

COVID-19

Virtual Press conference

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TJ Hello, everyone, from WHO headquarters in Geneva. Welcome to the COVID-19 press conference. As we have put in our media advisory, the special focus today will be on maternal, child and adolescent health in the time of COVID-19. Today with us we have Dr Tedros, WHO Director-General, Dr Maria Van Kerkhove, Technical Lead for COVID-19, Dr Mike Ryan, who is

Lead on the Health Emergencies programme, and we also have Dr Anshu Banerjee, who is our Director for the Department of Maternal, Newborn, Child and Adolescent Health and Ageing here at WHO.

Dr Tedros will introduce our guest speakers today so I will give the floor immediately to Dr Tedros.

TAG Thank you. Thank you, Tarik. Good morning, good afternoon and good evening. WHO is a global organisation but we're also proud and active members of the cities and communities we live in. Since 20th March Geneva's famous Jet d'Eau Fountain has been switched off while the city was in lockdown.

Yesterday I had the enormous honour of restarting the Jet d'Eau as a symbol of the city reopening now that the number of cases has declined. I'm deeply grateful to the city and canton of Geneva for their hospitality and support for WHO and for illuminating the Jet d'Eau in blue in honour of the WHO and United Nations.

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But although new cases here in Geneva are now in the single digits we're continuing to see an escalating pandemic globally. As the pandemic accelerates in low and middle-income countries WHO is especially concerned about its impact on people who already struggle to access health services, often women, children and adolescents.

The indirect effects of COVID-19 on these groups may be greater than the number of deaths due to the virus itself. Because the pandemic has overwhelmed health systems in many places women may have a heightened risk of dying from complications of pregnancy and childbirth.

WHO has developed guidance for health facilities and community activities, on maintaining essential services, including for women, newborns, children and adolescents. This includes ensuring women and children can use services with appropriate infection prevention and control measures and respectful maternal and newborn care.

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WHO has also carefully investigated the risks of women transmitting COVID-19 to their babies during breastfeeding. We know that children are at relatively low risk of COVID-19 but are

at high risk of numerous other diseases and conditions that breast-feeding prevents.

Based on the available evidence WHO's advice is that the benefits of breast-feeding outweigh any potential risk of transmission of COVID-19. Mothers with suspected or confirmed COVID-19 should be encouraged to initiate and continue breastfeeding and not be separated from their infants unless the mother is too unwell. WHO has detailed information in our clinical guidance about how to breastfeed safely.

WHO is also concerned about the impact of the pandemic on adolescents and young people. Early evidence suggests people in their teens and 20s are at greater risk of depression and anxiety, online harassment, physical and sexual violence and unintended pregnancies, while their ability to seek the services they need is reduced.

School and university closures can also have a dramatic impact on the ability of adolescents to access preventive services. In some countries more than one-third of adolescents with mental health conditions receive their mental health services exclusively at school.

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Million of children who are fed through school meal programmes also have reduced access to food. Limited opportunities for physical activity and increased use of tobacco, alcohol and drugs may have impact on the long-term health of these young people.

To address these challenges WHO has developed guidelines on maintaining essential services, which we have discussed before. There are also many things people can do to take care of their own health like staying active, eating a nutritious diet and limiting their alcohol intake.

New products, information and technologies are changing how health services are delivered. Increasingly some medicines and tests can be safely obtained over the counter at pharmacies or can be prescribed by doctors online and delivered to people's homes.

WHO has developed guidance on self-care interventions for health which can be rapidly introduced in countries to save and improve lives.

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For example providing women and girls with self-injectable contraception can greatly reduce the burden of unintended pregnancies. Access to treatment for people living with HIV and medicines for other health conditions that people can self-manage can reduce the burden of overstretched health systems while meeting the health needs and rights of individuals.

Self-care interventions enable more people to obtain the health services they need during the pandemic when and where they need them. It's our collective responsibility to ensure these interventions are available and accessible to all people who need them.

To talk more about the impact of COVID-19 on women, children and adolescents today I'm honoured to be joined by four distinguished guests; Natalia Kanem, Executive Director of the United Nations Population Fund, Gabriela Cuevas Barron, President of the Inter-Parliamentary Union, Jayathma Wickramanayake, the UN Secretary-General's Envoy on Youth, and Mary-Ann Etiebet, the Executive Director of Merck for Mothers. I would like now to give the floor to my sister, Natalia. Please, you have the floor.

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NK Thank you very much indeed, Dr Tedros, and greetings to all colleagues. UNFPA is proud to host every woman, every child, now in its tenth year. EWEC has galvanised political momentum. Its women leaders' round table advises on the immediate actions we need to protect hard-won gains on sexual, reproductive, maternal, newborn, child and adolescent health.

Today I'm here as a doctor leading and speaking for UNFPA in the interests of women and girls facing COVID-19. It is a very serious situation and action is a must because the realities and the consequences of inaction have never been so stark wherever maternity and child health services are not functioning or only partially functioning.

In over 150 locations around the world every day UNFPA reaches out to women and girls with reproductive health and violence protection services, bringing to life the care including in humanitarian settings through the rapid response mechanism UNFPA leads.

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With COVID-19 affecting health systems many pregnant women are being cut off from reproductive healthcare. Many thousands

could die from preventable complications of pregnancy and childbirth; women like Zeinab.

She delivered a daughter at home with absolutely no help. There was no midwife, no doctor. The maternity facility closest to here is closed down and sadly Zeinab haemorrhaged to death after the birth. We must do better.

Pregnancies don't stop for the pandemic. Sexual and reproductive health services are not just nice to have. They are essential. Even before the emergence of COVID-19 for millions of women timely and high-quality healthcare was unavailable, it was inaccessible or it was not affordable and now with the pandemic we see exacerbation of already limited access to care putting women's health and lives at risk.

UNFPA has shown that for every six months of curfew, lock-down, disruptions some 47 million women will lose access to contraception. This would result in an additional seven million unintended pregnancies during the six-month period.

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Progress on children's health by the year 2030 is equally threatened with an estimated 13 million more child marriages over the next decade and an additional two million incidents of female genital mutilation.

So what can we do? We can act and act swiftly; countries making sexual, reproductive, adolescent and newborn health services universally available and declared essential during the pandemic. For UNFPA the COVID response hinges on services and on data; first uninterrupted sexual and reproductive health services so midwives and other health personnel get the personal protective equipment, PPE, that they need.

Second, we are helping to keep the supply chain going for on-time delivery of contraceptives, maternity drugs. We're providing dignity kits with menstruation necessities and other reproductive health commodities. Third and certainly not least, we are joining WHO and others in sounding a red alert to stop gender-based violence and to give timely assistance for women and girls who are now trapped in abusive situations because of COVID.

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It's truly an emergency, a pandemic within the pandemic. Everybody, men especially, has a special responsibility to stop gender-based violence in its tracks once and for all so UNFPA working with the World Health Organization and other partners to

maintain supply chain continuity to leave no-one behind using technology, telemedicine, hotlines and certainly to provide mental health counselling...

UNFPA's gathering disaggregated data to support governments to identify and reach those most at need during the pandemic including elders and people with disabilities. During this first ever International Year of the Nurse and Midwife UNFPA salutes the world's midwives.

Dear midwives of the world, you are the unsung heroes on the front lines of this COVID crisis and you're essential when it comes to maternal and community health services; to ensure safe pregnancies and births for everyone everywhere, to provide contraceptive services and information to young people to prevent unintended and teenage pregnancies and to prevent unsafe abortion; all major causes of preventable maternal death.

Every single day midwives risk their lives to protect women and newborns. They urgently need and deserve protective equipment just like other front-line workers. COVID-19 is devastating; yes. It's making the road to 2030 steeper. It's been the great revealer of deep-seated inequality.

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And yet I believe the pandemic's effects around the world are giving us a unique opportunity to recast how we do things, to reimagine health systems, to recalibrate people-centred care and, as Secretary-General Antonio Guterres says, build back better.

With political leadership at the highest levels, with earmarked resources, with disaggregated data and with hard work I believe we can and we must build back better with more resilient and inclusive health systems so that our mothers, our sisters, our daughters, so that women will not die.

Let us work in unity with EWEC during this crisis to ensure that maternal health is prioritised. There's nothing more tragic than a woman losing her life as she gives birth; tragic for her, for her helpless newborn, for her family, community and society as a whole. Let us be the generation that defeated COVID-19 and put an end to preventable maternal mortality within our lifetimes for every woman and every child. Thank you. Thank you very much, Dr Tedros.

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TAG Thank you. Thank you, Natalia. That was really amazing and thank you so much for your message. Now to Gabriela Cuevas Barron, President of the Inter-Parliamentary Union. Gabriela, the floor is yours. Please.

GCB Thank you. Thank you very much, Dr Tedros. Thank you very much, Dr Natalia, Jayathma, Mary-Ann. Thank you very much for this opportunity of working together for every woman and every child.

The COVID-19 pandemic is not only having a direct impact on those affected but also indirect consequences due to the disruption of routine health services and far-reaching socio-economic impacts, further exacerbating inequality.

Women are affected differently than men. 70% of health workers are women and women make up the majority of carers at home as well as the workers in grocery stores or pharmacies, putting them at high risk of infection. Projections from the United Nations Population Fund, just as Dr Natalia was mentioning, estimate that disruptions in sexual and reproductive health services could limit access to modern contraceptives for 47 million women and lead to seven million unintended pregnancies.

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Also a very important issue is that violence against women has already reached epidemic proportions in our society with 137 women killed every day globally by a member of their own family. The level of domestic violence and sexual exploitation further increases as a result of confined living conditions and economic stress.

Children and young people are not put at the centre of this pandemic but they risk becoming the greatest victims. They are severely impacted by socio-economic measures with 42 to 66 million children who could fall into extreme poverty as a result of the crisis this year.

Financial hardship from families and the closure of schools are expected to increase malnutrition with long-lasting effects on the well-being of children and young people. Young people in particular are the most vulnerable, such as the young migrants, young refugees.

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Young people with HIV also have limited access to information, education and social support services. To ensure that the pandemic does not disproportionately affect women, children and

adolescents but also that we take this opportunity to build better and fairer societies we need to ensure first that measures taken in response to COVID-19 protect and support the most vulnerable.

As a parliamentarian and as president of the Inter-Parliamentary Union I know that parliaments have a great responsibility in this regard and that they must be at the heart of the national and global response to COVID-19.

We need to prioritise the continuity of services including sexual and reproductive health services, immunisation and nutrition programmes, ensuring access for all women, children and adolescents. Also we need budgetary oversight so that an effective response can be assured.

As WHO has been mentioning, find, test, isolate, treat and trace. It is also important that decision-making processes are inclusive. This means that we need equal representation of women in order for policies and strategies to be effective for those in greatest need.

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Ensure that health workers have personal protective equipment. Healthcare workers and first responders must be protected and of course they must also be protected against stigmatisation and attacks. Address care work paid and unpaid that is largely informed by women.

Apply a gender lens in the design of all measures to address the socio-economic impact of COVID-19 to ensure greater equality and social protection of women, who are more likely to have lower pay and to have less secure jobs.

For this pandemic we must not lose sight of the needs of pregnant women as a vulnerable group. We must care for them and for their babies. The IPU parliamentarians are committed to the implementation of the Universal Health Coverage initiative. This initiative represents an opportunity to promote a comprehensive and coherent approach to health through health system strengthening.

This initiative has its basis on the belief that all persons and all communities should have access to quality, essential health services. Governments must ensure the safety and well-being of children.

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We have heard a lot numbers but the reality is that we took children as a population that is already safe and that is not a 100% sure answer. We need to come with answers in terms of nutrition, in terms of health and in terms of schooling. It is also about their well-being and as parliamentarians our duty is to ensure that these problems are adequately addressed in legislation as well as providing means to do so through approval of budgets that can fund efforts in that direction.

[Unclear] to ensure a comprehensive approach that goes beyond immediate short-term response to the pandemic. Yes, it is very much needed. We need an answer and a solution for the pandemic but also we need a plan. We need measures to address the root causes of gender and social inequalities that must be at the centre of efforts by parliaments, governments and all other actors during and after COVID-19.

These include addressing financial, cultural and legal barriers to access health, improving nutrition and access to information and education including on sexual and reproductive health and rights. The time for action is now. We have a collective responsibility to protect and promote the health and rights of all women, children and adolescents.

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In the face of this pandemic we cannot continue business as usual and we must take this opportunity to finally drive the changes needed to transform our societies for women, children and adolescents.

From the Inter-Parliamentary Union, we're fully committed on having parliamentary responses to COVID-19 and to build better societies after this pandemic. Thank you very much for having us and working directly with the parliaments.

TAG Muchas gracias.

TR Thank you very much.

TAG Now we proceed to the next speaker and I have Jayathma Wickramanayake, who is the Secretary-General's Envoy on Youth. You have the floor, Jayathma. Please proceed.

JW Thank you very much, Dr Tedros, and this time you have got so much better at pronouncing my surname so congratulations on that. As you said, Dr Tedros, we are all impacted by the COVID-19 pandemic regardless of our age and the health and non-health impacts of COVID-19 on adolescents and young people are proving to be significant and long-lasting.

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The pandemic has exacerbated, as we all know, the existing vulnerabilities and inequalities but we're also witnessing the fact that the impact of COVID-19... and will continue to be felt most harshly by the adolescents and young people of this generation already who are starting their lives in difficult or disadvantaged circumstances. Young refugees, young migrants, young LGBTIQ people, young people in detention, young people living with disabilities, young people living with HIV and young people living in poverty are disproportionately affected.

So I'll touch upon what are the impacts of health, particularly the impacts of sexual and reproductive health on adolescents and young people. Research indicates that children and adolescents are just as likely to become infected as any other age group and can spread the disease.

Evidence to date suggest that children, adolescents and young people are less likely to get severe disease but severe cases can still happen in these age groups, in particular for those with underlying chronic health conditions so they should follow the same guidance for physical distancing, hand-washing and maintaining overall good hygiene practices, self-quarantine and self-isolate if there is a risk that they have been exposed or are showing symptoms and I would like to reiterate the message to all the young people.

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The COVID-19 response is already putting immense stress on health systems around the world. It's disrupting the delivery of routine health services and information to young people, sharply limiting access to sexual and reproductive health services, disrupting immunisation schedules and cutting off young people's access to health services delivered to schools and universities, which are now shut because of physical distancing measures.

So as the pandemic spreads to low-income and lower-middle-income countries which have disproportionately large numbers of young people and comparatively weaker health systems direct and indirect health impacts on adolescents and young people will likely increase.

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The observed disruption of health services... Young people who need essential, time-sensitive and life-saving medication and information services may be at risk of not being able to access

them. For an example, adolescent and young people's access to sexual and reproductive health services is disrupted, which puts them at risk of unintended pregnancies, STIs, HIV, sexual and gender-based violence.

Needless to say that young women and girls are particularly vulnerable, as Dr Natalia mentioned the staggering projections in her remarks. 1.2 billion children and youth are kept out of school by the pandemic and this means that they not only miss formal education but also non-formal education which they usually receive through community interventions, universities, school clubs, youth clubs, peer organisations and networks and youth groups.

So not having access to this information could seriously impact the choices they make about their lives and bodies today but also impacting seriously their futures.

The second point I'd like to touch on is mental health. Before COVID-19 emerged the statistics on mental health conditions for young people were already stark; around half of all mental health conditions start by age 14 and suicide is the second-leading cause of death among young people aged 15 to 29.

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Now because of the pandemic and the lock-down measures adolescents and young people have limited access to positive coping mechanisms that they turn to otherwise in times of crisis; for an example, social initiatives, community service, voluntary service, formal and non-formal education opportunities, sports, youth clubs or other types of physical activity.

A study carried out with young people with a history of mental health needs living in the United Kingdom reported that 83 of the young people who participated - 83% of the young people who participated in the survey agreed that the pandemic had made their mental health worse.

A study done in Ethiopia in April 2020 reported a threefold increase in the prevalence of the symptoms of depression compared with the estimates from Ethiopia before the pandemic. Parents in Italy and Spain have also reported that their children have had difficulties in concentrating as well as irritability, restlessness and nervousness.

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The stay-at-home measures have come with a heightened risk of children witnessing or suffering violence and abuse as well. In a

webinar series called Coping with COVID, conducted my office in partnership with WHO and UNICEF, we heard some dreadful stories from LGBTIQ young people who were forced into lock-down with parents, families and friends who do not accept them for who they are and this is quite worrying.

A study published in the Journal of the American Academy of Child and Adolescent Psychiatry argues that mental health impacts may persist after the end of the lock-down measures as well. Examples are social isolation and loneliness, shown to increase the risk of depression and possible anxiety at the time of loneliness was measured at between 0.25 and nine years later.

Therefore the need for adolescent and youth-sensitive mental health and psychosocial services and counselling will increase and should increase as the pandemic progresses. So three solutions before I wrap up.

First the post-COVID response plans must be sensitive to adolescent and youth-specific healthcare needs. This means developing and funding national plans that shift care away from institutions to community, youth-led, grass-roots-led services, allow for outpatient services, mobile clinics and peer groups, ensuring the coverage of all young people without discrimination.

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Second, governments and policymakers must ensure that within the context of universal health coverage availability and accessibility of youth-friendly mental health services and youth-friendly, rights-based sexual and reproductive health services and comprehensive sexuality education...

Thirdly, governments and institutions need to see young people as partners, not as troublemakers. There are thousands of young people right now volunteering in the communities as front-line healthcare workers. They're running hand-washing campaigns, fighting misinformation online, they're innovating solutions so make them your allies and make them your partners, support their work, create safe spaces for them and invest in their work so these solutions that they're proposing will last for generations to come. Thank you.

TAG Thank you and thank you for your kind words. I would maybe add one more language from Sinhala to you for joining us; obata stati. I hope it's correct. Stutia. Obata stutia.

00:30:46

JW Yes, it's okay.

TAG Thank you. Thank you so much. Thank you, Jayathma. Thank you for your message and thank you for your hard work and we're really proud of you. Then the next speaker will be Mary-Ann Etiebet, the Executive Director of Merck for Mothers. You have the floor, Mary-Ann.

MAE Thank you so much, Dr Tedros. I'd also like to extend my thanks to the UN Secretary-General's every woman, every child initiative for the opportunity to contribute today and add to the perspective and insights already shared by the other champions for women, children and adolescents in this briefing.

MSD for Mothers was created back in 2011 when our company made a \$500 million commitment to help create a world where no woman has to die giving life and MSD for Mothers is also known as Merck for Mothers in the US and Canada.

I'd like to thank Dr Kanem specifically for sharing so eloquently just what is at stake here when it comes to maternal mortality. The COVID-19 pandemic threatens our shared vision for helping end preventable maternal deaths.

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In the worst-case scenario a recent publication in the Lancet estimated that COVID-19 in the next six months alone could result in the deaths of over one million children and over 50,000 mothers, all due to the indirect impact of COVID-19 and the reductions in utilisation of essential services.

We are all living in that worst-case scenario right now and I want to share two examples from Nigeria and India since together they account for over a third of all the global maternal deaths we see. In May the Nigerian Ministry of Health reported that antenatal care visits and child immunisation visits had dropped by about 50%. Stillbirth attendance was also dropping by almost 40% and data from the Indian health management system also suggests that in March after a nationwide lock-down was enforced institutional deliveries dropped by 43%.

We have already learnt from the affected West African countries how Ebola wiped out 28 years of progress towards maternal, child and adolescent health goals. We cannot afford to look back on the next ten years as the decade of picking up the pieces and rebuilding trust in the ability of health systems to deliver on essential services for women and children.

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We need rather to look back on the next ten years as the decade of accelerating action because we all came together to do this. We need to recognise that funding for essential services for women, children and adolescents will continue to come under increasing pressure but we can build on pre-existing institutions including those like the World Bank's global financing facility, whose core mission is to ensure sustainable health financing for these goals.

MSD for Mothers is proud to be part of the GFS, which is currently supporting 36 countries to scale up access to comprehensive primary health services which are critical for effective pandemic preparedness and response.

COVID is also teaching us other hard truths. It has exposed societal fault lines around gender, racial and ethnic inequities and our inability to deliver on essential services for the most vulnerable, marginalised or disenfranchised is not just a reflection of the fragility of our health systems. It's also a reflection of our societal values.

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We need to ensure that in our responses to COVID we do not exacerbate inequities in health outcomes, including those inequities we see in the US and around the world due to systemic racism.

As the global community mobilises action against the pandemic we need to recognise that it is not just about making the right decision for the moment but it is also how we make the right decision in the moment for the future.

We will need multi-sectoral partnerships. We will need to support an innovation ecosystem and we will need to remember that health systems should not end at the facility but they should end with the person wherever they may be.

Regarding that first point of ensuring that we are leveraging the strengths of all sectors to augment government responses, one potential solution includes leaning into the capacity of local private sector, whether it be the local private providers, the physicians, the nurses, the midwives, the supply chain distributors, the lab techs who can help deliver healthcare or whether it's leaning into social innovators who are creating digital solutions so we can better communicate with patients.

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Even local industry who are helping to manufacture essential PPE that our healthcare workers need, 70% of whom are women. We are seeing this for example in South Africa where the Government is including local private sector in their strategic response plan.

Partnership is critical in all we do. MSD for Mothers is a board member of the Partnership for Maternal, Newborn and Child Health group, which is the world's largest multisectoral alliance for these issues with more than 1,000 members and led by board chair, Helen Clark, the former Prime Minister of New Zealand.

We are all standing behind the new seven-point call to action to protect and improve women's, children's and adolescents' health, not just during COVID but also beyond and all of these champions in civil society and government, the private sector, the health professional associations, youth groups, donors, academia, the UN and more will all be gathering virtually at the PMNCH summit in July to drive multi-sectoral action for women, children and girls.

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Second, we need to support an innovation ecosystem so that we can accelerate the timeline to develop, deploy and scale solutions, solutions that are not only needed to control the pandemic but solutions that can also help us deliver essential services efficiently at a high level of quality and at scale. Private sector will be an essential partner in this.

Last but not least, COVID is teaching us that we must reach people wherever they are. Health systems don't end at the facility; they need to end with the person so whether it's through those mobile units that Jayathma mentioned or through community health workers meeting patients in their homes or through technology connecting with patients on their phones we can learn from their responses during COVID to build back better patient-centred care.

Together we can do this, building on the global solidarity that is already driving our COVID-19 responses to build stronger, more resilient, more responsive and more inclusive health systems so that we can continue to protect and improve the lives of women, children and adolescents. Thank you.

00:39:05

TAG Yes, thank you. Thank you so much, Mary-Ann and thank you to all again. Please, Tarik; back to you now for the next section.

TJ Thank you. Thank you, Dr Tedros, and thanks to all our guest speakers. I understand that they will stay with us for any possible questions so I would really encourage journalists to take this opportunity to use the presence of our distinguished guests and ask questions on this particular topic.

Journalists who are with us on Zoom can listen to this press briefing in six UN languages plus Portuguese and Hindi and this is thanks to our interpreters who are here with us today and we would like to thank them. Journalists can also ask questions in six UN languages and Portuguese, not in Hindi for the moment. We will start with the questions. We expect everyone to be short, concise and have only one question so if we are ready from the technical side we will start with the Shanghai Media Group. We have Bin Chan online. Hello. Can you unmute yourself, please?

BI Yes. Hello, can you hear me?

00:40:26

TJ Yes, now we can hear you. Please go ahead.

BI Okay, thank you very much for the special guests' speech but my question's not related to this subject. Sorry for that but thank you for taking my question. Today the EU announced its plan to invest billions in purchasing vaccines from pharmaceutical companies in advance to secure enough shots [?] for European citizens, while Washington indicated also that that it wants the US to make vaccines for itself. So my question is, how will WHO formulate guidelines on the allocation of vaccines in the future to ensure fair access to pandemic remedies worldwide, especially for underdeveloped countries? Thank you.

MR Tedros may wish to comment. In fact Tedros leads a very important global group looking at these issues on a weekly basis and had a very productive telephone conference with many partners including the European Union last night.

There are a number of initiatives around the world to secure vaccine for either single countries or groups of countries and we need to work closely with those initiatives. The ACT Accelerator, the access to COVID tools accelerator and the vaccine component of it led by SEPI, by GAVI and WHO seeks to not only identify the appropriate vaccine products but to accelerate their

production, ensure that there are adequate stocks and work across the whole partnership, political, scientific and manufacturing, to ensure that there is fair and equitable access to those.

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There are many ways to achieve that. I don't believe one single mechanism right now can do that because a number of initiatives have already started. I think we have to recognise that reality and I believe it's in the interests of the world that WHO and other agencies now work together with those alliances to ensure that everybody is pushing in the same direction and that is the production of enough vaccine to meet the demand that we would have according to the strategy and to ensure that we have fair and equitable availability of that vaccine to those who most need it.

Dr Tedros has been pushing very hard in this direction and convening all players to ensure that everyone is aware of their responsibilities to contribute to this global good.

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TAG Thank you. Thank you, Mike. This question is very, very important and I will just add a few things to what Mike has already said. As you know, WHO and its partners have launched an initiative which is the ACT Accelerator on April 24th and you also remember that there was a pledging conference by the European Commission on May 4th, which was very successful and raised around US\$8 billion.

We're also working, as Mike said, with all relevant stakeholders regularly, especially to address one of the two objectives outlined during the launch of the initiative, which is access to the product that we hope will be produced or the vaccine that we hope will be produced; access for all who need the vaccine.

Of course we have already discussed in that platform of the meeting of the relevant stakeholders a draft allocation framework but that draft or the allocation criteria cannot be implemented unless there is a global consensus on making any vaccine that will be found or discovered a global public good.

For that to happen we need political commitment so a global consensus that's based on political commitment of our leaders will be very important.

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The good news is many leaders - as you have heard them say during the launch, during the pledging conference, during the World Health Assembly; many leaders promoted the idea of making any vaccine that is found a global public good.

But that should really be continued to be promoted and more leaders should join the boat and we need to have a truly global political commitment and global consensus before even we have the product so that's what we're pushing but of course it's not yet completed but we hope the world will agree and we'll have a consensus to make a vaccine that will be found a global public good.

This will be the commitment of not only, by the way, the political leaders but, I think, it's everybody's business too and the voice of every citizen globally will be very important to assure access to vaccines and other products by those who need it. Thank you.

TJ The next question comes from Spain. We have Pilar from El Mundo online. Pilar, can you hear us? Please unmute yourself.

PI Yes.

00:47:09

TJ We can hear you. Please go ahead.

PI Okay. I have two questions. First I wonder if you have considered making an [unclear] recommendation for the return of the children and kids to school but measures... because the behaviour of the transmission in this population is really unknown. There are different points of view.

The other question is about if there should be a global unification of data accounting in order to make a more comprehensive comparison of the situation between countries about confirmed cases, suspected cases and deaths. Thank you.

TJ I will repeat the questions. The first one is if WHO is considering making a universal recommendation for the return of children to schools. The second one is, should there be a global unification of data in order to make a more comprehensive comparison of situations between countries. Pilar, thank you very much for joining us for the first time. Normally we take only one question per journalist but I'll let our speakers help.

MR Maria will come in on this but we have issued guidance and considerations for the reopening of schools and Anshu, who's actually with us here today, is actively engaged with educationalists around the world and others and we will be

bringing further technical advisory groups together around the whole issue of school and risk management at school level.

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It is very difficult to give a universal recommendation around schools opening or closing. As you can imagine, the contexts are extremely different, the epidemics are very different, the vulnerability of children in different settings is very different and school is a very different concept in many parts of the world.

The age stratification and what you do in young children versus older children versus adolescents versus university so it's very difficult to make universal recommendations. We have issued considerations and very detailed considerations for the risk-based decision-making that governments should make but I'd maybe pass to Anshu who may have a comment on this and maybe Maria can take the question on bringing together global data.

AB Thanks very much. I think it's very important to highlight that we have seen negative impacts of closures of schools and at the same time also we have seen that it has an impact on transmission. So what's very important for us is to identify better what the impact has been of closure of schools on transmission in the community and that's something that we're looking at at the moment.

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We have also identified that closure of schools has contributed or will contribute to poorer educational outcomes, to mental health issues, as already mentioned by a previous speaker, but also to poorer nutrition. Many children actually depend on a meal at school for their nutritional status as well as looking at the impact of violence against children, also highlighted earlier.

So I think we need to really look at the balance; what is the impact of closing schools on children versus the transmission in community and that's something that we're studying at the moment.

MK Thanks very much. If I could briefly add on the first question around the considerations to reopen schools, as Mike has said, we have issued guidance around this because it is very context-specific and when taking that decision there're a number of factors that need to be taken into consideration, including the current epidemiology and transmission, intensity of transmission of COVID-19 in the area where the schools are and where the

children live that go to those educational institutions and also the setting that the school is in or that institution is in.

00:51:20

What is their ability to maintain the ability to prevent and control transmission of COVID-19? So what we've done is we've tried to outline these considerations to help the decision-makers take the decision of when and how to open those, looking into the school policies, the resources, the infrastructure that the school has, the policies not only for the school staff but for the students themselves, looking at the behavioural aspects or the age considerations.

Obviously for younger children there are different considerations for those that are at university or even at a high-school level. Looking at hygiene and environmental cleaning within the facility itself; looking at the ability of the school system to screen for cases, detect cases. What is the plan if you do find a case through the school itself?

Education and communication through the parents and the students themselves so not only talking to students but listening to students and feeding that back into the plan and looking at the ability to put in physical distancing and other public health measures that also need to be taken into consideration.

00:52:33

So, as Mike has said, as Anshu has said it's very context-specific and so to set one policy is very difficult and so what we're trying to do is help the decision-makers take those decisions to reopen schools safely.

With regard to the second question around global data, indeed we do have systems in place to capture data from countries around COVID-19 cases. We have a mechanism through the IHR where official cases are reported to us through the IHR mechanism.

We have issued case definitions, which helps to define who is a suspect case, who should be tested because, as you know, our recommendation is to test suspect cases and there're definitions of who those suspect cases are.

We have also issued guidance around surveillance systems - how would one find suspect cases? - looking specifically at different populations and looking for cases in the community and so the mechanism by which we capture that information is through IHR.

00:53:42

We have teams that are working to analyse the data that comes in to help us better understand the transmission situation and the characteristics of the cases reported.

TJ I would just ask if any of our speakers would like to add something on this first question on reopening schools. I understand that Natalia would like to add something.

NK Yes. I think the question on data is extremely important and I just wanted to remind all that the global action plan on SDG3 which relates to data and digital health as an accelerator of universal health is something that WHO and UNFPA have been co-leading and here the co-operation at the country level where we never take our eye off 2030 and the sustainable development goals, even with COVID; the co-operation of country governments is extremely important as we strive across the 12 global health organisations which are signatories to align and accelerate and account and engage with governments on comprehensive, modern and functional health information systems really depends on all sectors working together at the national level. Thank you.

00:55:08

TJ Thank you very much, Dr Kanem. If any other speakers would like to add just let us know. Not at this stage, I understand, so we'll go to the next question. We will go to Agence France Press and Nina Larson. Nina.

NI Yes, hi. Thank you very much for taking my question. I wanted to ask; Brazil's President, Jai Bolsonaro yesterday called on people to go into hospitals in the country to shoot video to show that the hospitals aren't overwhelmed at a time when the numbers are soaring in Brazil. I was wondering if you could say something about your thoughts on leaders making these kinds of suggestions.

In the US you also have the President, who's planning on having his rallies this month so I was just hoping that you could say something on this. Thank you very much.

MR Yes. While the numbers in Brazil have been high and continue to be high and the number of deaths continues to be high the health system itself across... and our colleagues in the Americas regional office, in PAHO, the Pan-American Health Organization, are tracking on a daily basis a number of

parameters in Brazil including the ICU bed occupancy each day across the 27 different administrative areas in Brazil.

00:56:44

While a few have exceeded 80% occupancy most areas are below that. Some are at a critical stage in terms of over 90% and it's clear that some areas of Brazil have quite a bit of pressure on the intensive care system.

So the system as such from the data we see is not overwhelmed but certainly in certain parts of Brazil there's significant pressure on the intensive care unit bed occupancy and again we commend the brave front-line health workers, doctors, nurses and others who continue to provide that service in so many different facilities across Brazil and across the world.

So from that perspective, yes, the situation in Brazil is of concern. All 27 areas are affected. We've seen different rates of infection. There are clear hot-spots in heavily populated areas. There are clearly differential impacts in different populations. We've seen the impact in Amazonas but overall the health system is still coping in Brazil though, having said that, with a sustained number of severe cases that remains to be seen and clearly the health system in Brazil across the country needs significant support in order to sustain its effort in this regard.

00:58:11

But the data we have at the moment supports a system under pressure but a system still coping with the number of severe cases.

TJ Thank you very much. We have received an interesting question via email from World Health Alert Crisis, Karen Wolfson, who is asking, do you think countries would benefit from testing more children for COVID-19 so that we can get a clearer picture on how it affects children and adolescents?

MK I could start and perhaps others may want to supplement. I think one of the areas of our understanding of this pandemic that's really limited is our understanding of COVID-19 in children and adolescents and we have a number of unknowns. What we're really trying to better understand is how often are they infected, do they play a role in transmission and if so how much of a role are they playing, what role do schools potentially have. These are a number of areas of unknowns.

00:59:20

Certainly surveillance in children is important; surveillance in all different populations is important and there are a number of other ways in which data could be collected for children, particularly with schools reopening in some areas and we should note that in some countries schools didn't close.

There are also seroepidemiologic investigations that are underway. Some of those include children and that will also give us more information about the extent of infection in children.

TJ If anyone wants to add something on that from our guests, let us know. If not...

MR Also to say that there are some studies underway - and I know the Unity studies, the seroprevalence studies also have nested studies on the incidence and prevalence in children. I know colleagues in the UK have launched an extensive seroprevalence study looking at the experience of children of infection, not just of severe infection and understanding the mild pattern of disease and how children participate in the overall transmission of disease or not and then looking at the more severe end of the spectrum and why some children - very few - end up with severe outcomes from the disease.

01:00:37

These are really all very important, interlinked but independently important measurements we need to make and notwithstanding what Anshu said.

There are other negative impacts of this COVID-19 pandemic on children which may not be measured in serology and may not be measured in hospital admissions but may be measured in educational attainment and psychological stress and in disruption to important developmental milestones that we all hope our children reach at the appropriate time.

TJ Many thanks. We will go to the next question. It's Jim...

NK Actually if I just...

TJ Please go ahead.

NK Answer very briefly. This is really a crucial question in terms of serving the epidemiology of where we're going but the bottom line is, how will we pay for the additional testing once available? Gabriela may wish to speak to the importance of parliamentarians as the budget-setters on the ground where it counts.

01:01:37

The guidance is there and the invitation to do things is there but what really turns into action is what countries decide so I'd like to be very clear in the role of parliaments in influencing the budget allocation if we need more testing among an adolescent or a child age group and there are barriers to resource mobilisation at a time when economies are struggling and worried.

So I think not just the policy barrier but also the financial barriers are part of that discussion of how do we practically get the job done. Thank you.

TJ Thank you very much, Dr Kanem.

GCB If I may...

TJ Yes, please, go ahead.

GCB Thank you very much and thank you, Natalia, for bringing parliaments and parliamentarians to this conversation. Indeed we have a very important role here when it comes to budget allocation and I would like to separate two issues. I think as a parliamentarian - not only as a person today for you but as a parliamentarian - I think that we need to see if the budget that was designed for 2020 is still working for parliaments.

01:02:52

Honestly I don't think so because most budgets were designed in 2019 when no-one imagined what was going to happen in the world. I think we were not even imagining what was going to happen in two months so I think that we need to take a look at budgets that are being applied for 2020 and to allocate more budget to these health systems and the huge demand that they are facing.

We have seen some examples of countries that are building hospitals in a very fast way, that are developing research, studies, tests and it is clear that budget is not enough for the huge demand that the population has.

Not only related to the basic health services; for example we just mentioned violence against women. We need to strengthen all systems that are going to help women during this pandemic. Women are being left behind. They are not protected at home, they are not protected at work and they are 70% of the health workers so we need to put women, adolescents and children at the centre because...

01:04:09

Allow me to speak as a politician but not a medical doctor. We have been hearing news talking about how this virus affects more men than women and how children and adolescents are not contagious so we need to take a look at the different ways that this pandemic is affecting each of the groups and women, children and adolescents cannot be left behind.

The other issue is what we are going to do with the next budgets because this pandemic is going to have severe effects not only now but also... I think it was Mary-Ann who was saying, we need to take decisions right now but also take the future into consideration so I think that it goes also to budget.

Which are the needs now and which are going to be the needs in 2021? Because it is clear - and I think almost all countries are going to face that reality; I think that was part of what Natalia was saying - the economy is also struggling and when that happens also the public budget is going to be affected.

So I think that we should take a look at what are the priorities for humanity, what we are going to do especially with children and adolescents. They do not vote, they do not participate in politics but that doesn't mean that they cannot be taken into account so I think that we need to put women, children and adolescents also in our priorities in budgets for 2021.

01:05:45

TJ Many thanks, Dr Kanem and also President Barron. Anshu, would you like to add something?

AB Yes, I just want to pick up on that last point because I think it's important if we know whether children are an important element in transmission in the community or not. If not then we don't have to close schools and then parents don't have to stay at home and can continue working so that link with the economy, I think, is an important reason why it would be important to have better data on children.

TJ Many thanks. We have a couple of questions on breast-feeding. I will read one and then we will call on Jim Rope from Los Angeles, from Westwood One radio but first the question comes from the New York Times, from David Walstein, who is asking; the recommendation on breast-feeding; have there been studies to show that breast-feeding is not a cause for COVID-19 transmission and what are the main diseases that breast-feeding tends to prevent?

01:06:48

Jim, you also wanted to ask something about breast-feeding. Please go ahead.

Jl Yes. It was pretty much along the same lines. Just a little clarification on the guidance on breast-feeding, especially for women who test positive for the virus, please. Thank you, Tarik.

AB Thanks very much for that question. So far we have not been able to detect live virus in breast milk so several cases have been identified where there have been RNA fragments or fragments of the virus in breast milk but we haven't actually identified live virus in breast milk and so the risk of transmission from mother to child therefore so far has not been established.

MK If I may supplement with the guidance that we have, updated guidance we published on May 27th where we recommend and we have been recommending that women who are suspect or confirmed continue to breast-feed. They're encouraged to initiate and continue breast-feeding and within the guidance are outlined ways to do that safely.

MR Again breast-feeding has a lot of benefits beyond direct nutritional ones. It certainly has been associated with preventing a whole range of different diseases including acute infections such as diarrhoea, pneumonia and a range of various infections; haemophilus influenzae and other things in children.

01:08:21

I know Anshu could speak for hours around the long-term health benefits of breast-feeding in terms of other chronic conditions of later life so there is absolutely no question that breast-feeding provides the best possible nutrition for a child at any given moment but also has direct beneficial effects in protecting children from infectious diseases.

TJ Anyone from our guest speakers who'd like to add something? No. I will read one question that came from Peter Shelling, who works with the European News Agency, ENA. What's the WHO recommendation on the vitamin A supplementation for pre-school-aged children in the context of COVID-19?

AB We should continue providing vitamin A. It's an important vitamin deficiency that can be prevented by supplementing vitamin A and there's no reason not to do so.

01:09:32

TJ Thank you very much. We will try now to go to Next Edition newspaper in Nigeria and we have Adeze Oyoku with us. Adeze, please unmute yourself.

AD Okay, yes. Thank you very much. My question is on... Aren't lock-downs in African countries due to poverty and pressure from business owners...? My question is to you, DG; should African governments cease lock-down now?

Because infection is still rising and this situation may affect mothers and babies. Considering that the health systems in Africa, especially in Nigeria, are very, very poor and that in traditional societies and rural communities women bear the burden of caring for the home, how do African governments stop tying [?] the role of women into COVID-19? These are [unclear]. Thank you for having me.

TJ Thank you, Adeze, for this question. We had a very bad sound but if I understood the question it's how African governments should deal with easing the lock-downs in the context of an increasing number of infections and the consequences it has on women and children.

MK Thank you for this very important question, balancing the need to suppress and control the virus while trying to lift some of these lock-down measures and resume economic activity, especially for mothers and children and for all.

01:11:32

We have outlined different ways in which we can support governments in taking decisions on when and how to lift these public health and social measures or these so-called lock-down measures and primary to this is to understand the transmission. Is the outbreak in that area, in the area that we're talking about, controlled, do we have a system in place, is there the public health infrastructure in place to be able to detect cases and test for cases, care for those cases, find contacts, quarantine those contacts?

And making sure that not only the public health infrastructure is in place but the health infrastructure is there as well to care for those who need care for COVID-19 as well as other medical conditions, including those for women and children and adolescents.

01:12:25

Making sure that in situations the risks for high, vulnerable settings are minimised so that we don't have any hot-spots of

activity where the virus can resurge very, very quickly. When resuming work, making sure that the workplaces are ready to be able to receive people back to work safely, where these public health measures can be in place within the workplace facilities and that communities are fully engaged and understand how the resumption and the lifting of some of these lock-down measures can be put in place, balancing that with trying to get people back to work but ensure that the virus does not have an opportunity to resurge.

We are learning from a number of countries who are trying to do this. They're doing it in a very slow way. They're doing it in a controlled and deliberate way where maybe the resumption is not happening all at once in a country but it's happening in different parts of a country, perhaps where the virus is actually controlled.

We are looking to do more in-depth work with countries to better understand how they've done this, not only how these measures were put in place but how they were lifted and how they are done safely.

01:13:48

TJ Thank you very much, Dr Van Kerkhove. Our guest speakers; if there is anything you would like to add please proceed right now. If not we will go to the next question, from India. We have India TV and we have Nidhi Tanaya with us. Please unmute yourself. Hello. Do we have India TV online? It seems that's not the case so we will go to Bayram, our Geneva-based colleague from Anatolia news agency. Bayram.

BA Thank you very much for taking my question. Mr Tedros, do you think there is a danger it could trigger a second wave of COVID-19 outbreak and are you optimistic that the pandemic will be under control in Europe and the rest of the world by 2020? Thank you so much.

MR First and foremost most of the world right now is still very much in the throes of the first wave of this pandemic. Some countries in Europe, in south-east Asia and North America have been through the peak of a wave of infection and are slowly, carefully making their way out of that situation.

Some had to entirely shut down their societies and economies to achieve that; some have managed to avoid that. The current up-tick in cases in some countries can be represented - yes - as a second wave or a second peak; in other words that the disease

has not reached a very low level, maintained a low level and then come back some time later in the year.

01:16:02

This is possibly in some countries related to reopening of society, remixing of people and being in a situation without adequate social distancing, without adequate measures in place and without adequate capacity to test and isolate suspect cases and quarantine contacts the disease can return again.

We've certainly seen a number of countries where that phenomenon has happened, not necessarily at a national level but in terms of a subnational level and countries have been working hard in south-east Asia and in other places to identify new clusters of disease and to break the chains of transmission.

So it's not surprising at all that any country coming out of a so-called lock-down can have clusters of disease, re-emergence of disease in clusters. That's not necessarily a second wave. That is just a result. Many of you as journalists have asked us.

There is a careful balance to be struck between keeping everyone at home and continuing to completely suppress transmission of COVID-19 and the untoward effects of that on the economy and society and that's not an easy balance.

01:17:15

This is a public health dilemma and it's one that has to be carefully managed and balanced by every government, every minute of every day and there are no correct answers in that regard. There is no playbook that can be written at global level for each and every country in that circumstance.

Countries have to balance those things so yes, we are concerned that we're still very much on the upswing of this pandemic in many countries, particularly of the global south. We are concerned that some countries are having difficulties in exiting the so-called lock-downs as they're seeing increases of cases again.

The responses in that regard for countries are going to be, are there alternatives now to controlling that up-tick in cases short of implementing full lock-downs; can countries engage in a much more micro process, can countries identify exactly where they're getting an increase in cases, can they apply measures there and avoid applying measures in areas where they're not seeing that?

01:18:22

That comes down to the granularity of your data. Do you know where the virus is, can you tell specifically where the virus is increasing or decreasing, do you have that knowledge and within that can you make an intervention at a geographic level that allows you to take sometimes increased measures without affecting the whole population?

That really comes down to the sophistication of your public health surveillance, your ability to test, track and trace, your knowledge of the virus as it's spreading through communities and your ability to apply measures in a way that's not a blanket measure, that you can lift and adjust measures at a subnational or a substate level that allow you to be much more sophisticated in doing that.

But that is driven by having good data and without good data it's almost impossible to take that approach so as we've said previously, a comprehensive approach, strong public health surveillance, know where the virus is. If you see a rise in virus in a given area strong cluster investigation, understand the risks, try and break those chains of transmission.

In a sense we've said this; there must be an alternative to lock-down because in the absence of lock-down the virus will tend to spread again so the question is, what have you got to replace lock-down with.

01:19:40

What we have now in the absence of a vaccine is good public health surveillance, a strong relationship with communities so they know how to protect themselves and they're empowered to protect themselves, they're given the resources, the education and the materials to be able to do that and that we in the health sector support them by putting in place the necessary surveillance and we apply measures in as much as possible... the minimum measures to control the disease at the lowest possible level geographically.

It's very easy for me to sit here and say that. That is difficult to achieve in any circumstance but it is the only way to sustain the next number of months while we wait for other interventions. Again we have to say that we really hope we'll have an effective vaccine in time but there are no guarantees.

01:20:31

I've said it here previously; we have to learn to live with this virus, we have to find a balance of controlling this virus against

the damage economically and socially of controlling this virus. This is a difficult dilemma but we must find that balance and each society must find that balance, which is in accordance with its values and what citizens in that country wish to achieve as a collective and that's not always so easy to achieve.

TAG Yes, thank you. Thank you, Mike. There is another dimension I'd like to bring to this question. We're truly concerned actually because the world is divided. The world has never seen anything like this since the flu in 1918, which is more than 100 years ago.

This is a very dangerous virus and it's very hard to fight this kind of virus in a divided world. That's what we should understand and that's why from day one we have been calling for national unity and global solidarity and we need these two in order to have a better outcome, as you said, by the end of 2020 or any time soon.

It can happen with unity and solidarity but it will be difficult in a divided world so that's why again and again we call for national unity and global solidarity. Thank you.

01:22:22

TJ Thank you very much, Dr Tedros. We will take the last question for this question-and-answer session before Dr Tedros makes another announcement. Do we have Gabriela Sotomayor from Procesa, Mexican outlet, with us? Gabriela?

GS Si, hola.

TR Yes. Thank you very much. I'm going to ask my question in Spanish. My question is on Mexico. Dr Tedros, you're talking about unity and solidarity and that is something that's very important and in the country, in Mexico what we're seeing is that on the one hand the person in charge of the pandemic is saying that the epidemic is at its peak but on the other hand they don't believe in doing testing, that it doesn't make sense when we have this number of cases.

But then on the other hand the President of the Republic is encouraging people to go out again and to stop being afraid and to ease the lock-down. So there's not really unity there and the situation in the country is very worrying so I'd like to hear your opinion. Thank you.

01:23:53

TAG I don't have this particular information which you said but I will answer the question in general terms, of course repeating what I said earlier. At the national level - we have been saying it many times; that there should be national unity and that countries should unite in their borders across party lines, across faiths, across ideologies or whatever differences we have.

This virus exploits the cracks between us. This virus exploits the division between us. It's only when we're united that we can defeat it. Some months ago I had a phone call with the Prime Minister of Finland and she was telling me about their model, which is exactly what I said.

They have a committee of the ruling and the opposition parties and they work together in identifying the problems, proposing solutions and working together to respond to the pandemic. That's the sort of national unity across all the differences which I have said is important.

When there is national unity that leads to a genuine global solidarity too. When there is no national unity it affects the global solidarity and that's why we're calling for both as a package; national unity and global solidarity.

01:25:47

You can go back to history also. When the world unites together to fight a common disease or a common virus or other health problems it's succeeded, when it united across ideologies or other differences it had so we should learn from history. That's what we're saying.

This is a very dangerous virus and something that is causing serious damage to lives and livelihoods and this has to stop. The different measures that countries have taken to control the virus have turned the lives of many citizens upside-down. Normally we see its impact on health or on lives but its impact on livelihoods is even more serious.

I know millions have lost their jobs and we know many have lost their livelihoods and we said it many times; an invisible but a very small virus is causing havoc and we said it many times, that this should be a humbling moment.

This is when we're asking and when we need to really reflect and see humility as the main way to get out of this problem. For any individual person or any nation, weak or strong, poor or rich it's a humbling situation.

01:28:08

That's why we're saying enough is enough. Our fear is, as we have said, although it's declining in Europe it's increasing in other parts of the world and even Europe cannot be safe because the virus can be reintroduced even to Europe but no-one is safe until everybody's safe.

That's why the unity and solidarity are important. We cannot fight this virus in isolation by looking inside and taking care of our respective countries only. We should think globally too. That's why in addition to the national unity we need global solidarity to deny the virus any cracks, any division.

So the question you asked, Gabriela, is very, very important and the most important factor in this fight is national unity and solidarity. Otherwise with the increasing number of cases that we see now we can say that the virus is actually starting and it will continue to wreak even more havoc; not just lives but livelihoods.

That's why we need unity and solidarity and to fight it together. I thank you.

TJ Thank you, Dr Tedros.

MR Maybe I could just add some specific data on Mexico. There've been nearly 130,000 confirmed cases in Mexico with over 15,000 deaths so far.

01:30:20

Of the ten countries reporting the highest numbers of cases in the last 24 hours Mexico ranks the seventh and of the ten countries reporting deaths in the last 24 hours Mexico ranks third so the situation in Mexico is clearly difficult, it is challenging and the overall positivity in tests is about 37% and in that sense the 37% of those tested tested positive...

So there clearly is the epidemic as it is across all of the Americas. Four of the top ten countries reporting cases in the world today are in the Americas and similarly on deaths so the pandemic is most active in the Americas and highly active in Central and South America. Many, many countries are affected and Mexico is but one so from that perspective, as the DG says, there need to be consistent messages from government at national and subnational level.

I think what we've seen around the world is our citizens get very confused if they perceive that they're getting different messages from different parts to the system and we really do need to align our messaging and ensure that we're all working together to ensure that our citizens are getting the best possible information

to protect themselves and protect their loved ones and their communities.

01:31:49

TJ Thank you, Dr Ryan, for this. Dr Tedros has another topic to mention but we will conclude the press conference as it is. I would also like to thank our guests, Dr Natalia Kanem, Executive Director of UNFPA, Jayathma Wickramanayake, UN Envoy for Youth, President Gabriela Cuevas Barron of the Inter-Parliamentary Union and Mary-Ann Etiebet, the Lead, Merck for Mothers.

The audio file from this press briefing will be sent to journalists shortly and the transcript will also be posted. I will give the floor back to Dr Tedros.

TAG Thank you. Thank you, Tarik. Before I say bon week-end I would like to say a few words about the World Blood Donors' Day this coming Sunday. As you know, this Sunday is World Blood Donors' Day, an occasion to thank and celebrate blood donors all over the world for their selfless contribution to saving and improving lives.

01:33:07

Many countries still lack universal access to blood transfusions and blood-related medicines. The COVID-19 pandemic has further reduced the world's blood supply. Our message on World Blood Donor Day is keep donating blood and saving lives. Giving blood during COVID-19 is safe provided physical distancing and hygiene measures are respected.

Thank you and have a nice weekend and I look forward to seeing you on Monday. Thank you so much for joining us today. Thank you.

01:33:58