

## Virtual press conference on COVID-19 – 11 March 2020

### Speaker key:

TJ Tarik Jasarevic  
TAG Dr Tedros Adhanom Ghebreyesus  
MO Moussa  
MR Dr Mike Ryan  
TJ Chen  
MK Dr Maria Van Kerkhove  
UF Unidentified female speaker  
HE Helen  
IS Isabelle  
CR Christoph  
KA Katrin  
KI Kai  
CL Clive  
MA Maeve

TJ Good afternoon, everyone. Thanks to everyone watching us on the WHO Twitter account, I understand, the WHO Face book account and also the WHO YouTube channel. Journalists who are watching us can ask questions, as any other day. Those who are dialling in, it's \* 9 on your keypad and those who are watching us on Zoom will click raise hand. This is the regular WHO update on COVID-19 with our usual guests, WHO director-general, Dr Tedros, Dr Mike Ryan and Dr Maria Van Kerkhove.

We will have an audio file, as we usually do, some 15, 20 minutes after the briefing and the transcript will be posted tomorrow. Also we are sending you news from other regions so please pay attention to what comes from us. I'll give the floor to Dr Tedros for his opening remarks.

00:01:01

TAG Thank you, Tarik. Good afternoon, everybody. In the past two weeks the number of cases of COVID-19 outside China has increased 13-fold and the number of affected countries has tripled. There are now more than 118,000 cases in 114 countries and 4,291 people have lost their lives.

Thousands more are fighting for their lives in hospitals. In the days and weeks ahead we expect to see the number of cases, the number of deaths and the number of affected countries climb even higher. WHO has been assessing this outbreak around the clock and we're deeply concerned both by the alarming levels of spread and severity and by the alarming levels of inaction.

We have therefore made the assessment that COVID-19 can be characterised as a pandemic. Pandemic is not a word to use lightly or carelessly. It's a word that, if misused, can cause unreasonable fear or unjustified acceptance that the fight is over, leading to unnecessary suffering and death.

Describing the situation as a pandemic does not change WHO's assessment of the threat posed by the virus. It doesn't change what WHO is doing and it doesn't change what countries should do. We have never before seen a pandemic sparked by a coronavirus. This is the first pandemic caused by a coronavirus and we have never before seen a pandemic that can be controlled at the same time.

WHO has been in full response mode since we were notified of the first cases and we have called every day for countries to take urgent and aggressive action. We have rung the alarm bell loud and clear.

As I said on Monday, just looking at the number of cases and the number of countries affected does not tell the full story. Of the 118 cases reported globally in 114 countries more than 90% of cases are in just four countries and two of those, China and the Republic of Korea, have significantly declining epidemics.

81 countries have not reported any cases and 57 countries have reported ten cases or fewer. We cannot say this loudly enough or clearly enough or often enough; all countries can still change the course of this pandemic. If countries detect, test, treat, isolate, trace and mobilise their people in the response those with a handful of cases can prevent those cases becoming clusters and those clusters becoming community transmission.

Even those countries with community transmission or larger cluster can turn the tide on this virus. Several countries have demonstrated that this virus can be suppressed and controlled. The challenge for many countries who are now dealing with large clusters or community transmission is not whether they can do the same; it's whether they will.

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Some countries are struggling with a lack of capacity. Some countries are struggling with a lack of resources. Some countries are struggling with a lack of resolve. We're grateful for the measures being taken in Iran, Italy and the Republic of Korea to slow the virus and control their epidemics.

We know that these measures are taking a heavy toll on societies and economies, just as they did in China. All countries must strike a fine balance between protecting health, minimising economic and social disruption and respecting human rights. WHO's mandate is public health but we're working with many partners across all actors to mitigate the social and economic consequences of this pandemic.

This is not just a public health crisis. It's a crisis that will touch every sector so every sector and every individual must be involved in the fight. I have said from the beginning that countries must take a whole-of-government, all-of-society approach built around a comprehensive strategy to prevent infections, save lives and minimise impact.

Let me summarise it in four key areas; first, prepare and be ready; second, detect, protect and treat; third, reduce transmission and fourth, innovate and learn. I remind all countries that we're calling on you to activate and scale up your emergency response mechanisms. Communicate with your people about the risks and how they can protect themselves. This is everybody's business.

00:08:16

Find, isolate, test and treat every case and trace every contact. Ready your hospitals, protect and train your health workers and let's all look out for each other because we need each other. There has been so much attention on one word and you know that. Let me give you some other words that matter much more and that are much more actionable.

These are prevention, preparedness, public health, political leadership and most of all people. We're in this together to do the right things with calm. We're in this together to do the right things with calm and protect the citizens of the world. It's doable. I thank you.

TJ Thank you very much, director-general. Before we start with questions I will remind journalists joining us through dialling in, it's \* 9 on your keypad. For those who are watching us on Zoom it's clicking on raise hand. I will ask journalists to ask only one question so we can get as many as possible and we will start, as we always do, here in the room with a couple of questions. Moussa, please.

MO [Foreign language].

TJ The question is, at this stage of the epidemic what's your recommendation when it comes to closing institutions such as schools and what about closing borders and airports? Finally what is the situation in Iran?

MR The decision to close schools and to do lock-downs or shut down particular parts of a country are entirely based on a country's own risk assessment and it's a mix of measures. For example in some situations schools have been closed, as in China, whereas in Singapore schools weren't closed. Governments make decisions based on a mixture of issues; the risk, the likely impact of a measure, the acceptability of the measure, the length of time the measure has to be left in place.

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Certainly reducing or increasing social distance can certainly slow down the spread of diseases but it is a poor substitute. In countries with lower numbers of cases social distancing does not have the same immediate impact as contact tracing, isolation of contacts, isolation of cases, quarantine of contacts because that means you're chasing the virus.

When people move towards broader-based social distancing measures it effectively accepts that the chains of transmission are no longer visible so what you want to do is separate everybody because you don't know who's infected. It's a much more cost-effective measure at the beginning to identify those who are infected or potentially infected and isolate them from the community.

When you lose track of the outbreak then you have to create social distance between everybody because you don't know who's infected. It is a poor substitute for aggressive public health action at the beginning but it may be the only option when you've effectively lost sight of the virus.

So it really does depend on the stage of the epidemic and it sometimes depends on social acceptability. There is no point in reality in governments implementing measures that are entirely unacceptable within a local context because it can create more tension and more problems than it solves.

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So again, without overdoing it, we would not other than offer countries advice on any specific situation but we don't have a specific rule regarding social distancing or school closures, etc.

With regards to Iran our team is still on the ground. Part of our international team has already left Iran but a team will remain on the ground with Iranian authorities. Clearly the situation in Iran is still very serious. There's still a very high number of deaths, there's a high number of sick people and while the number of cases and the intensity of surveillance has increased we would like to see that increase even further and we would like to see more support for the clinical care of sick people in Iran both within Iran certainly but with our support and the support of the rest of the international community.

TJ Thank you very much. Just to let you know, we informed you that there will be a press conference by our regional office for the eastern Mediterranean tomorrow. Now that press conference has been postponed until Monday. We will send out details on that. We go for the next question here; Chen please. One question please.

TJ What is the decision-making mechanism within WHO concerning the declaration of a pandemic and are the member states involved in the process? Thank you.

00:14:11

MR There is no - the DG has said this many time - there is no formal process and pandemics as such are not declared. It's not like a public health emergency of international concern in which there's a body of international law where WHO engages through the emergency committee, through the national focal points in making that decision. This is a characterisation or a description of a situation and the DG has said, it's not a change in what we do, this is not a trigger for anything other than more aggressive, more intensive action so in that sense it is not and would never be declared as such.

The second point is that it is taken very seriously because we understand the implication of the word and the director-general has gone through a very detailed set of internal and external

consultation with experts, with his regional directors, with many of us over long hours in assessing the use of the word as a characterisation, the likely benefits potentially of galvanising the world to fight but also, as the DG has outlined, the dangers of using a word if people use it as an excuse to give up or if people see it as something that grows fear.

So a lot of internal consideration has been given. The director-general has listened to people from across and throughout and very deep into our organisation. This has not been a corporate decision in the sense of made by only the seniors in this house. He has listened to everybody and has come to a determination based on a broad-based input of expert advice both internally and externally in order to determine this.

But there is no mathematical formula, there is no algorithm. This is a characterisation of the current description of the outbreak around the world and a call to action and a call not to give up. But the DG may wish to comment himself on his thought process.

00:16:13

TAG I think that's enough. Thank you.

MK Can I add, what I think is more important here is how we have been working with all of our member states, we have been working across all of the countries, affected countries and not, at assessing the situation over time from day one and we've been sitting up here telling you that there are many characteristics that are really important for us to better understand that relate to transmission and how is this virus circulating, what is the extent of infection, who is most at risk for infection and with regard to severity who is dying from this disease, how are people dying and what can we do to prevent people from dying and thirdly the impact.

I think what we have been doing from day one is gathering evidence, learning from each other, learning from what China experienced, how they handled the situation, learning from what Korea is doing, Japan is doing and Singapore is doing and we can go on and on and on. Every day we have these assessments, every day we're looking at the evidence and that's what's really critical.

Our guidance, our recommendations from very early on; our first guidance was published, I believe, on 10<sup>th</sup> January and that was an assessment based on what we were seeing in the evidence and what we expected to happen. We are constantly revising that and that doesn't change and it hasn't changed what we've been recommending to all governments and all people.

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TJ Thank you very much. Let's take one more question from here. Let's start with a lady we're seeing for the first time here, if you can introduce yourself.

UF Thank you. [Unclear] International. I replaced my colleague. You said you were grateful about the measures Iran took to counter the virus. Would you please elaborate on that and tell us more about the team coming back from Iran? What do you think is needed right now inside Iran? Because we're hearing that there has been a lack of medical supplies and equipment inside Iran because of the sanctions.

MR Yes, the team and the DG spoke to this previously. What he particularly referred to was the fact that there was now an all-of-government approach, there was national leadership, there was buy-in and co-ordination between the national and the subnational leadership and there was a coherent strategy and the fact that that strategy was launched as a single plan and people are gathering around that as a single strategy.

Surveillance has certainly been enhanced in terms of the case detection and the amount of testing and in order to support that we're working in conjunction with the Chinese Government China brought in over 20,000 tests. We brought in over 100,000 tests into Iran over - nearly two weeks ago. The days blend into one another at this point.

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Equally both China and ourselves brought in personal protective equipment. We've made it clear that those supplies are very, very short and we're struggling to find other supplies externally. We previously have thanked United Arab Emirates for their facilitation of the process and again we're working with countries including China on resupplying our logistics hub in Dubai.

We've sent a further 40,000 tests into Iran over the last 24 hours again to increase the intensity of testing and in the end all of this is drawing millions of dollars of resources in order to continue to supply that. Right now in Iran there is a shortage of ventilators, there is a shortage of oxygen and clearly you've seen this in Italy and in other countries; what happens at this stage in an epidemic that's intense, that's generating a lot of severe cases.

As of this morning in Italy there were nearly 900 people in intensive care. That requires a huge health worker commitment; to take care of really unwell people can often require two to three staff at one time, all in protective gear for hours and hours. Number one, they use up a lot of protective gear. Number two, they become exhausted very quickly and our concern for our colleagues in Iran and in Italy right now is the caseload, the demand on the health workers and the dangers that come with fatigue and potentially shortages of PPE.

So we all must move quickly while some countries are affected more than others and yes, we can get into the game of whether governments are doing enough or not enough or whether things were better planned or should be planned.

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The fact is right now in countries we have front-line health workers who need our help, we have hospitals who need our support, we have people who need our care and we need to focus on getting our front-line health workers the equipment, supplies and training they need to do a good job so I think we need to, in that sense, now all focus on the job in hand.

We can work out after the fact, could we have done it better or who's at fault, who's to blame. We really need to focus on the word the director-general has been using for weeks; solidarity, getting the job done. We need to move now. Iran and Italy are in the front line now, they're suffering but I guarantee you other countries will be in that situation very soon so we all need to show that solidarity for each other.

We're focused on practical support to Iran and we will continue to provide that working with international partners.

TAG Just two lines I would like to add; from the reports we got from our experts who were on the ground we know that Iran is doing its best, all it can. That's number one and that's what I appreciated.

Second, they need lots of supplies and, as Mike said, we have tried to support as much as we can but there is still a shortage and we're trying to mobilise more support for Iran. Thank you.

TJ Thank you very much. We'll try to take a few questions from journalists online and I will remind how you can ask a question; it's \* 9 for those online. For those dialling in it's clicking raise hand. Let's start with Helen Branswell. Helen, can you hear us?

HE I can. Thank you very much for taking my question. I'm wondering if you are getting additional information from China. In particular I'm interested in finding out if you had any word about the serology study that they were meant to be doing. I would have thought that they would have had data by now.

MK Thanks, Helen, for that question. Yes, one of the things that we are hoping for in the coming weeks is results from serologic surveys. As you all know, molecular tests were developed very quickly, serologic assays are being developed very quickly and they're in use in a number of countries.

We understand that there are serial (unclear) surveys that have begun in several countries including in China. We do not yet have the results from those but what we're hoping for, the results we're expecting in the coming weeks will have to do with better understanding the extent of infection in the general population hopefully by age structure.

We've seen the protocol that will be used there and it is an age-stratified general population serosurvey so it will take some time. We do need to give them the time to run these sero-epi investigations. We are pressuring them - not only China, all countries - to carry out these types of investigations, share their results with us so that we could better understand how transmission is occurring but it will take some time.

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TJ Thank you very much. Let's try Isabelle from EFE.

IS Thank you. It's regarding the rapid increase of cases in Spain in the last 48 hours. I would like to know if you consider that the measures imposed by the government are enough or need to be more aggressive at this stage to contain the spread of the virus.

MR I think all countries now need to take a very close look at what are their objectives in responding to the epidemic in their own country; are they accepting that the disease can now spread completely in an uncontrolled fashion to all corners of their country and they're going to focus on just trying to keep the health system moving forward and trying to keep the health system from collapsing? That's what's known as mitigation and the focus is on effectively supporting the health system to reduce fatality.

We've had lots of people talking about containment versus mitigation. The director-general has spoken since the very beginning of this outbreak about a comprehensive approach to this epidemic focused on containment where there's an opportunity to contain, on isolating the virus within the chains of transmission that exist and preparing the health system to reduce the impact should the disease escape that control or escape that containment.

That is what's known as mitigation and I think it's very important that people understand that the DG's statement today is not an escape clause to mitigation. It's not about saying, okay, now we have a description of pandemic, we all move to mitigation. Nothing could be further from the truth. It is not the time for countries to move towards mitigation only unless and until they are not in the position to affect the course of the epidemic and try and stop this organism.

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The difficulty is that if you do not try and suppress this virus it can overwhelm your health system so there have to be very strong efforts made to suppress infection, to push the infection back because at the very least it will take the pressure - it will flatten the curve and allow your health system to remain in control and achieve some success in reducing case fatality.

So from that perspective I think it's very important that we use our words very carefully from here on in. With regard to Spain, Spain's number of cases has accelerated very, very quickly over the last couple of days, as has France's, as has Norway's, as has Denmark's and as have a number of European countries' so it's very important that countries in the European Union and in western Europe really do look at what their current control strategy is for this disease and assess whether the efforts they're taking are good enough in terms of suppressing transmission and pushing back the virus and then obviously preparing their health systems to cope with the cases that do occur. All countries need to review their strategies right now.

TAG Yes, thank you. I would be happy to add to that. I had a very good discussion with His Excellency, Prime Minister Pedro Sanchez of Spain two days ago and I was very much impressed by his commitment. Spain is using the whole-of-government and whole-of-society approach and we believe that that political leadership is really key. We discussed that approach mobilising the whole society and making the response everybody's responsibility and we hope to see progress in Spain too.

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The Prime Minister took the initiative to call WHO and to consult and that's a very important measure, an indicator of leadership. He told me that he's prepared to do everything to stop this outbreak.

Then on containment and mitigation, again we don't want anyone to make a mistake. When we say the situation now is pandemic we're not saying that the world should move from containment to mitigation; we are not. We believe as WHO that the comprehensive or blended approach should continue and in that comprehensive and blended approach containment should be the major pillar.

As Mike said, the numbers themselves actually speak to why we're saying this. 81 countries have no cases so they should do everything to prevent importing any case. They shouldn't give any ground for this virus to set foot in their countries.

Then there are 57 countries who have reported ten or fewer cases. They can cut it from the bud. 81 plus 57 is 138 cases [sic] and 90% of the total number of cases we have, the total 118 [sic] cases globally; four countries reported 90% of it, 90% of the 118,000 so it will be a mistake to abandon the containment strategy. Of course the rest of the countries will be between the four countries who have reported more than 90% and those who have reported ten cases or fewer.

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So we believe that the best way forward is the blended comprehensive approach which puts containment as a major pillar. We have also given examples. Many countries have already shown that when you have cases it still can be contained however big the number of cases is.

We are convinced that, although this is the first coronavirus to be labelled as pandemic proportion, at the same time we believe it will be the first also to be able to be contained or controlled. That's what we're saying. It can be because we have seen progress in countries that have already shown this.

So we repeat again, we're not suggesting to shift from containment to mitigation; we are not, we underline that. We're still proposing a containment strategy and other strategies, a comprehensive and blended strategy but considering the geographic spread and the number of cases that has increased in the past two weeks we should double down and we should be more aggressive. That's what we're seeing.

TJ Thank you very much. We will now call on Christoph from Rwanda. Christoph, can you hear us?

CR Yes, I can hear you. Thank you very much. I hear you well. I have a couple of questions. The first; I want you to give us an overview of the status of [inaudible]. What? Can you hear me? May I go ahead?

00:33:18

TJ Christoph, can you turn one more time? You are broken but please go ahead. We heard something about preparedness but repeat your question please.

CR Okay. I want you to give us an overview of the status of preparedness discourse [?] in Africa in terms of surveillance, treatment centres, supporting treatment availability in Africa.

Secondly there is unverified information that black people are at risk [unclear] COVID-19 and this is affecting people's willingness to implement preventive measures. What's your comment on this? Thank you.

MR Thank you, Christoph. Yes, I think actually Africa in general has made very rapid progress in its general levels of preparedness over the last eight weeks. All countries in Africa

now have the capacity to make the diagnosis and some are demonstrating that unfortunately through the diagnosis of COVID-19 cases.

A lot of syndromic surveillance systems, early warning systems, polio systems in Africa are now being turned towards detecting ARI. The network of two reference labs for influenza surveillance and the network of labs for national influenza labs have been working together on doing systematic testing on samples collected with suspected flu and they're now testing those samples systemically for COVID-19 across a number of countries in Afro.

41 of 47 countries in the Afro region - the Afro region is essentially sub-Saharan Africa in Africa for WHO - have completed comprehensive national action plans for the control of COVID-19.

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At the moment we have our staff working today in Washington completing the mechanisms by which funds will be released into those plans but in the meantime as that has been done we have sent millions of dollars through our WHO system to provide support for training, provision of PPE, further support to the labs, etc, etc.

We can provide more of a detailed update from our African office on other matters but there still remain concerns and weaknesses and the things you mentioned there like isolation facilities. For example in Congo yesterday we had our first case. We're already redirecting some of our Ebola response capacities towards the potential isolation and treatment of cases and I think in other countries - in Nigeria for example; within 48 hours of the first case Nigeria had established a 100-bed isolation unit.

But I think the development of the clinical support and isolation services is uneven and while it may be present at national level one of the things we found during the Ebola outbreak was that reproducing preparedness at subnational level, at district level is another challenge that we need to address.

So our work now is moving the preparedness activities down from the national level to the district level in all countries in Africa but I think we are pleased with the developments so far.

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We believe there may be an element of under-diagnosis in some countries and we're chasing that and trying to activate surveillance on the whole continent.

TAG Thank you. To add to that, countries in Africa have been our focus and we're very much encouraged by the progress we have made through our regional office in AFRO and also the Africa CDC. As you know, our major concern was the introduction of this virus in countries with weaker health systems and our focus from the beginning was where our concern is.

So there is progress but at the same time we will continue to build on what we have been doing and Africa will continue to be our focus and especially in building capacity and improving the overall preparedness. [Foreign language] for your question, Christoph.

MK Can I add one more thing? In addition to what we're trying to do in terms of providing guidance and support and kits and building on existing systems that are there; there's a training element that we've been working on and given the demands on everybody's time and the demands on people's ability or inability to come face-to-face we're trying to look at innovative ways in which we can translate some of our training materials through online courses and through interactive sessions so that we can speak clinician-to-clinician, IPC-specialist-to-IPC-specialist to provide that one-one-one support where that is needed.

So that will continue as this situation evolves.

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TJ Thank you very much. Katrin here in the room please.

KA Yes, Katrin [Unclear], France 24. I'd like to have your reaction about what's happening in Italy because they have a shortage of equipment, of supplies, they need more health workers. How do you want solidarity to be expressed? Are there some Chinese health workers that are going to go to Italy or health workers from countries that are not affected? Are there plans for that and is WHO co-ordinating the platform for this kind of support and help? Thank you.

MR We've been obviously working through our regional office and our regional director, Hans Kluge, has been, I think, twice in Italy in the last couple of weeks working with them. We have had a team on the ground for the last two weeks in Italy in the epicentre of the outbreak. The DG has deployed assistant director-general Ranieri to Italy and has met with senior officials in the Italian Government over the last 24 hours to discuss just those issues around how we provide further strategic support to the Government of Italy, particularly in managing the heavy caseloads that they have.

I know the Italian Government are reaching out to their partners in the European Union as well and we hope to see that solidarity in the Union to support Italy. China have definitely offered support and we're working tripartite with China to look at the supply particularly of things like PPE and ventilators and other issues but obviously that's a work in progress. But again we thank China for its solidarity in trying to prioritise supply chains to a country like Italy and to countries like Iran.

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They clearly are willing to discuss with WHO and co-ordinate with WHO where the best targets are for the surplus equipment they may have. China's been through it and there's not that much surplus but they are willing, very, very willing to work with us to see where that's most needed and we're grateful for that. Dr Tedros, you've had some high-level discussions with various parties so you may wish to supplement.

TAG Thank you, no.

TJ Thank you very much. Let's go back to journalists online, those who haven't had time to ask questions in the past couple of briefings. Let's try to get Kai [Unclear] online. Kai, can you hear us?

KI Yes, thanks for taking my question. I was wondering whether you can expand a little... You talked a lot about what China has done and the numbers of course are coming down, have come down dramatically. We have a few more examples now; we see what's happening in South Korea. Can you give a clearer indication where you see the biggest impacts, what role does the testing play, what role does the contact tracing play?

There are a lot of countries that won't have the same ability to do large-scale contact tracing the way that China or South Korea have done. It might be easier to do a lot of testing. Do you have any ideas of what these things are contributing?

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MK Then maybe Mike and DG would like to supplement. Yes, as you've said, we have several countries now who have demonstrated the ability to turn the tide, to reduce transmission in countries and to bring these outbreaks under control. Korea is a good example. I have a fondness for Korea myself as the MERS focal point and I've spent some time out there and I've seen first-hand the approach that the Republic of Korea can take in terms of really aggressive case and contact finding.

What we're seeing that is successful are the fundamentals of public health. There's nothing special, nothing unique to this; it's just the rigorous application of public health measures which include activating your emergency mechanisms, taking this seriously from the start, looking at which parts of your government, which parts of your ministries - an all-of-government, all-of-ministry approach - repurposing your government to tackle this one virus, aggressive case and contact finding and testing those individuals.

Testing is important to be able to know who is a case and who is not a case and so testing must continue. Isolation of patients, treatment in hospital, care for those patients, isolation and quarantine of contacts, separating them from other individuals so that they cannot pass the virus onward; this is case and contact finding.

Mobilising your population, using every person in your population that can help fight against this virus, knowing what each individual can do not only to protect themselves from getting infected but by protecting themselves from getting infected they're preventing the onward transmission which may lead to another vulnerable person.

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So these fundamentals; making sure that your labs are ready, making sure that your hospitals are ready, triaging your patients; there's a difference between what you need to do for a mild patient and what you need to do for a severe patient. Making sure that patients who require more advanced care are put in your hospitals and having a plan for those that are more mild, those that don't require oxygen, don't require respiratory support.

What we've seen successful in many countries are these fundamental applications of basic public health measures; hand hygiene, respiratory hygiene, social distancing, assessing your own risk and seeing how you play a role in this.

MR Also a lot of people working in this space are working very much from a view of the world that's based around influenza and a perception that once a virus pandemic starts it's

uncontrollable so the real focus on mitigation and vaccine and that's understandable because that's what pandemics have done in the past.

In this epidemic if we didn't have the experience of Korea, if we didn't have the experience of Singapore and if we didn't have the experience of China we might imagine exactly the same thing but we have observation that tells us that there's a strong element of controllability in this disease.

That doesn't mean we'll completely stop it but what it does mean is there's a real chance to blunt the curve, there's a real chance to bend the curve and reduce the number of cases that our health system has to cope with and give the health system a chance to save more lives.

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So would you not use an opportunity? Then you have many people - and I've seen it; someone asked it here earlier; how can we continue to invest in the very expensive business of contact tracing? Contact tracing is not an expensive business, contact tracing is a very basic public health intervention. It does involve interrupting the lives of a small proportion of the population in terms of quarantine, of contacts, isolation of cases and that's very tough on those individual families.

But please tell me if that's less or more expensive than social distancing measures that include locking down whole areas, cancelling all sporting events, cancelling all religious events, closing schools; which is the more costly? I think there's a misunderstanding here that in some ways the public health measure of case finding and contact tracing is something that requires a massive effort.

Teams in Congo were chasing 25,000 contacts a day in the middle of a shooting war and doing it every day under fire and they did it so I think we need to reach a bit further into how far can public health measures be used, how far can we push contact tracing and case finding and quarantine of contacts because countries like Korea, countries like Singapore and countries like China have shown that sticking harder to that strategy has resulted in benefits.

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We can't guarantee that that will result in a benefit everywhere. All we can show you is that that has resulted in a significant benefit in the context of those countries and is it worth not investing as much as you can on that until you're sure that it's not working? But as the DG said, be comprehensive, be also ready, prepare your system and be ready to deal with the cases that in many cases will inevitably occur.

But at the very minimum you'll suppress the epidemic and potentially reduce the number of cases per day that walk through or are wheeled through the door of the hospital. It's a very simple equation and I think we maybe need to get away from these arguments of assuming that case finding and contact tracing is very expensive. It's very labour-intensive, I've been told.

I've been doing it for 25 years. I'd much rather stick with contact tracing and case isolation than necessarily shut down whole societies. I would find that much more difficult to sustain so I think there's a degree of assumption here that we need to avoid. This is a new disease; it's

a coronavirus; it's not influenza. We need to learn the lessons that we're being shown by the virus and we need to move on to a comprehensive strategy for its control.

MK I need to add to this because this is a really excellent question. What we didn't also mention is what countries have done using an evidence-based approach. They're constantly learning about this virus, they're constantly learning, where is it circulating, who's most affected, and they're filtering that back into their approach and making a more tailored, prioritised approach to where the effort is needed most.

00:48:41

Every country - the DG has said this - the outbreak in each country is not uniform across the entire country. Sometimes there are certain clusters that are happening, there are certain cities that are more affected. Be creative, be prioritised, use the evidence that you have to actually mobilise your forces.

We've seen some very creative approaches of looking at contact tracing where they've utilised different populations to help them do that. We've seen some countries use technology to help them with contact tracing. There are a lot of tools that are out there. It's not a matter of tools; it's a matter of will. It's a matter of, how do we use our best efforts to drive this down. There's no excuse to say that we cannot do this. We have shown in many countries... Not we.

Countries themselves have shown that they are able to do this and we must push countries, all of us, to fight as hard as they can to suppress this virus because by doing so you are saving lives, by doing so you are buying more time for your hospitals to prepare. Having a large number of hospitals overwhelm your ICU is incredibly damaging and more people will die so do everything that you can to be as aggressive as you can in these early cases.

TJ Thank you very much. I'm really sorry for journalists here but we have some people online who have been every press briefing and were very rarely given an opportunity so I will call on Clive from the Financial Times. Clive, can you hear us please?

00:50:06

CL Yes, thank you very much indeed. Dr Tedros, in your introductory remarks you talked about some countries where there was alarming inactivity and alarming levels of inaction, you said. Also last week you were critical of some countries but you declined to name them. Are you willing to say which countries, in your opinion and that of your colleagues, are not doing enough? Thank you.

MR The answer to that question is, you know who you are. The WHO doesn't interact in public debate or criticise our member states in public. What we try to do is work with our member states constructively, pointing out to them when we believe their measures are not adequate, aggressive enough or comprehensive enough. We've taken that opportunity and the director-general has taken that opportunity on multiple occasions, to interact with many, many member states to indicate where countries can improve and member states are always telling us how we can improve as well.

So I think that's a very important tenet of our relationship but I think if we look at behaviours that we want to see more of, certainly diagnostic testing algorithms that only test a small

proportion of people who are likely to be COVID-19 isn't a way forward in this epidemic. We've seen some countries have diagnostic criteria that require you to be fully symptomatic and over a certain age in order to qualify for a test or still linking testing to travel to China and other things. So there are countries who have not updated their surveillance regimes to be adequately up-to-date with the current threat so surveillance systems have to improve.

In terms of case finding and isolation, some countries clearly - and you've seen this through the infection of health workers - have not yet got in place necessary measures to stop infections transmitting at hospital level and we must protect our front-line hospital workers.

00:52:25

Other countries when it comes to case finding and contact tracing have been too willing to give up on contact tracing at a very early stage in the fight against the epidemic. They have a sovereign right to choose their own strategy but some countries really do need to stick at contact tracing for a bit longer to try and suppress the transmission chains.

Again some countries have not been communicating well with their populations and creating some confusion in the minds of the population and risk communication and trust between governments and their citizens really does need to come to the centre.

Other countries have struggled to create co-ordination between the different agencies and sectors of government. We've seen other countries struggle to establish a very effective co-ordination between the national and state or the national and provincial level. So again, epidemics are a stress test for the system. They stress every component of the system; they stress governance, they stress trust between government and the citizen, they stress the hospital system, they stress public health systems, they stress the economic systems.

The issue is how much resilience is built into those systems and I frankly will have to say to you that in many cases what we're witnessing across society is a lack of resilience. Our hospital system is running - the DG said it; I can't remember the words you used last week but it's...

00:53:52

TAG Lean and mean.

MR Lean and mean so our hospital systems are designed to deliver at 99% efficiency, they don't have any space to deliver more. We have deep distrust very often on health messaging from governments to citizens. There are things we need to be working on more between epidemics but right now we're in a fight, we're in a big epidemic and we need to work on those things right now.

I'm certainly not going to single individual countries out but I think if most countries look at the list I've given you and give themselves a scorecard I don't think anyone's scoring 100% right now and neither is WHO so we all need to just get on and get better at what we do.

TJ Thank you very much. We will take a last question from online and again I apologise but we have to respect all these journalists who are calling in day after day and we have to

provide them the opportunity. I'll call on Maeve Shane from Sunday Independent from Dublin. Maeve, can you hear us?

MA Yes, I can, can you hear me?

TJ Yes, please go ahead.

00:54:59

MA Okay. I'm calling from Ireland, the Sunday Independent newspaper in Ireland. We've had our first COVID-19 death today. I wanted to ask Dr Tedros and Dr Ryan whether Ireland, which is maybe a week or two behind some of the worst-affected countries - should Ireland be doing more, should Ireland be instigating a more aggressive response to try and control and contain the virus given what we've learnt in Italy, Korea, China?

TAG Try in Irish.

MR Try in Irish, yes. Hi, this is Mike Ryan here. I spoke with Tony Houlihan, your chief medical officer, less than 24 hours ago to discuss these very matters. I think Ireland again has demonstrated through your HSE, through the Health Surveillance Protection Centre and the office of the CMO a very coherent response under the leadership of the minister of health and the emergency committee, which has been a good all-of-government structure.

I think Ireland is still sticking very much with a mixed and comprehensive strategy of still doing aggressive contact tracing and case isolation linked to measures then. I believe you've cancelled St Patrick's Day celebrations as a social distancing measure so I think Ireland is finding that balance between what are measures aimed at chasing the virus and measures aimed at creating enough social distance to suppress the transmission of the virus.

00:56:41

I think the concerns you have in Ireland may be more related to the capacity of the system to cope with the surge of cases in the hospital system and I think all countries in Europe are concerned about that right now but again, looking at the overall strategic approach in Ireland, we would say that it's a comprehensive strategy and we're ready in WHO to offer any technical advice or assistance that's needed.

But I think we need also to remember that public health services in many countries are rather small and we've seen disinvestment in public health all around the world and deprioritisation of public health all around the world at times. I believe Ireland probably has no more than 60 or 70 full-time public health consultants or professionals. There are many others working at lower levels of the system so if I was to offer any advice, we do need to everywhere increase the number of individuals who are working on the public health approach.

That doesn't mean... For contact tracing you don't need a trained medical professional. You can accelerate and amplify the number of contact tracers almost instantly using other civil servants, using volunteers, using community organisations. Speaking with the Italian Government last night, they were going to very much use their community organisations to leverage improved contact tracing.

So maybe in countries like Ireland and others seeing how we can rapidly amplify the impact of public health officials by using communities, NGOs and others to support them would be maybe an option but obviously that's for Dr Houlihan and others to decide.

MK If I could just add, these questions of saying, are we doing enough, are individual countries doing enough; these are the right questions. Are we doing enough? Each country needs to look at what they are doing, how well they are prepared, identify the gaps in their preparedness in terms of their actions and take action on that. It isn't a one-size-fits-all, as we've been saying but asking the question, are we doing enough, regularly and repeatedly is really critical.

TJ Thank you very much and again apologies to all of you in the room and all of you watching us who were not able to ask questions but we will have other opportunities. The audio file will be available very shortly. Have a nice evening, everyone, and thank you.

00:59:05