



World Health Organization

COVID-19 virtual press conference - 25 March 2020

Speaker key:

MH Dr Margaret Harris
TAG Dr Tedros Adhanom Ghebreyesus
MR Dr Michael Ryan
JA Jamil
DE Dewillio
MK Dr Maria Van Kerkhove
CA Catherine
AN Ankit
CM Camilla
VE Vera
TO Tomohiro
JA Jamie

MH Good morning, good evening and good afternoon. Hello and welcome, everybody, to the World Health Organization press briefing on COVID-19. We have with us as always the WHO Director-General, Dr Tedros; also Dr Mike Ryan, Executive Director of our emergencies programme, and Dr Maria Van Kerkhove, Technical Lead for COVID-19. Dr Tedros will begin with an update and then when Dr Tedros is finished his opening remarks I will open the meeting to questions.

If you've connected via Zoom please use the raise your hand icon to get into the queue to ask your question. If you've connected by phone please hit # 9 on your keypad to indicate that you want to ask a question. I'm going to apologise right now to all those who miss out. We have more than 260 people on the line already connecting and asking questions so we have to restrict this briefing to an hour so that our speakers, who are all leading the response, can get back to the many other demands on their time. I will now hand over to Dr Tedros.

00:01:08

TAG Thank you, Margaret. Good morning, good afternoon and good evening wherever you are. The pandemic continues to take a massive toll not just on health but on so many parts of life. Yesterday the Government of Japan and the International Olympic Committee took a difficult but wise decision to postpone this year's Olympic and Paralympic Games. I think

Prime Minister Abe and the members of the IOC for making this sacrifice to protect the health of athletes, spectators and officials.

We look forward to next year's Olympics and Paralympics, which we hope will be an even bigger and better celebration of our shared humanity and look forward to joining. We have overcome many pandemics and crises before. We will overcome this one too. The question is how large a price we will pay. Already we have lost more than 16,000 lives. We know we will lose more. How many more will be determined by the decisions we make and the actions we take now.

To slow the spread of COVID-19 many countries have contributed or introduced unprecedented measures at significant social and economic cost, closing schools and businesses, cancelling sporting events and asking people to stay home and stay safe. We understand that these countries are now trying to assess when and how they will be able to ease these measures.

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The answer depends on what countries do while these population-wide measures are in place. Asking people to stay at home and shutting down population movement is buying time and reducing the pressure on health systems but on their own these measures will not extinguish epidemics. The point of these actions is to enable the more precise and targeted measures that are needed to stop transmission and save lives.

We call on all countries who have introduced so-called lock-down measures to use this time to attack the virus. You have created a second window of opportunity. The question is, how will you use it? There are six key actions that we recommend. First, expand, train and deploy your healthcare and public health workforce. Second, implement a system to find every suspected case at community level.

Third, ramp up production capacity and availability of testing. Fourth, identify, adapt and equip facilities you will use to treat and isolate patients. Fifth, develop a clear plan and process to quarantine contacts. And finally, number six, refocus the whole of government on suppressing and controlling COVID-19. These measures are the best way to suppress and stop transmission so that when restrictions are lifted the virus doesn't resurge.

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The last thing any country needs is to open schools and businesses only to be forced to close them again because of a resurgence. Aggressive measures to find, isolate, test, treat and trace are not only the best and fastest way out of extreme social and economic restrictions; they're also the best way to prevent them.

More than 150 countries and territories still have fewer than 100 cases. By taking the same aggressive actions now these countries have the chance to prevent community transmission and avoid some of the more severe social and economic costs seen in other countries. This is especially relevant for many vulnerable countries whose health systems may collapse under the weight of the numbers of patients we have seen in some countries with community transmission.

Today I joined the United Nations Secretary-General, Antonio Guterres, UN Under-Secretary-General Humanitarian Affairs and Emergency Relief Coordinator (OCHA) Mark Lowcock, and UNICEF Executive Director, Henrietta Fore, to launch the global humanitarian appeal to support the most fragile countries who have already suffered years of acute humanitarian crisis.

This is much more than a health crisis and we're committed to working as one UN to protect the world's most vulnerable people from the virus and its consequences. We also welcome the Secretary-General's call for a global ceasefire. We're all facing a common threat and the only way to defeat it is by coming together as one humanity because we're one, one human race.

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We're grateful to the more than 200,000 individuals and organisations who have contributed to the COVID-19 Solidarity Response Fund. Since we launched it less than two weeks ago the fund has raised more than US\$95 million. I would like to offer my deep thanks to GSK for its generous contributions of US\$10 million today.

Although we're especially concerned about vulnerable countries all countries have vulnerable populations including older people. Older people carry the collective wisdom of our societies. They're valued and valuable members of our families and communities but they're at higher risk of the more serious complications of COVID-19. We're listening to older people and those who work with and for them to identify how best we can support them.

We need to work together to protect older people from the virus and to ensure their needs are being met for food, fuel, prescription medication and human interaction. Physical distance doesn't mean social distance. We all need to check in regularly on older parents, neighbours, friends or relatives who live alone or in care homes in whatever ways possible so they know how much they're loved and valued.

All of these things are important at any time but they're even more important during a crisis. Finally the COVID-19 pandemic has highlighted the need for compelling and creative communications about public health. Last year WHO announced our first Health For All film festival. The volume, quality and diversity of entries far surpassed our expectations. We received more than 1,300 entries from 110 countries and today we're announcing a short-list of 45 excellent short films about vital health topics.

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We're also announcing a distinguished panel of jurors who will judge the shortlist with the winners to be announced in May. We will be showing all the shortlisted films in the coming weeks on our website and social media channels. In these difficult times film and other media are a powerful way not only of communicating important health messages but of administering one of the most powerful medicines; hope. I thank you.

MH Thank you, Dr Tedros. We'll now open the floor to questions. As I mentioned before, a little housekeeping; if you've connected via Zoom please use the raise your hand icon to get in the queue. If you've connected via phone please hit # 9 on your keypad. Please restrict your questions to one question. Please try to keep them as short as possible because there are so many people who need to ask their questions.

In fact we had so many questions left over from Monday I'm now going to read a question from Simon Ateba because he has been waiting, I think, three times to ask this question. I cannot see him in the queue so I'll read it out for you, Simon. Simon, I hope if you're there on Twitter you can hear this question. This is from Simon Ateba from Today News Africa.

Simon asks, Dr Tedros, the coronavirus epidemic is fast spreading across Africa and is threatening to overwhelm our weak healthcare system. The Center for Global Development in Washington DC is warning that if developed countries do not support Africa today this pandemic will not be defeated. What type of concrete assistance can WHO drive to assist Africa now before it's too late?

00:12:26

MR I can begin and I'm sure Dr Tedros will supplement. WHO has country offices in every country in Africa and our country representatives and the teams there have been supporting countries for many, many years. In addition to that our Regional Director, Dr Moeti, has surged many, many staff from the regional office and teams to support countries and allow better support to be provided and planning.

We've supported the process of national action planning, sent PPE, sent and dispatched lab tests. We've worked with the Africa CDC to train lab technicians from all over Africa and we're currently working on increasing all of the capacities; in surveillance, in clinical management; and trying to work to provide more support in terms of supply chains.

It's a challenging situation for all countries in Africa and the international community, I think - and all countries of the south and low and middle-income countries need support and the north must, while dealing with a massive crisis in its own regard, must move to protect the south because nobody is safe until we are all safe.

TAG Yes, thank you so much. Thank you, Mike. The number of cases in sub-Saharan Africa is around 1,600 as we speak and if you take the number of cases this is actually an opportunity to use the six recommendations I just made, meaning to be able to cut it at the bud. They can test, they can isolate, quarantine cases while still the number of cases is low.

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So the first thing is they should believe that this thing is in their hands, they can do something to stop it as early as possible but then of course we have global responsibility as humanity and especially those countries like the G20; we will have the G20 summit tomorrow. They should be able to support countries all over the world, not only from sub-Saharan Africa but from all of the world who are low-income or middle-income countries because it's only through solidarity that we can support those countries.

From WHO's side we have started as early as possible to support countries by providing test kits and we have provided already test kits to more than 120 countries and a good number of them are from the African continent and also PPE to 68 countries and most of these countries are from Africa.

WHO will continue to support countries who need our support and we're negotiating with many stakeholders to build up especially our logistics capacity to continue to support countries as we have been doing.

MH Thank you, Dr Tedros. The next question's from Jamil from Brazil, somebody else who's also been waiting to ask his question for about a week. Please go ahead, Jamil.

JA Yes, Mr Tedros [sic]. This is UOL and [Unclear] TV. My question is again on President Bolsonaro and I apologise for insisting on this but his remarks last night and over the last days; are they actually putting the lives of Brazilians at risk and would you ask him to change his position and take responsibility? Thank you so much, sir.

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MR I think we've spoken on this issue and issues like this before. We trust that all governments will take the appropriate actions that manage the public health risks here which are real but we also understand the terrible dilemmas that countries face in protecting economies and social systems but we must focus first on trying to stop this disease and saving lives.

TAG It may be just repeating what I said but our advice to all countries is - of course many countries are already taking community-wide actions, closing schools, restricting movement and asking citizens to stay at home and all possibilities to have physical distancing. That's very important but at the same time we have proposed six actions and that will also apply to any country and that's what we said.

There are countries, 150 countries with fewer than 100 cases and they have to be very serious actually at this stage when they have a lesser number of cases. The first thing they should do is they should expand, train and deploy their health workers, healthcare and also public health workforce and they should implement a system-wide approach to find suspected cases at community level.

This is for all countries, even countries with no cases. We have some countries who have not reported cases and we even suggested that countries should actually ramp up production and capacity and availability to do more testing. The fourth recommendation we made is identify, adapt and equip facilities. We have to prepare the facilities for any eventualities. In some countries the number of cases has really jumped and overwhelmed the system and they were not prepared so it was very difficult to give service to patients who had come into the hospitals to get service.

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So preparing the system is very important for any country, including those countries who haven't reported cases or countries who have reported fewer than ten cases or countries who have reported fewer than 100 case or more than 100 cases or 1,000 cases. Confirmed cases should also be isolated and this is the same recommendation for every country.

The other very important recommendation we have made is we need to have a whole-of-government approach because this pandemic cannot be arrested by just the health sector alone. We need to have all relevant sectors working together to suppress and control this

pandemic and not only the whole government approach; we're also saying we need the trust of the community and communities should be mobilised to do their share because this is everybody's business and every citizen has a responsibility to take part.

These are our recommendations which we believe apply to all countries. This virus is very dangerous and we have already counted more than 16,000 deaths. If you remember, we have been saying for more than two months now, this virus is public enemy number one, it's a dangerous virus. We have been saying to the world that the window of opportunity was narrowing and the time to act was actually more than a month ago or two months ago. That's what we have been saying.

But we still believe that there is opportunity. I think we squandered the first window of opportunity but we are saying today, my message - I made it clear that this is the second opportunity which we should not squander and do everything to suppress and control this virus.

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This is a responsibility for all of us. Especially the political leadership is key and it has to be able to mobilise communities also to take ownership and do the right things to suppress and control this pandemic.

MH Thank you very much, Dr Tedros. Now we'll move to Italy. We have Dewillio Damea Mavilia [?] from RIA, Italian public TV. Dewillio, are you there? Dewillio, can you hear us?

DE Yes.

CJ Ah, you're there. Please...

DE Yes, I'm here.

CJ There's bad feedback. Try and say your question. If not I'll read it out because I do have some text on your question. It sounds as if we can't hear. I'll read out your question, Dewillio. Dewillio wanted to know what WHO thinks about testing and active surveillance in Italy at this stage. What should Italy be doing in terms of testing and active surveillance?

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MR I think our Italian colleagues - we actually spoke with our Italian colleagues today and we have a very senior member of our staff currently embedded in Italy and providing high-level inputs and advice and our Regional Director, Hans Kluge, is also in constant contact with the Ministry of Health.

Italy is breaking down its problem. It's looked at each and every single one of its provinces, trying to look at those provinces in terms of where they are. I think many of you will have seen Tony Fauci and others speak about this in the US; we need to start looking at the data, we need to start breaking the problem down. You can't look at a whole country as one entity.

You break the problem down, you look at your local geographies, you see what the situation is in each and every administrative level and then you decide what the best tactics are. There

are some parts of Italy where transmission is very intense and it's very difficult to get a handle on testing all cases, on doing contact tracing. There's a real attempt to save life at this point and the lock-down measures are there in order to try and suppress infection.

But there are parts of Italy in which transmission is not that intense and where there's a real possibility of avoiding the worst that's happened in many parts of northern Italy. So I believe that our Italian colleagues are trying to scale up, as the Director-General just said, train the workforce, train public health workers, get out and do community detection to detect suspect cases, to isolate suspect cases, to trace contacts but we fully understand that in certain areas, right in the epicentres, it is difficult to do that when you're dealing with the heavy wave and dealing with the health system under huge pressure.

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So we really do admire our colleagues in Italy; they're heroes. They're putting up a courageous fight against this virus on behalf of their own people, on behalf of the world and we like and support the way they're breaking the problem down, they're working their way through the problem and we will do everything on our part in the World Health Organization to support them in their efforts.

MK Thanks. If I could just supplement what Mike has said, beyond Italy I think there are many countries that are looking at the transmission situation that they're in and the situation seems completely overwhelming and testing, with us saying test and how important that is as part of a comprehensive package, is a fundamental aspect that needs to be enhanced and we hear you.

We are on the phone with our colleagues every day who say to us, this seems impossible, this is not something that we can do, what should we do? We've been very clear that it's critical that you test to find where this virus is so that you know where you're fighting it, to find all of your suspect cases, test those suspect cases, find those contacts, test those contacts who develop symptoms and by doing so you are able to actually break down those chains of transmission.

But when the situation is such that you have community-wide transmission and there are some areas of very large outbreaks there're ways in which you may need to prioritise some of those actions so that you could break down the problem, as Mike has just said; find those boundaries of where that big outbreak is so that you could bring it more under control.

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Making those tough decisions temporarily will help you, bring you back to being able to actually find all those suspect cases. As the Director-General has said, these so called lock-down measures that many countries have implemented - and more and more we're hearing about countries implementing these so-called lock-down measures - this is buying you a little bit of time and that time needs to be used appropriately and that time must be used to build up again your workforces to be able to find those cases, to be able to break down a much larger problem into something that becomes more manageable.

We have guidance that we have on our website which works through with you, with all countries which transmission scenario you may be in, outlines some of the considerations that

you may need to take if you're in large clusters of cases or if you're in community transmission, with the overall aim of bringing you back from community-level transmission to clusterings of cases, down to individual chains of transmission so that that transmission can be suppressed and you can bring those outbreaks under control.

We hear you, we understand that this is overwhelming in many cases but there are things that you can do to suppress and slow transmission and save lives.

TAG Just two lines; the commitment of the Italian Government is really, really incredible and we can see on the ground how it's moving now. Not only that, the co-operation from the citizens of the country, from Italy is also amazing. I think this will bring a result and that's what WHO believes and, as Mike said, we will do everything to support and there are some good signals now. We had a discussion with some of the senior experts from Italy today and we hope this positive signalling progress will continue but I am really happy to see that Italy is doing all it can.

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MH Thank you, Dr Tedros. The next question's from Catherine Fiankan-Bocong. Sorry, Catherine. Catherine, can you hear me?

CA Yes. Do you hear me?

MH Yes, please go ahead.

CA Okay. Good afternoon, Dr Tedros, Mike and Maria. My question relates to the testing. As most of the countries are saying that conventional equipment is not available does WHO advise them to turn to tests as an innovation as South Korea is doing by using interactive websites, apps that permit self-diagnosis, back-track movements of infected persons? For that are you actively collaborating with ITU? If that's the case could you please elaborate a bit on that? Thank you.

MR Yes, I would say this is probably the first epidemic or pandemic of the 21st century in which the full power of information technology, social media, artificial intelligence is being applied to almost every aspect of this response, both in terms of risk communication with communities and targeting information and avoiding misinformation and countering misinformation. That's probably been one of the most powerful uses of information technology in this response and we thank all of those agencies, both public and private who have joined with us and with our partners to really enhance the way we can communicate the best information to people.

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Beyond that there are a huge number of collaborations around surveillance applications, modelling, predictive modelling, analytics, in decision support tools and many of these other applications. Korea, China itself and other countries have developed apps that have supported them in case detection, case reporting, case follow-up, tracking, tracing and many other things.

We ourselves have deployed our GoData platform, which is a platform for contact tracing and follow-up and linking to lab results to over 50 countries now and there are other IT applications like epidemic intelligence from open source, which we use - we've built that over the last five years with a consortium of international partners - which tracks electronic information in multiple languages from all over the world using AI engines and it allows us to stay one step ahead in terms of information around the virus and other epidemics around the world.

We are working with the ITU. Our chief information officer, Bernardo Mariano, is coordinating a huge partnership across the world with many institutions, including the ITU, to develop the best possible solutions. There is a tremendous amount of innovation and a huge amount of enthusiasm but we need to turn that innovation and enthusiasm in a really structured way into products that work for front-line workers, that work for front-line systems and that's what we're in the process of doing now.

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We do always have to have in the back of our minds - especially when it comes to collecting information on individual citizens or tracking their whereabouts or movements - that there are always very serious data protection, human rights principles that are involved. We're very, very cognisant of that and we want to ensure that all products that are developed are done in the most sensitive way possible and that we never step beyond the principles of individual freedoms, rights for individuals and for society.

But yes, there are a tremendous amount of collaborations ongoing. I could probably speak out this for a lot, lot longer and maybe Maria might want to speak about the modelling work and predictive analytics and other work that we're doing specifically but again I would just like to thank our partners from all over the world and the power of innovation, the power of ideas.

We've had ideas for apps from people as young as 14 or 15, from individuals, from small start-up companies, from huge, globally-based companies. It's been the most outstanding and most amazing outpouring of support and collaboration that I have seen in my career.

MK Just to add a couple of things, what we've seen particularly in this pandemic but we've seen in other epidemics; the use of telemedicine. Many people who need care who can't go to hospitals right now or can't go to their regular, routine appointments are utilising telemedicine and having interactive chats and conversations with their doctor so that they continue to have care from the comfort of their home without having to go into a healthcare facility.

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We're seeing the application of that across many different types of medicine. We're seeing innovative ways in which children and university students can continue their education even though we have a large number of children and young adults who are out of school right now because of this pandemic. There's interactive ways in which they're continuing their education and learning through this pandemic even if they're not physically in school.

We see interactive ways in which technology is helping us do trainings. Where we can't do face-to-face trainings because we're not able to move around the globe we're finding ways in

which we can provide these materials either online through our open WHO platform where we have more than half a million people, up to 600,000 people who've enrolled in our courses in more than two dozen languages.

But we're also using technologies to find more interactive ways to have one-on-one conversations with those front-line workers to answer and work through some of those very difficult questions that they may be having as they treat patients or care for patients or set up treatment units, etc.

We're also using technology in many different ways for these predictive analytics that Mike has mentioned. We work with a large number of modellers - you've heard me say this before - to work through scenarios, to work through predictions but of course these predictions are not realities and so what is important is that we take all of these measures that we've been outlining from the start to make sure those predictions do not become realities.

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Lastly technology and IT and apps have completely changed the way we think of social distancing. We're saying physical distancing now because we're actually talking about separating physically people but keeping them socially connected and we have ways in which we can do this now like we've never had before so we keep people connected so that they feel that they're still part of this and we're all in this fight together even while keeping them physically apart.

MH Thank you very much, Dr Van Kerkhove. The next question is from Ankit Kumar from India Today but before Ankit comes on I'd like to remind everybody to use the raise your hand icon and to apologise for saying # 9. It's * 9 on your keypad for your telephone. Ankit, are you there, can you go ahead with your question?

AN Thank you, Margaret. Good evening, everyone. My name is Ankit Kumar. I represent India Today and [Unclear]. In India there is a three-week-long lock-down which means 1.3 billion people are currently inside their homes right now but we keep hearing about a second and third possible wave of the outbreak in the near future. A country like India cannot afford many such lock-downs after this one ends. What is WHO's best advice to Indian policymakers, what they must do during this lock-down to ensure that there isn't an outbreak and such a lock-down again in the near future?

Also if you could please tell us, how far are we from a possible vaccine or a medicine? Thank you very much.

00:37:29

MR Thank you very much, Mr Kumar. Your question is a very good one and I think the Director-General answered that question very much in his address. He mentioned the six things that every country needs to do to use this window of opportunity and, as I've said in previous press conferences, India has incredible capacities to leverage, accelerate and expand its capacity but it must do the things. You must have a system to find cases, you must test, you must expand your capacity to treat and isolate, you must be able to quarantine your contacts and you must bring an all-of-government approach to the response.

If those things are put in place - and I know they are being put in place but if we can accelerate that - and India's a vast country. You could never look at India just as one single entity from an epidemiologic perspective and if you remember, those of you in India who were involved in the process, India got rid of polio by breaking it right down. India got rid of polio by breaking it down to the village level all the way through the system.

It broke down the problem, it went after the polio virus district by district by district by district and India won. If India does the same thing, breaks down the problem, puts in place the measures that are needed, both surveillance and healthcare measures and does that systematically then there is a way out, there is a transition from lock-downs into a public health-driven response in which people don't have to stay locked in their homes for more time than is absolutely necessary.

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Without implementing the necessary measures and without putting in place those protections it's going to be very difficult for countries to exit and when they do they may have resurgence and I think that's the challenge now. We have time, very little; as Director-General said, a second but small window of opportunity. What countries do today, tomorrow, the next day is what's going to matter.

MK If I could add to that, we have seen countries that have gone through these so-called lock-downs, have gone through these public health measures and distancing measures and we need to learn from all of these countries who have applied these measures at different levels of intensity.

We know what measures were taken in China and in particular in Wuhan and in Hubei and we know that these measures are being lifted now and the reason they can be lifted is because the systems are in place to actually quickly identify and isolate any cases that pop up. Now what we're seeing in China is we're not seeing indigenous cases, cases that are being locally transmitted. We're seeing new importations. There are more importations that are going into China than are actually being detected from local transmission. We haven't had local transmission, I think, in a number of days now.

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But my point in bringing up China is saying they have looked at a staggering approach of lifting these measures. It wasn't all at once across the whole country and in different parts of the country they applied different levels of intensity of these measures so it wasn't a total lock-down in all places across China.

We know in Singapore they used a different approach. They did have some application of social distancing or physical distancing measures but they didn't close their schools and so it's really important for us to take the examples of all of these countries and look in detail about what they did as it relates to the epidemiology in their country and learn from them. We are doing that now.

We are taking very detailed looks at what every country is doing, what countries have done and the levels of success that they have had so again we can come back and say, these are the things that really have worked. We know the things that we're telling you; these are the things

that work. We know that they're incredibly difficult but what we don't want is to get into a situation where you have a lock-down, then you lift it, then you have a resurgence and then you have a lock-down and you have this endless cycle.

We need to break that cycle so that these measures that are put in place are temporary and we know that these are incredibly difficult and we thank you for playing your individual part in this outbreak but we know that these things work. They are temporary, you will get through this but those measures - find those cases, isolate those cases, find and quarantine your contacts, treating patients who require treatment - are really, really critical.

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TAG I think for India with 606 cases - I have already outlined the six steps - doing that now will help India to stop the virus from spreading to more places or getting bigger. As Mike said, India has the capacity and it's very important and good to see that India is taking early measures and this will help you to suppress and control it as soon as possible before it gets serious.

So it's very important, as is happening now in India which we recommend, to cut it at the bud when you only have 606 cases only.

MH Thank you, Dr Tedros. We now have Camilla from the Financial Times, a question from Camilla. Camilla, are you on the line?

CM Yes, can you hear me?

MH Yes, please go ahead.

CM Thanks for taking my question. The DG has talked before about possible risks to essential medical supply chains. Are there any specific products or regions or parts of the supply chain that are under particular strain at the moment?

MR Hi, there. Yes, I think you'd have to say that all elements of the supply chain for many, many different products are under extreme strain at the moment; that's from raw materials through to production, distribution and delivery and there are different reasons driving some of that; production in some cases.

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For example a lot of the rubber that's used to produce rubber gloves is produced in a very small number of countries. If those countries have difficulties in their general supply chain or have a problem of pushing things into the international market then the place that makes the gloves may have a difficulty in actually making the gloves not because they lack the production capacity but they lack the raw material.

So there are problems in the supply chain all along that chain. The simple issue is demand because our current production of protective equipment and ventilators was obviously pretty adequate to meet global demand before this event began but unfortunately the world is not ready for a pandemic and in not being ready we don't have the security stockpiles in place

that are immediately deployable in order to scale up our capacity to protect our front-line health workers and others.

There are shortages of PPE, shortages of ventilators and other products for the medical response to COVID. We also have to avoid shortages in other medical supplies as supply chains come under strain and that may be because of secondary effects of the virus which are the shutting down of air corridors, cancellation of flights all around the world - many passenger flights around the world also carry cargo - difficulties in shipping and even cargo shipping with crews; some shipping agents are finding it hard to move materials around the world.

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So there's strain on the whole system. We're working very, very closely... The Director-General even after the launch of the humanitarian appeal had further very fruitful discussions with the Secretary-General on dealing with this issue and the huge commitment of the UN system to do everything possible together under the Director-General's leadership to improve, scale up and deliver to the extent possible the essential supplies that health workers and front-line workers need around the world in terms of PPE, ventilators and other supplies.

There's been a huge scaling up of that capacity and we will make further announcements in the coming days of further scale-ups in that capacity to deliver. But what we also need is a ramp-up in production and a ramp-up in funding for that material and I believe the Director-General - he may speak to this - will be raising this issue very much at the G20 leaders' meeting tomorrow.

MK If I could just add, Mike has outlined what we're doing to address this problem and how we're working with so many different partners but we need to be clear; the world is facing a significant shortage of PPE for our front-line workers including masks and gloves and gowns and face shields and protecting our healthcare workers must be the top priority for the use of this PPE.

We're working with technical partners across the globe to identify ways in which we can manage this current shortage while we try and find solutions but some of these options are not ideal and this is not acceptable so we have to all play our part to make sure that we prioritise the use of PPE, we use PPE appropriately and that is for our front-line workers who are caring for patients.

00:47:56

MH Thank you very much, Dr Van Kerkhove. We now have a question from Vera Okyongo (?); my apologies, Vera, if I've got your name wrong - from Nation Media, Africa. Vera, are you on the line?

VE Yes, I'm on the line. Can you hear me?

MH Yes, very well. Please go ahead.

VE All right. I'm just going to rush through it. I would like to know, in the modelling that you guys have done and have talked about - I'm not very good with statistics - is there any

indication of how this thing may affect African countries? Just quickly on top of that, we have the Africa CDC and I would like a comment from the Director-General, how they plan to support it. It was being funded by the AU but the last time I checked with the Deputy Director money seems to be drying up there and what they do now is very critical given the health systems that we have in Africa are very fragile. Thank you.

MK I can start and then Mike will supplement. I could start on the first part of that with the questions about the use of mathematical models to look at what may happen. We are working with a number of groups that are looking at these types of scenarios in terms of using available epidemiologic information about how this virus is transmitted, the rate in which it has moved through populations in China, in Italy and in other locations, to use those parameters, as we call them, to estimate what may happen in a new population, in Africa for example. In using that information you can estimate what case numbers and deaths may look like if we don't do anything, if we don't have any interventions.

00:49:51

Some of those numbers are very high, some of those numbers are quite scary but what those models can also do is look at what may happen as you implement certain interventions and these are the interventions that we have outlined which are public health measures, which are physical distancing measures, which are making sure that you have testing capacity improved and finding all of your cases and when you look at those scenarios those case numbers reduce.

That's what is important in those models. They also help us plan, they also help us estimate case numbers based on what level of severity they may have, if they may have mild infection, moderate infection, maybe severe and require oxygen, may need ventilatory support, respiratory support. Those models help us estimate what kind of supplies we need and we're using those right now to estimate what we would need to supply for countries and so they've been very helpful.

We can look at the country level, we can look at regional levels and we're working with modelling partners to create tools that countries can use to help prepare.

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MK Just on Africa CDC, actually the Director-General and I spoke with John Nkengasong. John is the Director of Africa CDC and in fact has taken on a role as a special envoy of the Director-General for COVID-19. Africa CDC is a very important institution in Africa. WHO supported its creation. The Director-General was one of its founding members before he took his role as Director-General and Dr Matshidiso Moeti, our Director of the Regional Office for Africa and John work very closely together to ensure that member states and countries in Africa get the best possible public health and health advice, inputs and support from both our organisations.

We've worked together with the Africa CDC on training lab technicians in COVID-19 diagnosis from all over Africa. We've worked together on distribution of laboratory tests and we're currently working together with colleagues in China on the procurement and distribution of PPE across Africa. So I would characterise a very strong, growing technical and operational relationship with our colleagues in the Africa CDC and obviously in future.

WHO itself is not a funding organisation. We will always be advocating for the funding and support to strong African institutions that provide support all across the continent and I'm sure through this response one of the benefits - if there is anything to be seen in benefit at the moment - is we need to build stronger public health systems at subnational, at national and at global level.

If any lesson is to be learned from the current pandemic it's that we need stronger public health systems and we will work very hard with our regional office for Africa, with John at Africa CDC under the leadership of the Director-General to deliver stronger public health and health systems on the African continent in the coming years.

00:53:14

MH Thank you very much, Dr Ryan. The next question is from Daguchi (?) from Kyoto. We've only got time for two more questions so I'd ask very much that you keep your question as short as possible. Daguchi (?), are you there?

DA Hear me. Hello.

MH Yes, we can. Please go ahead.

DA Yes, hi. This is Tomohiro Daguchi (?) with Kyoto's Japanese news agency. A question to Dr Ryan on the Tokyo Olympic Games. What was the advice that WHO had given to the International Olympic Committee and the Japanese Government before they made the decision? Thank you.

MR [Inaudible]. Thank you for your question. We've been working over many years with the international Olympic movement in providing them with risk management advice for many, many of their events going back to Rio and previously. We do not take any final decisions when it comes to the staging of events or not but we advise organising groups in FIFA, in IOC, in people organising huge events like the Hajj in the Kingdom of Saudi Arabia on how risks, biologic risks can be managed, how they can be identified, how they can be minimised and how any residual risk can be managed so that games can be carried out successfully and mass gatherings can go on without excess risk to public health both in the country of the gathering or subsequently after in other countries.

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In the same regard we've had many conversations with our colleagues in IOC and with the Tokyo 2020 committee and the Japanese Government over the last two months in advance of their decision yesterday and we continued to provide them up to yesterday with advice on the developing and escalating pandemic, the likely situation that may pertain later in June and July.

Notwithstanding the excellent efforts of Japan in containing the disease there are other factors that had to be taken into consideration which would include potentially the situation in many other countries that might pertain at that time, the difficulty of movement and the risk that might be associated with disease arriving in and potentially subsequently moving from Japan to other areas.

So many, many issues were put on the table. We stick to our job which is to provide public health risk assessment and public health advice. The decision to postpone the Olympics was made wholly and solely by the IOC and by the Japanese Government but, as the Director-General said in his statement, we fully support that decision.

MH Thank you, Dr Ryan. Two of the people in the queue have put their hands down but we have a question from Associated Press. Please go ahead. It looks like we don't have that question from Associated...

UM Can you hear me?

00:56:24

MH Oh, there you are. Please go ahead.

JA Hi, this is Jamie from AP. I just wanted to ask you very quickly, Dr Tedros, about the tweeting that you did yesterday. You were pretty praiseworthy of President Trump's efforts and I'm just wondering. You said he's doing a great job and I'm just wondering; President Trump has from the beginning minimised the importance of this at the very start and then is now talking about churches that might be packed in the United States come Easter time.

How concerned are you about some of the decisions that he's making or do you really think he's doing a great job across the board? Thanks.

TAG Yes, I stand by what I said. As you know, one of the recommendations from WHO is the whole-of-government approach involving all sectors and the principal, which is the head of state, taking responsibility and leading the whole response and that's exactly what he's doing, which we appreciate.

Because fighting this pandemic needs political commitment and commitment at the highest level possible and the president's commitment; you have already seen it and the world has seen it. That kind of leadership is very, very important, a whole-of-government approach to mobilise all sectors and stop or suppress the pandemic.

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So I know he's doing all he can but not only the whole-of-government approach but the others like expanding testing and also the other recommendations we're making are also in play and he takes that seriously. That's what we see, and I had a conversation; I had a chance to discuss with him and that's what he said and he's doing so I believe that that kind of political commitment and political leadership can bring change or can stop this pandemic.

MR Just to supplement, again just to say, earlier today we spoke with Bob Redfield and with Tony Fauci and we're very impressed to see the work that their institutions and other institutions - technical, fabulous - public health research and other institutions are doing in the United States are doing but also supporting on the international front. We've had the benefit of having had secondees from CDC Atlanta present here in Geneva for more than a year-and-a-half now between Ebola and COVID-19.

Our colleagues at NIH are the ones who have innovated and managed, working with others in the United States, to start the first trials of vaccine. NIH and ourselves are working very, very closely together on trials of existing therapeutics. The FDA have been exceptionally helpful on the regulatory side and are working with us on everything from animal models for vaccine development and much, much more.

We rely heavily on the scientific innovation and public health prowess of the United States and very much appreciate the way in which Dr Fauci broke down the issue yesterday when he spoke about the data and he spoke about getting down to the state and the county level and working through the problem and working through the issues.

01:00:31

Again we remain impressed by the work being done at state level, by state and county public health departments. Now is the time to support them. Now is the time that health workers all over the world need to get the support to do the jobs they need to do. They are our heroes and we are all there to support them.

MH Thank you very much, Dr Ryan. On that inspiring note we'll close this press conference. Thank you very much, everybody, for attending. We will send the audio, we will send the transcript as usual. We'll also send you information about the WHO film festival. Thank you again and we'll reconvene on Friday.

TAG Thank you and see you on Friday.

01:01:17