

# COVID-19

## Virtual Press conference

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### **Speaker key:**

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KA	Kamran
HB	Professor Hanan Balkhy
AN	Antonio
MK	Dr Maria Van Kerkhove
KA	Kai
SO	Sophie
MR	Dr Michael Ryan
NA	Naomi
SS	Dr Soumya Swaminathan
SH	Shoko
SI	Sidanth

**00:00:00**

TJ Hello, everyone, from WHO headquarters here in Geneva. My name is Tarik and I welcome you to this regular press briefing on COVID-19. Tonight with us we have Dr Tedros, WHO Director-General, Dr Maria Van Kerkhove, Technical Lead for COVID-19, Dr Mike Ryan, who is the Head of the WHO Programme for Emergencies.

We also have Professor Hanan Balkhy, who is Assistant Director-General for Antimicrobial Resistance and with us also today we have Dr Soumya Swaminathan, who is our Chief Scientist. Before giving the floor to Dr Tedros I would just like to remind everyone who is on Zoom, journalists who want to ask questions, that they

can also listen in six UN languages plus Portuguese plus Hindi and ask questions in six UN languages and Portuguese. I will give the floor now to Dr Tedros for his opening remarks.

TAG Thank you. Thank you, Tarik. Good morning, good afternoon and good evening. We now have more than six million cases of COVID-19 across the world and have lost more than 370,000 people to the virus. As we work with governments across the world to suppress the virus and accelerate science around diagnostics, therapeutics and vaccines we also continue to respond to other health emergencies and new disease outbreaks.

**00:01:52**

The Government of the Democratic Republic of the Congo announced today that a new outbreak of Ebola virus disease has been detected near the city of Mbandaka in Equateur province. The announcement follows a complex Ebola outbreak in eastern DRC which seems to be in its final phase. The new one is on the other side of DRC, western DRC.

WHO will continue supporting DRC in tackling Ebola as well as responding to COVID-19 and the world's largest measles outbreak. Every week WHO continues to provide the world with new and updated technical guidance based on the best evidence. During this pandemic we have seen that mass gatherings have the potential to act as super-spreading events.

To assist groups planning such gatherings WHO released updated guidance to help organisations determine how and when mass gatherings can safely resume. For example WHO has worked closely with several sporting organisations including FIFA, UEFA, Formula One and religious groups including the Organisation of Islamic Cooperation, which oversees the Hajj, as they conduct risk assessments around mass gatherings.

**00:03:27**

WHO has updated its risk assessment tool so that organisations can score each risk factor and control measures which results in an overall risk score. Ultimately WHO advise on the risk assessment and then organisations make the decision on how best to proceed.

While we all want sporting events to restart we want to make sure that it's done as safely as possible. We all know that the impacts of COVID-19 extend well beyond the death and disease caused by the virus itself. The pandemic has forced countries to

make difficult choices about suspending some health services. Building on previous guidance on maintaining essential health services through the COVID-19 pandemic today we are providing operational guidance on how best to put that into practice.

Ensuring co-ordination and development of new ways to deliver care while limiting visits to health facilities is key to keeping people safe and ensuring health systems are not overburdened. This means using digital technologies to deliver some routine services remotely and expanding the amount of medications delivered to the home.

One of the areas in which health services have been particularly affected is in care for people with non-communicable diseases including diabetes, cancer, cardiovascular diseases or a chronic respiratory disease.

#### **00:05:14**

We already know that people living with NCDs are more vulnerable to becoming severely ill or dying from COVID-19. At the same time many people living with non-communicable diseases are no longer able to access the medicines that they need. WHO conducted a rapid assessment of service delivery for NCDs during the COVID-19 pandemic with 155 countries submitting data.

The results released today show that more than half of the countries surveyed have partially or completely disrupted services for treatment of hypertension, half for treatment of diabetes and related complications and 42% for cancer treatment and 31% for cardiovascular emergencies.

Rehabilitation services have been disrupted in almost two-thirds of countries. The COVID-19 response must therefore be inclusive of the healthcare needs of people living with non-communicable diseases. One of the main causes of NCDs is tobacco. This year's WHO World No Tobacco Day focused on reaching young people to educate them on tobacco industry tactics used to manipulate them into using deadly products that kill eight million people every year.

#### **00:06:48**

Even during this global pandemic where we know tobacco puts users at a higher risk of severe disease and death the tobacco and nicotine industry persist with their dangerous marketing tactics that aim to attract new users.

Just as we continue to respond to well-known health threats like tobacco we're also responding to one of the most urgent challenges of our time, the threat of antimicrobial resistance. I'm glad to say a record number of countries are now monitoring and reporting on antibiotic resistance, marking a major step forward in the global fight against drug resistance.

But the data they provide reveals that a worrying number of bacterial infections are increasingly resistant to the medicines we have traditionally treated them with. As we gather more evidence it's clear that the world is losing its ability to use critically important antimicrobial medicines all over the world.

**00:07:57**

On the demand side in some countries there is an overuse of antibiotics and antimicrobial agents in both humans and animals. However in many low and middle-income countries these life-saving medicines are out of reach for those that need them, leading to needless suffering and death.

On the supply side there is essentially very little market incentive to develop new antibiotics and antimicrobial agents, which has led to multiple market failures of very promising tools in the past few years. As well as finding new models to incentivise sustainable innovation, as seen with the COVID-19 Solidarity trial, we must find ways to accelerate viable candidates.

The COVID-19 pandemic has led to an increased use of antibiotics, which ultimately will lead to higher bacterial resistance rates that will impact the burden of disease and deaths during the pandemic and beyond.

In the current clinical management of COVID-19 interim guidance WHO has outlined the appropriate use of antibiotic therapy for medical professionals who treat patients, therefore both tackling antimicrobial resistance while also saving lives.

**00:09:35**

I will conclude by saying that we have received questions about Friday's announcement by the President of the United States of America. The world has long benefited from the strong collaborative engagement with the Government and the people of the United States. The US Government's and its people's contribution and generosity towards global health over many decades has been immense and it has made a great difference in public health all around the world.

It is WHO's wish for this collaboration to continue. I thank you.

TJ Thank you very much, Dr Tedros, for these remarks. We will now go to a session of questions and answers. I remind journalists to be concise, to ask only one question so we can take as many as possible. I would also like to acknowledge and thank interpreters who are here with us and who will make sure that journalists can ask their questions in six UN languages plus Portuguese and also listen to answers in those languages.

If we are technically fine with starting with questions I will call on Helen Branswell first from Stat News. Helen.

HE Hi, thanks very much for taking my question. Dr Tedros, can you please tell us what the process is for a country to withdraw from the WHO? I don't believe there's anything in the constitution that spells out a mechanism for withdrawal. Can you please explain?

**00:11:23**

TAG Thank you. I think for the moment what I have said in my speech will be enough and for the process, if you need additional information we can do it some other time. Thank you.

TJ Thank you very much for that. We will go now to Kamran Kasimov from Azerbaijan Real TV. Kamran, do you hear us?

KA Do you hear me?

TJ Yes, Kamran.

KA Hello. Greetings from Azerbaijan, from ALTV. My question is to Dr Tedros because he claimed about this information one hour ago; a record number of countries are now monitoring and reporting on antimicrobial resistance, making a major step forward in the global fight against diabetes.

But the data they provide reveals that worrying number of bacterial infections are increasingly resistant to the medicines at hand to treat them. As a post-Soviet republic, Azerbaijan, we need more information about that, Dr Tedros, please.

**00:12:37**

TJ Thank you.

KA Please, Dr Tedros, please.

TJ Thank you, Kamran. I think Professor Balkhy may add here.

HB Thank you very much for the question. I'd like to also refer to Dr Tedros' summary a few minutes ago about the problem

with antimicrobial resistance. I think it is one of those entities that are extremely difficult to identify and we're very happy that we at least have started the first steps in releasing the third edition of the Glass Report where 66 countries from 22 countries in 2018 have provided data on the amount and types of resistance they have to certain antibiotics, to certain pathogens.

I think that step is extremely important so we can look into the magnitude of the problem within the different countries and we hope that more will engage.

**00:13:35**

But I do want to emphasise that the problem with AMR or antimicrobial resistance is that it's very unlike many of the other entities; it's a mechanism that can be applied in many different pathogens so we would not be able to strictly identify it in every single pathogen although we hope to reach that point.

The solutions for antimicrobial resistance, as you might want to understand; for each country it's going to be very different. It's one of those problems that have been tackling high, mid and low-income countries and the stimulators for resistance in each of these countries is very different.

That's why the WHO has taken a big step in trying to address this issue in a customised fashion, in a multi-sectoral fashion in each country where we would support with technical advice for the countries on how to mitigate those issues, whether it's overuse in the human world through misusing patients or in the agriculture side and also how to understand how to improve the issues of hygiene so that we do not replace good hygiene, whether it's infection prevention/control in the human side or hygiene in the animal side, by excessive use of antimicrobials.

So the problem is very complex and we will be working with the countries on trying to find ways of improving it in each specific country as needed. Thank you.

**00:15:12**

TJ Thank you very much. This was Professor Hanan Balkhy, who is our Assistant Director-General for Antimicrobial Resistance. Now we will go to Antonio from Lusaphone news agency. Antonio, can you hear us?

AN Yes, I can hear you. Thank you for taking my question. I would like to ask about what we know already about the lasting effects of COVID-19 on people, namely those who have been hospitalised and put in ICUs and how should health authorities

keep following these people in their intervening months/ Thank you.

MK Thank you for this very important question. Yes, as you know, millions of people now have recovered from COVID-19 infection and we are starting to follow them more systematically. As we've outlined in our update to the clinical management guidance that we published last week we now have a section specifically for the rehabilitation for patients with COVID-19.

What we know from those that are infected so far globally is that the vast majority of people who have had COVID-19 infection will recover without problem. There will be some individuals who have had severe disease or more severe disease or critical diseases that have been in hospital for prolonged periods of time.

**00:16:32**

They may have had intubation, they've had severe pneumonia, they may have had toxic shock, they may have had quite some serious, serious disease. On these individuals it may have a longer effect and so what we need to do is follow them over time to understand how they recover and what long-term care if any they need.

So we're just starting to learn from this, from the patients who have recovered and we hope to be able to have a more systematic way to provide care for those that leave hospital.

TJ Thank you very much, Dr Van Kerkhove, for this answer. Now we will go to Kai Kupferschmidt from Science. Kai.

KA Hey, Tarik. Thank you very much for taking my question. I just wondered whether one of you - maybe Dr Tedros - might want to address some of what we're seeing in the US. Obviously these street protests have raised the fear that they could lead to more spread but at the same time people have pointed out that the systemic racism that is being protested here is in itself a public health crisis.

**00:17:43**

I wonder whether you have any comments on how to balance these things.

MK Kai, thank you for this important question. I won't speak specifically about any particular events but what we can say and what has been highlighted in the DG's speech today about mass gatherings in particular is that with increasing social mixing and

people coming together, particularly in areas if the virus is not under control, that close contact between people can pose a risk.

At the heart of our guidance that we published recently on mass gatherings is supporting the people who are organising those, whether they are mass gatherings for sport or for religious events or for any other reason to ensure that those who plan them undertake a very serious, rigorous risk assessment which looks at the local context, which looks at the transmission intensity in that area, what we know about the virus, where it's circulating and about the potential activity that would take place during that event, whether it's the number of people or the proximity of people together, to make sure that the system is in place to keep people separate.

**00:18:57**

Physical distancing remains a very important aspect to control and suppression of the transmission of COVID-19. This is not over yet and we need to ensure that in locations that are considering these mass gathering events you have a system in place to prevent, detect and respond to any such cases.

So we are here to support those who are planning mass gathering events and to ensure that that planning takes place in a rigorous way.

TJ Many thanks for this. Next question to South Africa Broadcasting and we have Sophie with us, Sophie Mukena. Sophie, can you hear us, please?

SO Can you hear me?

TJ Yes, please go ahead.

SO I want to ask Dr Tedros; Dr Tedros, currently we see African countries beginning to ease the measures that they took earlier on to fight this COVID-19, the issue of lock-down. South Africa in particular today is starting with level three, having children perhaps going out, some to them, to school even though that decision has been reversed.

**00:20:16**

What is your advice to African countries who have started with the process of easing their lock-downs, in particular when you look at the sub-Saharan region?

MR I can begin and then possibly Dr Tedros will supplement. I think the advice is pretty much the same as we have given across the whole pandemic for countries in exiting lock-down. We



understand that countries in exiting lock-down are trying to put economies back on track, trying to bring social cohesion and social interaction back and that's laudable.

What we've asked for is a careful, stepwise approach, that each move is measured and the impact of the release of measures is measured in a way that we can see any increasing cases and if necessary reapply measures.

We've also said that you have to replace lock-down with something else and we've said consistently, I think - and Dr Tedros has said this on many occasions - we need to have a strong, empowered community who are educated and participating in the response willingly and are able to sustain the new normal and able to sustain the new behaviours around physical distancing, hygiene and other things.

**00:21:43**

We have to have a strong public health response and I would commend South Africa for the way in which it's energised and mobilised its community health workers for both community education and surveillance; the way that the capacity to detect, test and trace cases has increased across South Africa through the use of mobile clinics and mobile teams.

That measured approach allows countries to come out of the so-called lock-downs and replace lock-downs with a more comprehensive set of public health and social interventions that will allow us to live in a more sustainable way with this virus until we reach a point where we have vaccines or other interventions that may actually allow us to eliminate the virus.

That being said, it's a difficult challenge for many countries, particularly in the south, where the concepts of social distancing, of hygiene, of surveillance are difficult to achieve, especially when many people live in poverty and in overcrowded conditions where those objectives are hard to reach.

**00:22:51**

So we need the external world. Other countries need to provide all support possible particularly to countries in Africa to achieve those goals in terms of being able to support communities, support surveillance and support the health system to cope but we believe progress is being made.

In Africa in general we've seen a stabilisation of the situation. However in some countries the disease continues to be on the

rise and therefore we have to be very, very careful and ever vigilant over the coming weeks and months.

TAG Yes, thank you, Sophie; nice to hear your voice. I would like to add, of course Mike has covered your question but just to add; first of all one thing which was very important that Africa did was the meeting in February of the Ministers of Health that helped develop the Continental Strategy and aligning national plans and strategies with the Continental Strategy.

Then the other important development was the creation of the Coalition of Leaders by President Ramaphosa, who is the current African Union Chairperson, and also the leadership of the African Union Commission Chairperson, Dr Moussa Faki.

**00:24:31**

Then the other important step was the social distancing measures in Africa actually started while the number of cases was low so it was done as early as possible. I think that helped in slowing the epidemic.

Now the issue is, Africa is again starting to open up so when it opens up the recommendation from WHO is it has to be a phased approach. South Africa is doing that and many countries are doing that; it has to be a phased approach.

At the same time we need to continue to strengthen especially the case identification, tracing and other public health measures and especially the involvement of the community and the involvement mobilising community health workers to be involved with us, as Mike said, which is happening in South Africa and other countries, and really strengthening that part, following the developments seriously and strictly.

**00:25:59**

So based on changing situations to take measures; for instance some of the measures which are taken in opening up can be reversed if there are challenges. For instance South Korea did that when it opened up and then started to see some clusters of cases, then started to take action, social distancing which is tailored to that.

So the vigilance and the strict follow-up will be very important but of course, as Mike said, I understand - and I'm from Africa - how difficult it is to implement some of the social distancing measures. But based on the situation, adapting the situation, taking the maximum measures you can take will be very important.

Thank you again, Sophie, and I look forward to continuing to talk to you.

TJ Many thanks, Dr Tedros and Dr Ryan. Next question comes from the BBC. We have Naomi online. Naomi, please go ahead. Hello, can we hear Naomi from the BBC? Can you unmute yourself, please?

NA Hello. Sorry. I would like to ask about these reports from Italy that doctors there have suggested coronavirus is somehow losing potency. What do the panel make of that?

**00:27:39**

MK Thank you for the question. I'll begin and perhaps others would like to supplement. What we are learning about this virus in terms of its transmissibility and its severity - these are the two major features we've been talking about since the beginning - in terms of its transmissibility the thing we measure is the reproduction number, how many secondary cases one case can infect. That reproduction number naturally is above two which means it has an epidemic potential to take off if we allow it to.

What we have seen across a number of countries is that that remains true but there is the ability for this virus to cause what the DG mentioned today are these super-spreading events which take place in closed facilities or in situations where you have very close contact with people. That we've seen across a number of countries and, I would argue, in all countries.

The other thing we look at when we think of potency is the severity that this disease causes and consistently the SARS-CoV-2 virus, the virus that causes COVID-19, causes a range of illness in people that it infects consistently across the globe. The majority of people have a mild infection; some have a moderate infection with pneumonia; and then about 20% of individuals will have a severe disease. That is consistent.

**00:29:03**

So in terms of the transmissibility that has not changed. In terms of the severity that has not changed but what I think is important and what these scientists may be talking about - because I haven't seen that particular report - is that there are measures that we can put in place to reduce transmission, to suppress transmission and these include finding, testing, isolating, caring for all cases, tracing and quarantining all contacts, ensuring that we have a mobilised and engaged public, ensuring that we have an all-of-society, all-of-government approach.

These fundamentals that we've talked about from the beginning remain consistent, remain the plan and we know that early treatment, early identification, early oxygen support when needed can save lives.

So these are the things, I think, that can reduce the potency, that can reduce the power of this virus but if we let the virus go it will transmit. If we let the virus go it will infect people and it will cause severe illness in about 20% of people.

So the important message is that there are things that we can do to suppress transmission and save lives.

### **00:30:12**

If I could supplement - we've said this many times - all new observations are very important and should stimulate further inquiry. New viruses in human populations can do one of two things; they can evolve and become less pathogenic or sometimes they can become even more pathogenic.

It is not in the interests obviously of the virus to kill everybody that it infects because the virus can survive better if it can transmit from person to person and we see this with many of the illnesses, the childhood illnesses that we have but we need to be careful.

This is still a killer virus and there're still thousands of people every day dying from this virus so we need to be exceptionally careful not to create a sense that all of a sudden the virus by its own volition has now decided to be less pathogenic. That is not the case at all.

### **00:31:10**

We also need to respect the fact that many people have fought very hard at community level, health workers and others, to suppress this virus. It may be and we have to look at this and look at the various hypotheses for what our colleagues in Italy are observing but it may in some ways have something to do with the dose and length and intensity of exposure.

We do know with other viruses and other diseases that the dose and length and intensity of exposure can affect the severity of an illness. In other words the absolute amount of a virus you're exposed to can determine how severe ultimately your illness can be and that has been proven with other diseases.

We don't know that that's the case in the case of COVID-19 but it may not be that the virus itself is becoming less potent. It may

be that we are as a community and as a globe successfully reducing the number, intensity and frequency of exposure to that virus.

On the face of it the virus then looks weaker but it may be weaker because we're doing better, not because the virus itself has weakened. I hope the virus is weakening; we all hope that but we cannot at this point take that chance and we have to continue to do the things we're doing.

**00:32:26**

But we will speak to our colleagues in Italy and in other places. It is always important to take any observation on this virus seriously, to inquire, to create a scientific dialogue and certainly not to be negative about any hopeful message but at the same time we need to be realistic and be driven by facts.

SS Just to add to that, there is a huge global collaboration of scientists that share the genomes of this virus from around the world and currently in this publicly available database called GISAID [?] we have over 32,000 whole-genome sequences of this virus from all parts of the world. Scientists are regularly updating their knowledge on the mutations that are happening and we expect mutations to occur because this is a virus.

All or any viruses; there are constantly some mutations are happening. Scientists are tracking what these mutations mean and so far there's been no correlation with either transmissibility or with potency or in fact with any mutations that are interfering with either diagnostic tests or with vaccines that have been developed targeted to the spike protein.

**00:33:48**

So I think this kind of a global database that scientists from around the world can access and collaborate on is very, very important and useful for us to study the changes in the virus and then correlate it with some of these clinical and epidemiological questions. Thank you.

TJ Many thanks, Dr Swaminathan, Dr Ryan and Dr Van Kerkhove. We'll go to our next question. It's NHK, Japanese broadcaster. We have Shoko with us.

SH Hello, Tarik. Can you hear me?

TJ Yes.

SH Thank you for taking my question. Regarding the announcement by the United States, Dr Tedros, when were you

officially informed by the United States of their intention of this withdrawal? Thank you.

TJ I think this question has been dealt with, Shoko. I don't know if Dr Tedros wants to...

TAG Yes, I think we have answered the question already. The announcement was last Friday, as we all heard from the media and the only communication we had or announcement was that Friday's media announcement from the US.

**00:35:07**

TJ Many thanks. I think this question has been answered. Let's try to get Antonio from EFE, Spanish news agency. Antonio? I think, just to let everyone know, we have a little issue with streaming on our social media platforms while it still goes on on Zoom, if I understand correctly.

For all those who are watching us on LinkedIn, Facebook, Twitter hopefully you will get back soon but in the meantime we will continue with the press conference with those who are on Zoom and are still with us. Let's try to get Antonio from EFE. Antonio.

[Spanish language]

SS Maybe I can start. The WHO's Solidarity trial has four treatment arms compared to the standard of care and one of them is hydroxychloroquine. The week before last there was a publication that came out which was an observational study in a large number of patients that concluded that the risk of death is higher among COVID-19 patients who received hydroxychloroquine or chloroquine either alone or in combination with a macrolide antibiotic compared to those who did not.

**00:37:08**

As you know, the Solidarity trial is governed by a steering group and the executive committee met urgently to consider the implications and decided that while the data safety monitoring board is looking at the data from the trial it was safer to protect patients from any possible harm and to temporarily suspend enrolment into the hydroxychloroquine arm of the Solidarity trial.

So it was a temporary suspension. The data safety monitoring board is looking at our own data and we should have that information within the next 24 hours or so to make a decision.

Meanwhile we do know that there's another large trial going on in the UK called the Recovery trial, which has enrolled more than 11,000 patients. Their data safety monitoring board looked at the

hydroxychloroquine arm versus the standard arm and did not find anything to concern them and they are actually continuing with their enrolment.

To answer the other question of countries using hydroxychloroquine, we have always believed that it's important to generate data on safety and efficacy of any of these treatments. Because this is a new disease we do not have the evidence.

**00:38:27**

We want to try of course treatments as quickly as possible but the best way and the only really robust way of generating evidence is to do well-designed randomised trials which enrol enough patients to make a definitive conclusion on safety and efficacy.

Hydroxychloroquine has been proposed both for the treatment and for the prevention of COVID-19 but really we need to wait for results from the randomised trials to know whether it's effective in either or both situations. Until then doctors who are prescribing it do so basically under sort of a compassionate use protocol which needs to abide by the laws and regulations of the country concerned.

We hope that the trials which have already started will continue to enrol and will be able to answer these questions definitively because that's going to be really, really important. Thank you.

MK If I could just add something not specifically on the hydroxychloroquine, I just want to point out that while the world is looking for therapies, looking for antivirals and other therapies specific for COVID-19 there is supportive treatment that is available for patients.

**00:39:47**

I think that's an important message that we need to continue to push out because people with pneumonia, people with severe pneumonia, people with acute respiratory distress syndrome, people with septic shock, people who need oxygen and respiratory support; we have guidance that's out to work with clinicians where we've learned from front-line clinicians who are dealing with COVID-19 patients and how they're dealing with patients now before we have that treatment.

We want the treatment, we want a safe and effective treatment and these clinical trials are underway but until we have that

there is some supportive care that is out there and that clinicians can use.

In addition to that we are working with ensuring that healthcare facilities and health facilities have the right equipment to be able to care for patients depending on the severity of their system, to build treatment centres in areas that don't have treatment centres.

So there's a large amount of work with huge teams that are trying to build treatment centres in countries that don't have those so that they can be used for COVID-19 patients and any patients that need care.

**00:40:53**

We're working to supply oxygen to ensure that oxygen can be available to people who need it across different countries. I just wanted to add that to say that while we are working hard to accelerate the knowledge around safe and effective treatments there are supportive treatments that are out there and we're working with clinicians worldwide, listening to them, learning from them, putting out guidance, doing training so that there is care that's out there in the meantime.

TJ Many thanks, Dr Swaminathan and Dr Van Kerkhove. It seems we are back on our social media platform so those who were watching us on those channels may have an opportunity to see those few minutes that were missing on our footage that will be available afterwards.

I understand that on Zoom, where we have our journalists, everything was functioning normally. We have time for one or two more questions so let's go to Jamil Shaden, Geneva-based correspondent for Brazilian media. Jamil. Hello.

**00:42:02**

JA Thank you, Tarik, thank you to all of you. Mr Ryan, last week you spoke about Brazil and how the situation was still very intense. A week later we have an even more difficult situation in Brazil. Is the worst still to come? How do you see [unclear] in Brazil?

MR It's difficult to predict but if we look at the hemispheres, five of the ten countries worldwide reporting the highest new number of cases in the past 24 hours are in the Americas; Brazil, USA, Peru, Chile and Mexico. That covers a vast stretch.



The countries though reporting the biggest increases are Brazil, Columbia, Chile, Peru, Mexico, Haiti, Argentina, Bolivia. While the numbers are not exponential in some countries we are seeing a progressive increase in cases on a daily basis across a range of different countries.

Countries are having to work very, very hard to both understand the scale of infection but also health systems are beginning to come under pressure across the region. We're particularly concerned about places like Haiti because of the inherent weakness in the system.

**00:43:33**

There are other countries in the Americas in which health systems are also weak. There are different responses by different countries in the region. We see very good examples of countries who have an all-of-government, all-of-society, inclusive, scientific-driven approach.

I think we're seeing in other situations an absence, a weakness in that. I think we now absolutely need to focus on supporting particularly Central and South America in their response. The DG has said many times, no-one is safe until everyone is safe. Many weeks ago the world was extremely concerned about what was going to happen in potentially South Asia or in Africa.

To a certain extent the situation in those settings is still difficult but it's stable. Clearly the situation in many South American countries is far from stable. There's been a rapid increase in cases and those systems are coming under increasing pressure.

They need our support, they need our solidarity and the complexities of the population structure, the number of people living in urban settings, the urban poor; there are so many factors that drive and increase the intensity of transmission.

**00:44:56**

But I would certainly characterise that Central and South America in particular have very much become the intense zones of transmission for this virus as we speak and I don't believe that we have reached the peak in that transmission.

At this point I cannot predict when we will but what we do need to do is to show solidarity to the countries of Central and South America. We need to stand with them, we need to provide the support that we can to help them overcome this virus as we have done collectively in other regions. It is the time to stand together and leave no-one behind.

TJ Thank you, Dr Ryan. Maybe the last question for today's press conference will go to India TV. We have with us Sidanth Montani. Can you hear us?

SI Yes, we can hear you. Thank you for taking my question. My question basically follows up on what Sophie had to say. The consensus in India is that the long-term rules imposed in the country at a very early stage when the case were fairly low...

The fourth phase of lock-down came to an end yesterday and a partial unlocking of services began today. At the same time the number of cases in the country are touching 200,000 now. Do you think there's a relation between this partial opening of services and the rising number of cases? If so then how do we balance the resumption of economic activities and at the same time control the coronavirus lock-down? Thank you.

**00:46:33**

MR I think you've sort of answered your own question there quite well in the sense that it's exactly that question; how do you balance the needs of the economy and society against the needs to control this disease. That certainly cannot be done from a place like Geneva. That can only be done by national governments who are working locally to understand the situation, understand the local context and absorb the global guidance and the global scientific consensus that's building.

We've had many, many countries over the last number of weeks and months at our weekly briefings with all our member states and missions and it's been striking to me the success that countries have had. I've been trying, to be honest, to understand what's been the magical formula for success in this response.

**00:47:27**

To me, what I'm seeing beyond the epidemiology and beyond the virus is that countries that have taken real ownership of the problem politically and pulled in the maximum amount of information from outside and then adapted and driven a local response with communities on board have done well.

This has not been about global knowledge just stopping the virus. This is an existential step and this has been responsible, open government, looking and seeking for that scientific information within the country and from outside and translating that into actions and into programmes that communities understand, accept and support.

Where governments have taken that all-of-society, all-of-government approach, where they've been open to the global and local science, where they've been sensitive to and empathic to local population needs they have found that balance.

But that balance and that point of balance cannot be set eternally. That is primarily the responsibility of national government; that is what government is there for. In that sense WHO will continue to drive the gathering of global science, global knowledge, global epidemiology, continue to do our best to synthesise that into the best guidance we can, to work throughout our country offices with each government to try and find that but ultimately that balance comes from a responsible government listening to science, listening to the population and balancing. These very difficult questions that people can look at and see that a transparent job is being done to protect them, the economy, their society.

Not easy; not easy to achieve but I think governments who have done that seems to have had success and we wish India every success in that. India's one of the largest countries in the world, a centre of science, a centre of public health, as I've said in many times in the past.

It did implement measures early and has a huge capacity to continue doing the surveillance and the community engagement that has to much demonstrated in the past. But also India has one of the densest populations in the world, has pockets of real poverty and underprivilege and we really do have to ensure that those populations are protected and that India remains vigilant, ever vigilant moving forward as it takes slow steps towards fully opening its society.

Soumya, you may have a comment on this given that India is your home country.

**00:50:15**

SS No, I think you put it well, Mike. I think there are big challenges and one of the unique challenges, I think, is the density of population, particularly in the urban areas. What I've seen of the data from India is that 70% of cases and deaths are in 13 cities, the most populated cities so that's where really there's a need to focus attention.

Even within those cities there are areas that are micro-clusters of disease and of course those people are also probably in the weakest, most vulnerable living conditions as well. I think this is a challenge that needs a strategy to address those specific

challenges that exist and I think it's a combination of what you were saying, Mike; it's a combination of involving the local community, developing a plan that is bottom-up, that is participatory.

It should be based on real data. A lot of testing and contact tracing needs to be done and there needs to be constant monitoring and a constant perhaps reorientation of the plans as the data emerges.

There's also the issue of protecting the front-line workers, whether they're policemen or whether they're drivers, bus drivers, ambulance drivers, nurses and doctors. I think we must not forget that these people are at very high risk when they go into these densely populated and higher-incidence settings.

But there are good models within India that have shown that it is possible to do and so I think we have to remain optimistic.

MK If I could briefly add, going beyond India, I think the responses so far specific to the country of India are critical but I just want to take it a little bit beyond that to say that there are a lot of countries right now that are lifting so-called lock-downs and a lot of them are doing it in a slow way.

As Mike and Soumya have said, it's very context-specific and so not everything can be lifted all at once. This virus isn't homogenous, it doesn't spread evenly. It likes to exploit the vulnerabilities, it likes to exploit close contact and so it's important to have the lifting of these measures done in a data-driven way and to have the systems in place to have that.

But the one point I wanted to make is that in a number of countries that we're seeing the slow lifting we are starting to see, in some countries, some increase in case numbers and that delay is about a two, three-week delay from the time that the lifting of the lock-down starts.

**00:53:01**

That's important because we know the incubation period which is the time from when someone is exposed to when they develop symptoms is on average five, six days, which means that between five, six days and another five, six days you may see more and more cases.

So to have the system in place, the public health infrastructure in place to capture that data means you need to track these individuals over time. So while some countries are starting to see

an increase again with the lifting of those lock-downs that is not necessarily a negative thing.

We don't want to see any more cases. We want to see transmission suppressed but it is important that countries are monitoring this, report those increases in cases and more importantly take the measures to stamp it out, take the measures to suppress transmission again because we all must remain on high alert for this and ready to detect cases and apply all of these measures that we know can suppress transmission.

**00:53:59**

TJ Thanks, everyone, for these answers. We will conclude this press briefing here. You will have the audio file available shortly and the transcript will be posited tomorrow. We thank our interpreters once again for being with us today as well as all speakers and all journalists who were with us online, as well as those who were watching us on the social media platforms.

There were a few minutes when we lost the signal. The full video will be available on our YouTube channels and on our social media platforms as well. We will continue sending you news from headquarters, from our regional and country offices about what WHO is doing. I wish everyone a very nice evening.

TAG Thank you. Also to you, Tarik, and to all who have joined us today. Thank you. Have a good evening.

**00:55:06**