been six months since we used that word, describing the situation as a pandemic. But we often reflect on... In recent days, we've had the opportunity to reflect on some of the early days, which feel like years ago. Even though it has been nine months. But collectively, there has been an incredible response to this pandemic.

I think for me when I look back, and I look back at some of the earliest actions by those around the world, I think this public health infrastructure that we talk about, those countries, those areas, those people who have had experience with a disease like this before... Those that had experience with SARS, the first SARS-CoV virus, MERS, avian influenza, polio, Ebola, infectious diseases that transmit that have this epidemic potential, and us and our experience with emerging and re-emerging pathogens knew immediately how serious this could be and what needs to be done.

So, using the infrastructure that is in place to find cases and isolate cases, care for cases, building up your clinical capacity, building up, making sure that you have beds, making sure you have equipment, PPE and trained professionals, protected professionals, having a workforce to carry out contact tracing, empowering, engaging, informing the public so that they know, what is this virus, how does it differ from other pathogens that may be circulating? What do I need to do? How do I protect myself? How do I protect my family?

### 00:37:01

I think we look at all of the actions collectively that have been taken and there are all of these tools that exist. So, what we're seeing now is we're not in the same position we were in the beginning. Countries have learnt a lot. We have all learnt a lot about what works in terms of suppressing transmission, in terms of saving lives. I think what we're seeing now, as countries are trying to open up their societies and get back to this new normal that we all crave, that we all desire, applying these measures in a more localised way.

So, you've been hearing us talk for months now about trying to apply these interventions at the most local level. Have a strong, clear national strategy but implementation at a local level. We're seeing that being applied in a data-driven way. Where do I need to put the most pressure on this virus to bring transmission to low levels, so that we can save lives?

So, there's a lot of very positive things that are happening in that respect. We continue to learn. We will continue to learn. WHO will continue to reach out and to work with professionals, scientists and frontline workers to gather, consolidate and debate evidence as it emerges, as it grows, to put into our guidance and then turn that back and issue new updated guidance as necessary.

But we're very grateful for the collective solidarity across the world. The acceleration of science, good, robust science that is being done. The willingness to share it, to share sequences. That pushes us all forward and that will help get us out of this sooner.

FC Thank you, Maria. For the next question, we will go to Brazil, to Anna Pinto. Anna, can you hear me?

**00:38:50**

AP Yes, I can hear you, thank you. I'd like to ask if any of the projects overseen for COVID-19 are conducting a challenge trial or has expressed to intention to do it? Thank you very much.

FC Dr Ryan.

MR I know that a number of the institutions involved have discussed the idea of challenge trials and they have been discussed by various groups, including WHO which has issued some guidance on the potential use of challenge trials. To our knowledge, I do not believe that a protocol has been submitted for a challenge trial. It certainly may have happened, but certainly not to our knowledge and we're not aware of such a challenge trial having been initiated or started.

**00:39:42**

FC Thank you, Dr Ryan. The next question will go to Robin Miller from Agence France-Presse. Robin, can you hear me? Robin, can you hear me?

RM Yes, can you hear me?

FC Yes, perfectly. Go ahead please. Robin? We lost you.

RM Yes, can you hear me now?

FC Yes, go ahead please.

RM Just a short and simple question for Dr Tedros. Dr Tedros, what worries you the most? Right now, at this stage of the pandemic, what worries you the most? Thank you.

FC Dr Tedros?

TG I think what worries me the most is what I have been saying all along. A lack of solidarity. Because when solidarity lacks and when we're divided, that's a very good opportunity for the virus. That's why it's still spreading. So, that's what worries me and that's what I ask the world to do. Of course, there are good signs, but it's not enough. One is the ACT-Accelerator council meeting we had this morning, but still a lack of solidarity remains to be the major challenge. Thank you.

FC Thank you, Dr Tedros. I have no other hands raised on my screen. So, we will close this press conference, thanking you for your participation, and I will give the floor for the last comments from Dr Tedros.

**00:41:53**

TG Thank you, Fadela. Thank you all for joining us. The last question is very, very important. So, I will again remind, we will need solidarity and we will need global leadership, especially of the major powers in the world. That's how we can defeat this virus. Thank you. See you in our next press hour next week. Thank you.

FC Yes, thank you. Bye.