COVID-19 - virtual press conference - 30 March 2020

Speaker key:

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TAG Dr Tedros Adhanom Ghebreyesus
AN Antonio
MK Dr Maria Van Kerkhove
RA Randy
MR Dr Michael Ryan
MO Mohammed
CR Christiana
BA Banjo
JI Jim
NA Naomi
DI Diane
GA Gabriela

TJ Hello to everyone from Geneva, from WHO headquarters. This is Tarik again, happy to be back here with you. We will have our regular press conference on COVID-19 and as usual I will ask journalists who are on Zoom to click raise hand to be put in the queue. I understand that there are not many journalists calling on the phone but if there is someone you will need to press * 9. Today we have Director-General, Dr Tedros, Dr Maria Van Kerkhove and Dr Mike Ryan as usual. We will have an audio file immediately available and a transcript a little bit later in the evening or tomorrow. I will give the floor to Dr Tedros for opening remarks. Dr Tedros, please.

00:01:02

TAG Thank you. Thank you, Tarik. Good morning, good afternoon and good evening wherever you are. The COVID-19 pandemic is straining health systems in many countries. The rapidly increasing demand on health facilities and health workers threatens to leave some health systems overstretched and unable to operate effectively. Previous outbreaks have demonstrated that when health systems are overwhelmed deaths due to vaccine-preventable and treatable conditions increase dramatically.

Even though we are in the midst of a crisis essential health services must continue. Babies are still being born, vaccines must still be delivered and people still need life-saving treatment for a range of other diseases. WHO has published guidelines to help countries balance the demands of responding directly to COVID-19 while maintaining essential health services. This includes a set of targeted, immediate actions to reorganise and maintain access to high-quality essential health services including routine vaccination, care during pregnancy and childbirth, treatment for infectious and non-communicable diseases and mental health conditions, blood services and more.

That includes ensuring an adequate health workforce to deal with the many health needs other than COVID-19. For example we're pleased by the 20,000 health workers in the UK who have offered to return to work and that other countries such as the Russian Federation are involving medical students and trainees in the response.

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To help countries manage the surge in COVID-19 cases while maintaining essential services WHO has also published a detailed practical manual on how to set up and manage treatment centres for COVID-19. The manual covers three major interventions; first how to set up screening and triage at health facilities using a repurposed building or a tent.

Second, how to set up community facilities to care for mild patients; and third, how to set up a treatment centre by repurposing hospital wards or entire hospitals or by setting up a new hospital in a tent. The manual covers structural design, infection prevention and control measures and ventilation systems. This is a life-saving instruction manual to deal with the surge of cases that some countries are facing right now. These facilities will also have longer-term benefits for health systems once the current crisis is over.

In addition to having facilities for patients it's also vital that countries have sufficient supplies of diagnostics, protective equipment and other medical supplies. Ensuring free movement of essential health products is vital for saving lives and curbing the social and economic impacts of the pandemic.

Earlier today I spoke to Trade Ministers from the G20 countries about ways to address the chronic shortage of personal protective equipment and other essential medical supplies. We call on countries to work with companies to increase production, to ensure the free movement of essential health products and to ensure equitable distribution of those products based on need.

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Specific attention should be given to low and middle-income countries in Africa, Asia and Latin America. In addition WHO is working intensively with several partners to massively increase access to life-saving products including diagnostics, PPE, medical oxygen, ventilators and more.

We understand that many countries are implementing measures that restrict the movement of people. In implementing these measures it's vital to respect the dignity and welfare of all people. It's also important that governments keep their people informed about the intended duration of measures and to support older people, refugees and other vulnerable groups.

Governments need to ensure the welfare of people who have lost their income and are in desperate need of food, sanitation and other essential services.

Countries should work hand-in-hand with communities to build trust and support resilience and mental health. Two months ago WHO published the strategic preparedness and response plan with an initial ask of US$675 million to support countries to prepare for and respond to COVID-19. We're very grateful to the many countries and foundations who have contributed. More than US$622 million has been received so far and I would like to use this opportunity to thank the King Salman Center of the Kingdom of Saudi Arabia for Humanitarian Relief for its contribution of US$10 million.

We continue to be encouraged by the signs of global solidarity to confront and overcome this common threat. The commitment of G20 countries to work together to improve the production and equitable supply of essential products shows that the world is coming together and coming together is the only option we have. Unity is the only option we have to defeat this virus.

00:08:13

Yesterday I sent a tweet with a single word; humility. Some people asked me why I sent a single word on Twitter saying humility. COVID-19 is reminding us how vulnerable we are, how connected we are and how dependent we are on each other. In the eye of a storm like COVID, scientific and public health tools are essential but so are humility and kindness. With solidarity, humility and assuming the best of each other we can and we will overcome this together. I thank you.

TJ Thank you very much, Dr Tedros. We will start with questions. I will remind journalists that we can take only one question per person so we can advance as much as possible. We will start with the Lusa News Agency. That's a Portuguese-speaking news agency. Can you hear us?

AN Yes, can you hear me?

TJ Yes, is it Antonio?

AN Yes, this is Antonio. Thank you.

TJ Please go ahead.

00:09:44

AN I would like to ask a question on the issues of birth, newborn care and breastfeeding. Does the WHO recommend any restriction on breastfeeding, the presence of partners in delivery rooms and skin-on-skin contact between mother and child because of the pandemic? Because health authorities in countries like my own, Portugal, have banned these practices for women who are infected. Thank you.

MK Thank you for the question. We have recently published some guidance on clinical management of individuals who have COVID-19 which includes pregnant women and lactating women, breastfeeding women and it is very important that women are able to

breastfeed their children when they're born. There are certain precautions that need to be taken in terms of contact precautions but we've outlined the ways in which that can be done safely.

TJ Thank you very much, Dr Van Kerkhove. I hope this answers the question. I've just been told that there was a little problem at the beginning with the audio for people on Zoom so please listen to the audio file that we will send immediately after if you have missed those few first seconds. We go to the next question. Do we have Al Jazeera online?

AN Yes, [inaudible].

TJ Andy, if you can just speak a little bit louder, please go ahead.

00:11:21

RA Yes, thank you. I'm Randy [Unclear] with Al Jazeera. Sir, I'd like to ask you with regard to the coronavirus pandemic in Indonesia because as of today there have been more than 1,400 confirmed cases and 122 deaths in Indonesia, which is the most of any country in south-east Asia. What more needs to be done by the Indonesian authorities in this case? Thank you.

MR I'll have a go at the question and then maybe the Director-General will supplement. While the pandemic is very well-developed and escalating in many parts of the world, particularly in Europe and North America, there are countries who are still in the earlier parts of the pandemic. It remains to be seen how the pandemic will develop in those countries but countries with relatively known numbers of cases - and I would count Indonesia in that - have the opportunity to implement a comprehensive strategy focused on containment and on suppression of spread and on strengthening the health system for a likely increase in demand.

Regardless of the scenario it is likely that the number of cases will rise and therefore the demands on the health system will grow. Therefore it's really important that the health system is prepared for any increase in cases. At the same time you have to put pressure on the virus, you have to go after the virus. Like other countries have shown in the region, in south-east Asia going after the virus, detecting all cases, testing all suspect cases, isolating cases, identifying contacts, following them and putting them in quarantine or home isolation is the way to go and matching that with a strong community education and engagement approach.

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This needs to be built from the communities up so an all-of-society, all-of-community approach focused on both containing the virus where you have clusters in small numbers of cases and where you have efficient or widespread community transmission to be sure that the health systems in those areas are prepared to deal with what will be a large influx of cases. We believe that that is what Indonesia are attempting and we will do everything to support the Government there in doing that.

TJ Thank you very much, Dr Ryan.

TAG Thank you so much. I just wanted to add to what Mike said, we're working very closely with Indonesia. We had a discussion with the Foreign Minister and then followed up

with His Excellency, the President and we're aligned with what the response should be and we will boost our co-operation with regard to the COVID situation with Indonesia. Thank you.

TJ Thank you very much, Dr Ryan, Dr Tedros. The next question is Mohammed from Shak ul Uwsat. Can you hear us, Mohammed?

MO Yes, thank you. My question is, the United States allowed the use of chloroquine to treat coronavirus. Will chloroquine be effective as a treatment and does the World Health Organization recommend the use of chloroquine to other governments? Thank you.

MR I will begin and Maria will do some more clinical detail. So that we're clear, there is no proven, effective therapeutic or drug against COVID-19. However there are a number of drugs that have shown promise either in previous treatment of coronaviruses like MERS or SARS, in the fight against HIV or in other situations and there is some preliminary data from non-randomised observational studies that indicate that some drugs and some drug cocktails may have an impact.

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Some of those drugs may impact the length of disease, some may impact the severity of disease and the dosages of those drugs, when they're given, to what patient at what stage of the disease have not been standardised and we've never had a comparison group where we've had a randomised approach to treatment with a drug or not treatment with a drug.

It is very important that we continue to accelerate the implementation of the randomised control trials that have already begun all over the world including the WHO co-ordinated Solidarity 1 trial but there are other large-scale trials underway in various parts of the world. It's also very important that those drugs are very, very needed for the treatment of other diseases and that we don't see a situation where people who need those drugs for the treatment of other diseases cannot access them because people are just buying them up and using them.

Some countries may introduce compassionate use rules which allow physicians to use those drugs in certain situations off-label. That is a matter for national regulatory authorities. We don't encourage that if it leads to widespread use because it will in effect divert drugs away from the diseases that these drugs are used for and we really want to accelerate the trials that will give us the actual answers that we need. We also need to look at how to scale up production of those drugs that will prove effective in the clinical trials.

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TJ Thank you very much, Dr Ryan. I will read one question from Today News Africa. The question is, WHO Africa Office acknowledged last week that the African continent does not have the capacity to produce respirators and ventilators at the moment. What type of support can WHO provide to African countries to quickly get the material that is needed?

MR As the DG indicated, we've already sent large numbers of protective equipment and diagnostic tests to Africa; all countries in Africa can now make the diagnosis of COVID with support from ourselves, from Africa CDC and others. We've been working with the World

Food Program, the Jack Ma Foundation and African CDC to bring PPE into Africa as well as supplies from our own stockpile which is based in Dubai.

It is not enough and you're correct; the issue of ventilators is a very difficult issue; one, because ventilators are technologically sophisticated, expensive, difficult to produce and distribute and require very high levels of training in order to use them properly. There is lots of innovation at the moment in how we can scale up the production of ventilators and even use ventilators that don't require a person to be incubated; in other words, how can you support ventilation in a conscious patient.

There are all kinds of interesting solutions emerging on that front. The issue is getting those solutions to scale but the one thing I will say from the perspective of supporting a severely ill patient; oxygen is something we need to discuss because everybody's talking about ventilators and that's important. A critically ill person struggling to breathe; a ventilator can be life-saving.

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But before that happens what truly is life-saving is the ability of a patient to be given supplemental oxygen in order that the concentration of oxygen in their blood can be kept at a high level because that's what patients suffer when they can't breathe properly. The level of oxygen in their blood drops and you'll hear people talking about oxygen saturation. It means how much oxygen is getting into someone's blood from their lungs.

When someone has COVID-19, your lungs struggle to put enough oxygen into your blood. By increasing the concentration of oxygen in the air that someone breathes you allow more oxygen to reach the blood. Every country in Africa has oxygen and we need also to focus on getting better distribution of medical oxygen so patients with moderate/severe disease can benefit from that.

We will work and we are working with the World Food Program, we're working with the UN in New York and the DG has spoken to the efforts we're making to not only scale up the distribution of such equipment and supplies but to co-ordinate that in a way that countries can expect a more smooth service in accessing those vital supplies.

MK If I could add something very briefly, this is a very good opportunity to bring more clinicians and medical professionals on board with us who are into our clinical networks so that they can learn from and share experiences of dealing with COVID-19 patients.

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Not all countries are overwhelmed right now with patients. Some have very few patients and it's time right now where we can be sharing experiences, we can be doing trainings that actually look at how patients are treated and what type of care patients who develop moderate, severe or critical disease could be cared for. So we could bring them on board to join our teleconferences that happen regularly with clinicians all over the world.

TJ Thank you very much, Maria. The next question is Christiana Ulrika from DPA, German news agency. Christiana, can you hear me?

CR Hello, can you hear me?

TJ Yes, please go ahead.

CR This is a question on Austria. The Austrian Government has a desire to make everyone wear a mask who's going into the shops. I understood from our previous briefings with you that the general public should not wear masks because they are in short supply. What do you say about the new Austrian measures?

MR Thank you. I'm not specifically aware of that measure in Austria. I would assume that it's aimed at people who potentially have the disease not passing it to others. In general WHO recommends that the wearing of a mask by a member of the public is to prevent that individual giving the disease to somebody else. We don't generally recommend the wearing to masks in public by otherwise well individuals because it has not been up to now associated with any particular benefit.

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It does have benefit psychologically, socially and there are social norms around that and we don't criticise the wearing of masks and have not done so but there is no specific evidence to suggest that the wearing of masks by the mass population has any particular benefit. In fact there's some evidence to suggest the opposite in the misuse of wearing a mask properly or fitting it properly or taking it off and all the other risks that are otherwise associated with that.

There also is the issue that we have a massive global shortage and where should these masks be and where is the best benefit? One could argue that there's a benefit of anything but where does a given tool has its most benefit? Right now the people most at risk from this virus are front-line health workers who are exposed to the virus every second of every day.

The thought of them not having masks is horrific so we have to be very careful on supply but that is not the primary reason why WHO has advised against using masks at a mass population level. I'll pass to Maria on the technical side, you may have something to add.

MK Thanks. No, only to reinforce what Mike has said, that our recommendations are that in the community we don't recommend the use of masks unless you yourself are sick and as a measure to prevent onward spread from you if you are ill. The masks that we recommend are for people who are at home and who are sick and for those individuals who are caring for those people who are home that are sick.

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But as Mike has said, it's important that our front-line workers, who we recommend standard and droplet precautions, have adequate use of PPE and so that we prioritise the use of masks for those who need them most.

TJ Thank you very much. Next question from India, from Banjo Cower, [Unclear]. Banjo, can you hear us?

BA Hi, can you hear me?

TJ Yes, please go ahead.

BA Dr Ryan, you must be aware that India as part of its lock-down is witnessing unprecedented humanitarian crisis in the form of the movement of migrants from one part of the country to another. I do understand that you do not like commenting on individual countries, but this is an unprecedented humanitarian crisis. What would be your advice to our Government?

Second question is not a question; it's just a clarification. None of the situation reports given by WHO say community transmission is happening in any of the countries while we do know it is happening so could you please clarify on that?

TJ Can you repeat the second part of your question?

00:25:21

I said, the situation reports which WHO gives us every day; there are countries and the stage of transmission mentioned against those countries. Against none of the countries is there mention of community transmission while we do know that some countries are witnessing community transmission. Could you please clarify on that?

MR Yes, I think we'll go back and look at our website and see if the situation there... I don't believe we've indicated that there is no community transmission somewhere like India but we'll definitely check that.

But going back to, I think, what is the more important part of your question which is the impact of lock-downs, movement restrictions in any situation, number one, need to be taken very carefully and, two, obviously regardless of their intent are very difficult to accept by communities and by others because people need to move and want to move for family reasons, for economic reasons and for many other reasons.

It's important that governments communicate openly and transparently with their people as to the reasons why lock-downs or shut-downs or movement restrictions are occurring because they do impinge on people's freedom of movement and if people and communities are to offer up that freedom of movement they do need to understand why that's happening.

Those movement restrictions are regrettable in all situations; nobody wants to see those happen but in situations where you have a very, very intense epidemic in one part of a country and in another part of a country it's not so intense you may have to implement some measure to at least encourage - sometimes it's advice, sometimes it's strong advice and sometimes it's a restriction where transport is stopped.

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Each government has to choose the balance between what is advice to communities and what is in some senses an enforced lock-down. Whatever is chosen it's really important that communication and acceptance by the community is at the centre of the concern of the government. It is impossible to have an effective restriction of movement without the community on board with that restriction of movement at all levels.

And, as the DG said in his speech, when such measures are put in place it's exceptionally important that those measures are carried out with not only the acceptance but with the human rights and dignity of the people affected at the centre. That is not always easy but that is what should be centre of the objective of the process. I'm not speaking specifically here about India; I'm speaking about this in general terms but I think what it does speak to is that these society-wide measures are difficult, they are not easy and they are hurting people.

But the alternative is even worse and countries, if they're going to be able to move away from this approach of having to lock down and shut down, if we're going to move away from that approach as a means of suppressing the virus we have got to put in place the public health surveillance, the isolation, the quarantine, the case finding, the detection. We have got to be able to show that we can go after the virus because lock-downs alone will not work.

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But unfortunately in some situations right now they're the only measure that governments can actually take to slow down this virus and that's unfortunate but that is the reality and we need to continually explain the reasons for this to our communities.

TAG Thank you. This is a very important question. Maybe on the first one, based on the transmission in countries WHO has categorised countries into four, what we call the four Cs. There are countries with no cases, a group of countries, and the second is countries with sporadic cases. The third is countries with clusters of cases and the fourth is community transmission. We have now a number of countries with community transmission and that's why we have developed a guideline that's tailored to these four situations.

Please check our website and you will find the four Cs and the four categories and what should be done based on this but we have community transmission in many countries and we have said it many times. Then on the issue of so-called lock-down, maybe some countries have already taken measures for physical distancing, closing schools and preventing gatherings and so on.

That can buy time but at the same time each and every country actually differs. Some countries have a strong social welfare system and some countries don't. I'm from Africa, as you know, and I know many people actually have to work every single day to win their daily bread. Governments should take this population into account; if we're closing or if we're limiting movements what is going to happen to those people who have to work on a daily basis and have to earn their bread on a daily basis?

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So each and every country based on its situation should answer this question. We're not seeing it as an economic impact on a country, as an average of GDP loss or the economic repercussions. We have to also see what it means to the individual in the street and maybe I have said ait many times; I come from a poor family and I know what it means to always worry about your daily bread and that has to be taken into account.

Because each and every individual matters and how each and every individual is affected by our actions has to be considered and that's what we're saying. It's about any country; it's not about India; it's about any country on Earth. Even the wealthiest country on Earth can have

people who need to work for their daily bread. No country is immune. Each and every country has to really make sure that this is taken into account.

TJ Thank you very much. The next question; Associated Press, Jamie.

JA Hi, can you hear me?

TJ Yes.

JA Good. Afternoon. My question has to do with the situation in some European countries. We've seen some signs that countries like Italy and Spain may be sensing that they are reaching the peak. I believe the UK also mentioned - some experts there or one expert there mentioned that they may be nearing a peak. I'm just wondering if you have any estimates. I know, Mike, you said on Friday that there's no way to see the end of this but what about peaking; do you see any signs of peaking within Europe? Thanks.

00:34:28

MR If you just look at the extent of transmission in those three countries you mentioned, we wouldn't compare them to Korea or to Japan or to Singapore in terms of their situation; they have much more extensive problems. Then if you compare them to what happened in China and specifically in Wuhan, which was the most intense epidemic, we did see...

Rather than basing this on modelling let's base it on experience. We saw what happened in Wuhan after the lock-down and not only did they do that physical distancing and put people in their homes, but they continued to look for cases, that's the essential difference. They continued to detect cases and isolate all cases including mild cases away from the family.

But let's assume they've done that. What we saw over a period of days - and I think you were one of the people who asked the question during the Wuhan event; do you think this is stabilising, is it going to? For a number of days we said, we can't tell, and it went up and down and up and down. So what we're likely to see, if you imagine the lock-downs and the stringent measures that were put in place, have now been in place for between two and three weeks in Italy at different levels in different places; should start to see a stabilisation because the cases we see today really reflect exposures two weeks ago.

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The cases you see today are almost historical in the same way as we're told when we're looking at galaxies through a telescope, that we're seeing light from a billion years ago, we're seeing a reality that existed before. When you count your cases on a daily basis in an epidemic it reflects a reality of transmission and risk two weeks before at least. So in that sense what we see today is what happened two weeks ago and what we hope to see is those numbers stabilising, which will reflect the fact that exposure started to drop over time.

Some countries, as I said on Friday, have seen that through the number of contacts per case. When they've continued to look for cases they've still done contact tracing and what they've found through the physical distancing measure and the stay-at-home orders is the number of significant contacts per case has dropped from the 20s to 15, to 12, to 10, to 8, to 4, which

means fewer people have been exposed to that case than would have been two weeks ago, which shows people are distancing.

For whatever reason they're distancing so there are fewer people at risk from any individual case. If you get those cases out of the community quickly they'll expose even fewer people and that's how you get ahead of an epidemic. So do we hope that Italy and Spain are nearly there on that? Yes, but the way you stabilise and then move to zero - and I think everyone's talked about the curve up and everyone talks about the stabilisation.

The question is how do you go down and going down isn't just about a lock down and let go. To get down from the numbers, not just stabilise, requires a redoubling of public health efforts to push down. It won't go down by itself. It will be pushed down and that's what we need countries to focus on. What is the strategy now to put in place, the public health measures that will push down the virus after those measures may be released and then how do we take care of people better in a clinical environment to save more lives?

00:38:10

So yes, potentially stabilising and it is our fervent hope that that is the case, but we have to now push the virus down and that will not happen by itself.

MK If I could just add to that, what I was going to say, which Mike has just said, is we need to focus on the now, we need to focus on what must be done now to get us out of this and there is this... I understand completely the desire to know when we will reach the peak and when we will start seeing that decline but that will not happen on its own.

These physical distancing measures, these stay-at-home measures have bought us a little bit of time, a little window of time and that short window has to be used appropriately so that we get systems in place to look for this virus aggressively through testing, through isolation, through finding contacts, through quarantining those contacts, through caring for further patients because we will still see patients and many patients are going to still require need, to support other countries that are going to go through this.

So focusing on what we do now is absolutely critical to make sure we use that time wisely, we use that time effectively so that once we do reach that peak we continue to push and suppress that virus down as quickly as possible but still be ready to find additional cases should they show up. What we've seen in a number of countries in Asia where they brought this virus down, they brought this transmission down; they're now seeing repeat introductions from outside of their countries. They have not let their guard down, they're still aggressively looking for those cases as they come in and suppressing them so that it doesn't start again.

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So we need to focus on the now, we need to use our time wisely and that is to aggressively find this virus and care for our patients.

TJ Thank you very much. The next question is from Nippon TV, Atsuko. Atsuko, can you hear us? Can we try one more time with Nippon TV? Okay. That's okay. Let's go to Jim from Westwood One. Jim, can you hear us?

JI Yes, thank you very much. A very good afternoon to you. I'd like to clarify a little bit on the chloroquine issue in the US. It should be important to point out that the FDA hasn't approved it for wide prescription by doctors but only in a hospital setting and the doctors there can only get it from the national stockpile.

But my question is what exactly was observed with chloroquine or hydroxychloroquine that could lead to the possibility of it being used to treat COVID-19 in a hospital setting and what do you mean exactly by randomised testing as opposed to non-randomised testing? If you can answer those I'd appreciate that. Thank you.

MR Maria will supplement. There was some of what people will describe as in vitro evidence; evidence in the lab that the drug was active against the virus but any number of things are active against viruses; chlorine is active against viruses but other things are active against viruses. The question is whether they're safe and effective to put in a human body and whether they will be absorbed and processed in a way that the virus can be attacked and not the body.

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From the perspective of chloroquine there were also some small observational studies, one in France that followed a small number of patients where there was no randomisation of patients and looked at their outcomes. Patients were admitted at different stages of illness and the outcome that was really focused on was the length of illness. The observation that was made was that length of illness or length of hospitalisation or length of significant symptoms were reduced.

No-one here is talking about cure. No-one here is talking about taking a magic pill and all of a sudden you recover from COVID. Everyone's looking for therapies that will shorten the disease illness, will prevent people going from moderate to severe and will prevent those that are critical dying and drugs act in different ways. Some drugs may actually prevent the virus replicating early in the disease and therefore shorten the length of the illness and reduce the progression to severe disease.

Once the disease is very well-established and in the later stage of the disease a lot of the damage that's being caused by the virus is not necessarily being caused by the virus itself but all of the secondary effects; the inflammation, the organ failure and other things that happen. So a lot of antiviral therapies are focused on getting a person with the disease treated at an earlier stage of the disease and if you look at a lot of the anti-flu medications like Tamiflu and others, the main benefit that has been found for those again has been shortening the course of illness.

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With regard to randomised control trials the importance of having a control group is to have a comparison and then be able to stratify your patients because if I have a drug and I treat a very severe patient who's of an older age with the drug and that person dies does it mean that that drug didn't work? If I treat a really healthy young person who's got a moderate disease and they recover does that mean the drug worked?

I don't think any of us need to be rocket scientists to work out that there are many factors that predict recovery or predict death and what we have to separate and we have to distil out are what is the effect of the drug itself, not the age of the patient, not the condition of the patient and so many other factors that can affect survival.

We've all been through infectious diseases ourselves and we recover. Is that because we get out of one side of the bed or the other? No, we wouldn't assume that that was affecting the outcome of the illness. There are many natural things affecting illness outcome including the hard work of doctors and nurses in supporting the patient and preventing organ failure and ventilating the patient.

So the difficult thing at this moment is distilling out the specific effect of a drug in a complex illness and that's what we're trying to do with the randomised control trials and that's why we need so many patients in those trials across many countries; many age groups, genders, many phases of the disease and many levels of severity and then we can break out what is the actual effect of the drug on the outcome of the disease.

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MK Only to add that there are a number of clinical trials that are ongoing. Mike has described the French study that I am aware of as well but there are a number of clinical trials that are ongoing that look at chloroquine, that look at a number of other therapeutics. On the one hand it's incredible to see this acceleration of research and development and this focus on the evaluation of therapeutics for COVID-19 patients, which is building upon a history of other respiratory pathogens that have plagued us.

But the challenge is that many of these clinical trials are small in size, which makes it very difficult to draw any conclusions, which is why it is very important that we have these larger trials, these multi-site trials, the Solidarity trial that WHO is running, to be able to have enough cases to be able to get an answer to which drugs work safely.

TJ Thank you very much. We have time for one or two more questions. I'll try Bloomberg and Naomi. Naomi, can you hear us?

NA Hi, yes, I can. Thanks for taking my question. I wanted to ask; we've seen some different approaches to quarantine in China and in European countries with group quarantine used to good effect in China. Do you think that home quarantine will be as effective anywhere for people who are positive, or would central quarantine be needed in order to have the same success that China has had?

00:46:57

MK Hi, yes. Just so we get our terms right and we can explain ourselves properly, we tend to use the word isolation for someone who is a case, confirmed. We tend to use the word quarantine for someone who's at risk of being a case, usually a contact so on that basis we advise that all suspect cases are tested, and all suspect cases are isolated in an appropriate medical facility. I think nobody disagrees with that, where the capacity exists.

When we come to contacts it very much depends on the context and the intensity of any given moment. In low-incidence areas where there are sporadic cases or clusters, we advise

that all contacts should be quarantined. Ideally that quarantine should occur in a place other than the home and for this reason, one, because if that person gets sick they may already have infected their family.

But that's not always possible so at least quarantining contacts at home with good health advice about not transmitting disease if they become sick and with regular monitoring of that individual is an option for countries. It is difficult to do that in the middle of intense transmission where you might have hundreds of thousands of contacts because you're having thousands of cases a day.

It is difficult to deal with that, so home quarantine of contacts is acceptable with appropriate information, education and more importantly a very rapid system of getting those people out of their homes if they become sick. I listened to the President of Singapore this morning as he had a conference call with the Director-General and the clarity of that in Singapore, that ability not only to isolate cases but to rapidly detect illness in the contacts and remove those contacts should they become sick was a central part of that.

00:49:04

As he said, they're using apps now to do that, a testing app but they didn't do it with apps in Singapore. They did that with community workers, with public health workers visiting the houses, checking on people, checking their health status every day and saying, how are you, have you got a fever, have you got a cough? And if a contact had developed a cough or a fever they were taken immediately for testing.

So yes, we need the information technology tools, they help. They're not the solution. Right now we don't have an alternative to what we would have considered in the old days boot-leather epidemiology; public health practitioners, doctors, nurses, community workers working with communities to detect cases at community level. The most likely person to become a case is someone who's been a significant contact of another case and at the moment in most parts of the world due to lock-down most of the transmission that's actually happening in many countries now is happening in the household at family level.

In some senses transmission has been taken off the streets and pushed back into family units. Now we need to go and look in families to find those people who may be sick and remove them and isolate them in a safe and dignified manner so that's what I was saying previously; the transition from movement restrictions and shut-downs and stay-at-home orders can only be made if we have in place the means to be able to detect suspect cases, isolate confirmed cases, track contacts and follow up on the contacts' health at all times and then isolate any of those people who become sick themselves.

00:50:55

TJ Thank you very much. As we try to have a variety of different outlets who have questions, we don't often have sports outlets so I will call on Diane from soccer.com. Diane, can you hear us?

DI Yes, I can hear you. Can you hear me?

TJ Yes, please go ahead.

DI Hello?

TJ Yes, please go ahead with your question. Diane, let's try one more time. Can you hear us? We were hearing you very well.

DI Yes, I'm sorry. I'm having my phone... Hello, can you hear me now?

TJ Yes, please go ahead.

DI There is such a discrepancy of information regarding the validity of masks and I know that you have addressed this and there's a great deal of fear regarding medical professionals having access to it. But is there any type of qualitative research that can confirm that wearing a mask prevents the spread for normal transmission in going to the supermarket, in day-to-day activity?

00:52:14

MK I can start and perhaps Mike or the DG would like to supplement. This is an area of very active research. There's a lot of use of masks globally for different diseases; for influenza, for other coronaviruses, for this particular outbreak but there isn't a lot of quantitative analysis of this and what we know works; we know that people who are sick and stay home; that works because that prevents them from spreading the disease to someone else.

We know that washing your hands or using an alcohol-based rub works because that will remove the virus from your hands. We know that physical distancing works because that removes the opportunity to spread that virus from one person to another. We are working with a large group of people across the globe in our IPC specialist networks to look at the use of masks in various settings, first and foremost in healthcare facilities so that we could better understand how PPE was used by healthcare professionals as they treated patients, in which types of departments they were working, under which types of conditions, the severity of those patients.

That's the real focus of a lot of the research right now, to ensure that we protect our healthcare workers. So we are working with a number of groups across the globe. As those results become available, they will be published, they will be scrutinised, they will be evaluated by us and our partners to make sure that we are putting the best evidence forward and the best evidence-based guidance forward.

00:53:53

TJ I will take one more question because I've been getting messages and obviously we apologise to all those who will not be able to ask their question today, but we will have opportunity this week. I call on Gabriela Sotomayor to ask her question. Gabriela, please.

GA Thank you very much, Tarik, for taking my question. Dr Tedros, on testing, there are some countries, I think, that are not listening to the messages, they are not receiving the message. Just to clarify because some countries are saying that it's useless to test, for example in a country where you have 1,000 confirmed cases and 2,500 suspected cases how many

tests do you have to do, just to have a number or something, an estimate? Thank you very much.

MK The positivity rates on tests; the DG may wish to comment as to whether people are listening or not but on the specific issue of tests, the positivity of tests or the number of tests, in general where testing has been done fairly extensively we've seen somewhere between 3 and 12% of tests being positive. If you get to a point where a tiny percentage of tests are positive then the danger is you're either looking in the wrong place, it's reassuring, or you have to be very careful to ensure you can keep up that level of testing so it's an issue of balancing the use of your tests against their value.

Again it's like any detector system; testing is a detector system. You can turn up and down the sensitivity of that system as long as the batteries last so that's the issue; how long will the available tests - if you know, I've got x number of tests available to me over the next month, then how am I going to use those tests over the next month?

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Countries have been limited by the number of available tests and that's important. Countries have also had to ration tests according to the intensity of the disease in different parts of the country so therefore the return or the return rate or the percentage of confirmed tests will vary. But we would certainly like to see countries testing at the level of ten negative tests to one positive as a general benchmark of a system that's doing enough testing to pick up all cases.

It can be more or it can be less depending on the circumstance. It's not an objective but you really do want to see a lot... You know you're missing a lot of cases if 80 or 90% of the people you test are positive; you are probably missing a lot of cases.

MK If I could just add to that to say, a lot of the challenges that countries are facing, a lot of the argument that comes back is, we just don't have enough. Just to say, what WHO is doing and what countries are doing is they're trying to find tailored diagnostic solutions to meet the needs of their countries and the outbreaks that are happening in their countries. That includes a variety of things that we are doing and countries are doing.

The first is to increase the capacity of the labs so the number of labs that can actually conduct that testing so whether these are national labs or academic labs or private labs but increasing that number of labs, increasing the number of people that can actually run those tests, finding individuals that can run those tests.

00:57:32

The second is increasing the production and availability of tests. There's a huge number of tests that are on the market right now thanks to the rapid share of sequences, full genome sequencing of this virus in early January.

Then the third; we are working very hard to have it tailored, support to countries based on their need, based on what they have in their individual countries, whether these are bench-top or manual PCR kits or whether these are automated PCRs or whether these are high-

throughput machines. There's not one single solution to increase your ability to test but it is important that you continue to do so so that you know where the virus is.

TAG I think it has been said; I just wanted to add, testing is very, very important; I cannot even emphasise it more. There was a meeting of Ministers last Thursday, I think, and we had some of the practices from four countries, what they have done. The common factor in all four countries was the testing. Testing is important to understand the status of an individual, but testing is also important to see what the situation looks like.

For instance from the presentations of the four Ministers we saw that when they test they go back and check those positives, how they got the infection. Some of them could be from a church gathering or a religious event; others could be in a bar or a restaurant; others could be in a social gathering for some purpose. Then the testing is not about that individual, it becomes about the event that happened and how to really address such events.

00:59:44

So the testing doesn't tell you just a story about one person. It's a story about what happened when that person actually acquired the infection and that helps you to trigger your public health interventions. Take Korea; when it started the community transmission it was actually in a religious event and thousands of people ended up being infected in one gathering.

Another important lead was in a hospital. So one was the religious event and another one was a hospital where they saw very intensive transmission and how they mobilised their public health intervention to address not only that but also other clusters. So without knowing, without testing it's like moving blindfolded. Testing can help us to know not only the status of individual persons but to know also what's behind it and take public health measures.

That's why we're saying testing is very important and from testing you can do the contact tracing; from there you can also do the isolation but we fully understand when there is community transmission the health system could he overwhelmed, even the public health interventions could be very, very, very heavy.

But there are ways to tailor our public health interventions even in such situations and the isolation may not necessarily be in a hospital or health facility. It could be in a community facility. Many countries have very innovative ways of isolating because their health system was overwhelmed, and they had to actually look for community facilities.

01:02:03

Then the last resort is when they couldn't do that and when they had a number of cases and when there was transmission then some of them resorted to isolation in their homes, separating their bedrooms and separating the utensils they use. But then let's be practical; okay, you can have your own bedroom, or you can have your own this or that to isolate yourself and take all the precautions you need.

But if it's in a developing country, for instance where I grew up, if it's a one-room where there is a big family like five or seven people in one room how do you implement that? That's why we say, we don't have a one-size-fits-all solution and the solution should really be tailored to the situation of each and every country.

So how do you implement isolation in a situation where a single family, a big family is living in one room or two rooms and isolation is not possible at all? That's why we say one-size-fits-all solutions cannot happen and each and every country knows its situation in terms of COVID situation; it knows its own social and other factors and it knows what solutions it has at hand to have successful public health solutions.

So that's what we are saying and of course necessity is the mother of invention and we expect a solution in every situation from the communities themselves and from the government and the country itself because each and every situation is very unique and each and every community knows the problems, knows the root cause of the problem and knows the solution and it doesn't need any prescription from anyone.

01:04:15

The general guidance we give can help you to really get solutions in your own way. The most important thing is, how can we trigger the human spirit in unison to address the problem that we're facing in each and every community? Thank you.

TJ Thank you very much, Dr Tedros. With this we will conclude today's press conference. We apologise to all those who have not been able to ask their questions but there will be other opportunities. We will have an audio file sent to you in the next hour and hopefully the transcript will be posted tomorrow. Have a nice day and evening wherever you are.

TAG Thank you. Thank you, Tarik, and thank you for joining us. See you in our next presser. All the best.

01:05:11