

COVID-19

Virtual Press conference

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00:00:55

FC Hello, everybody. This is Fadela Chaib speaking to you from the Geneva WHO headquarters and welcoming you to our global COVID-19 press conference today, September 25th. On Monday we briefed you about the COVAX facility, part of the COVAX, the vaccine pillar of the access to COVID-19 tools known as ACT Accelerator. Today we are launching the ACT Accelerator investment case.

Before we go deep in developing this important aspect Dr Tedros, our Director-General, will address you first. Joining Dr Tedros in the room are Dr Mike Ryan, Executive Director, Emergencies Programme, Dr Maria Van Kerkhove, Technical Lead for COVID-19, Dr Mariangela Simao, Assistant Director-General, Access to Medicines and Health Products, Dr Soumya Swaminathan, Chief Scientist, Dr Bruce Aylward, Senior Advisor to the Director-General, Lead, ACT Accelerator.

The briefing is being translated simultaneously into the six UN official languages plus Portuguese and Hindi. Now without further ado I will hand over to Dr Tedros for his opening remarks. Dr Tedros, you have the floor.

FC Thank you. Thank you, Fadela. Good morning, good afternoon and good evening. With the northern hemisphere flu season approaching and with cases and hospitalisations increasing many countries find themselves struggling to strike the right balance between protecting public health, protecting personal liberty and protecting their economies.

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So-called lock-downs and the impact on global travel and trade have already taken such a heavy toll. The global economy's expected to contract by trillions of US dollars this year. Many countries have poured money into domestic stimulus packages but these investments will not on their own address the root cause of the economic crisis, which is the disease that paralyses health systems, disrupts economies and drives fear and uncertainty.

We continue to urge countries to focus on four essential priorities; first, prevent amplifying events; second, protect the vulnerable; third, educate, empower and enable communities to protect themselves and others using every tool at their disposal; and fourth, get the basics right; find, isolate, test and care for cases and trace and quarantine their contacts. This is what works.

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Effective vaccines, diagnostics and therapeutics will also be vital for ending the pandemic and accelerating the global recovery but these life-saving tools will only be effective if they're available for the most vulnerable equitably and simultaneously in all countries.

The Access to COVID-19 Tools Accelerator is the best bet for speeding up the development of the tools we need to save lives as fast as possible and to make them available for as many as possible, as equitably as possible.

Today WHO and our partners are publishing a detailed strategic plan and investment case for the urgent scale-up phase of the ACT Accelerator, building on the success of the start-up phase. The investment case illustrates some of the considerable economic benefits from accelerating the development and deployment of tools to rapidly reduce the risk of severe COVID-19 disease globally.

By the end of next year the ACT Accelerator aims to deliver two billion doses of vaccine, 245 million courses of treatment and 500 million diagnostic tests to low and middle-income countries. Today's status report shows that in just five months the ACT Accelerator has made remarkable progress. The diagnostics pillar is evaluating more than 50 tests including rapid and accurate diagnostics and we expect to have more news on that next week.

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The therapeutics pillar is analysing more than 1,700 clinical trials or promising treatments and has secured courses of dexamethasone for up to 4.5 million patients in lower-income countries, the only medicine shown to reduce the risk of death so far.

COVAX, the largest and most varied portfolio of COVID-19 vaccines globally, is supporting the development of nine vaccines with several more in the pipeline. The number of countries joining the COVAX facility grows every day. As of today 67 high-income economies have formally joined and another 34 are expected to sign, joining 92 lower-income countries who are eligible for financial support through GAVI.

Investing in COVAX increases the probability of being able to access the best vaccine and hedges the risk that countries that have entered into bilateral agreements end up with products that are not viable.

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The ACT Accelerator is an unprecedented global effort. Of course realising its vision needs investment. The current financing gap for ACT Accelerator stands at US\$35 billion. \$35 billion is a lot of money but in the context of arresting a global pandemic and supporting the global economic recovery it's a bargain.

To put it in perspective, US\$35 billion is less than 1% of what G20 Governments have already committed to domestic economic stimulus packages. Or to put it another way, it's roughly equivalent to what the world spend on cigarettes every two weeks.

Of the \$35 billion \$15 is needed immediately to fund research and development, to scale up manufacturing, secure procurement and strengthen delivery systems. Normally these steps are done sequentially. We're doing them all at the same time so that as soon as a product is ready to go we can get it to the people who need it immediately. We're not asking for an act of charity. We're asking for an investment in the global recovery.

The economic benefits from restoring international travel and trade alone would repay this investment very, very quickly. Next Wednesday world leaders will meet virtually for a high-level side event during the United Nations General Assembly to discuss the work of the ACT Accelerator and to call for the financial commitments to realise its promise.

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The window of opportunity is now. We must act now and act together to end COVID-19. I thank you.

FC Thank you, Dr Tedros, for your opening remarks. We will now open the floor to questions from journalists. I remind you that you need to raise your hand, use the raise your hand icon in order to get in the queue to ask your question. I will now give the floor to Mr Du Yong from Xinhua. Can you hear me?

DU I can hear you. Can you hear me?

FC Yes, I can hear you. Please go ahead.

DU Thank you for taking my question. Many world leaders expressed support for multilateralism at the UNGA. The Chinese President has also reaffirmed the commitment to multilateralism and has stressed that solidarity and co-operation is the most powerful weapon in the face of COVID-19. So how will the WHO continue to utilise multilateralism to beat the pandemic? Thank you.

00:10:57

FC Thank you, Mr Yong. I would like to give the floor to Dr Ryan.

MR The World Health Organization was actually created as a multilateral institution by 194 member states. It owes its very

existence to the very idea of multilateralism, sharing of knowledge, collective responsibility for global health and collective action to protect it.

The work that we do today in every aspect of this response, the work that partners in the ACT Accelerator are doing around the world speaks to that mandate, it speaks to that responsibility and one which we take very seriously and therefore, yes, of course this is a time that...

In the Director-General's speeches time after time he's been calling since January, February for solidarity, science and solutions and the ultimate expression of solidarity is governments acting together collectively and in a co-ordinated fashion to solve problems for all our citizens.

We very much welcome all of the commitments to that that we've seen at the UN General Assembly from many, many countries over the last week.

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FC Thank you, Dr Ryan. We will move now to London, to Mr Borzou Dahagahi from The Independent. Can you hear me? Please unmute yourself.

BO Hi, can you hear me?

FC Yes, very well. Go ahead, please.

BO Great. I'm actually in Istanbul. I had a rather broad question about the impact of the COVID-19 pandemic on global medicine. Can any or all of you, if you would like, comment on how the pandemic, in your view, over the last seven, eight months has changed medicine in terms of recruitment, retirement, protocols and what if any patterns have you seen within the medical communities regarding changes?

Amnesty said earlier this month that at least 7,000 medical workers have died of COVID-19. I don't know if that's a total number but how does a tragedy like that impact a profession, as medical professionals yourselves?

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FC Thank you. To respond to your question about the impact on health workers I would like to give the floor to Dr Edward Kelley, who is Director, Integrated Health Services at WHO. Ed, Dr Ed Kelley, you have the floor.

EK Thanks for the question. The bottom line is that COVID has changed probably forever many things in our societies but certainly it's changed the delivery of health services. Just last week with Dr Tedros and a number of people here in the room we celebrated World Patient Safety Day, the theme being safe health workers, safe patients, to talk about the impact of COVID and not just infections but the stress and the mental health and also the new ways of working that have forced the medical community to adjust to COVID.

Right now in terms of what's reported to WHO the healthcare workers in terms of infections have been about 14% of all the infections that are reported to us. There's limited data on this but I think it's highlighted that we need to study more and it's certainly put the spotlight on the fact that reforming and supporting health workers in all aspects and we're talking about not just care deliverers but the people who clean the rooms, the people who work in the community in terms of outreach workers have been majorly impacted.

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WHO's done a number of studies on this looking at the essential health services and the continuity of those health services. There's been an impact across the board in terms of health services; about half of all health services at one point were interrupted but it's everything from things that can be managed in some way like dental services and rehab services down to acute emergency services.

So all countries right now are figuring out ways to make this work. WHO's trying to gather some of those experiences and share them as part of the response and this will be something that we'll be working on with countries going forward.

FC Thank you, Dr Kelley. I think Dr Maria Van Kerkhove has something to add.

MK Yes, thank you. I'd like to address the first part of the question that you asked about bringing together the medicine and how has that changed.

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I think one of the things that we've seen - and WHO does a lot of work in this area, of convening the world's scientific expertise and the world's leading experts in any number of topics that we are working on and responsible for and this pandemic is no different.

So quickly we utilised our networks that have been in existence for emerging infectious pathogens like SARS, like MERS, like influenza and brought that together to better understand what we were learning about this virus around severity, around transmission, about clinical care, about everything that you could think of and that was no different in this pandemic.

But what that really allowed us to be able to do - and you've heard me say this before; we are working with thousands of scientists all over the world in all of these different international networks but that really helped us to be strategic and smart about the type of studies that needed to be done.

We had a meeting in early February under the R&D blueprint to have a research forum to say, what are the critical questions, the critical unknowns that need to be addressed under nine different topics from epidemiology to the animal/human interface to therapeutics to virology, IPC; so many different topics and then pushed that science to be done, pushed those studies to be done, ensured that we had the right groups doing different types of research and not all doing the same research in one particular area.

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And then coming together regularly to discuss and debate, review all of the papers that are coming out and I think that ability to be able to harness that world's expertise, not only to say these are the studies that need to be done but to drive all the way through, identifying the priorities, outlining the research methodologies that are critical to address those critical unknowns.

We have a number of protocols that are out to follow really high-level robust methodology, everything from seroepi through to clinical trials, to be able to get those answers quicker. But the science is really accelerating; nine months, ten months in the science is coming fast and furious and we work through our science division that Soumya leads and with our partners in the science division but also the GOARN research network to review the studies that are coming out every day.

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There are pre-prints that come out every day. They haven't gone through peer review but there are hundreds of them if not thousands of them and the studies are becoming sharper, the studies are becoming more specific. They still need to go through peer review so that they go through that process but we're

working to pull all of that together and look at our guidance and look at our advice and that's why our guidance and advice evolves.

But I think that's a really good question because this pandemic again just accelerates the speed at which WHO and our partners are able to come together and push that even further. So it's a process; science never finishes; it's something that evolves over time and it grows and that's a positive thing and that's why our guidance evolves over time.

But we're really grateful to all of our partners doing high-quality research, taking the time to do it well, putting it through peer review and making sure that they're addressing these critical unknowns.

FC Thank you, Dr Van Kerkhove. The next question will come from Stephanie Nebahe, Reuters. Stephanie, do you hear me?

00:19:30

ST Yes. Thank you, Fadela. Can you hear me?

FC Yes, very well. Go ahead, please.

ST Thank you very much. I wondered if someone could elaborate please in terms of what I understood were the 67 countries self-financing countries that have joined COVAX with, I think you said, 44 more expected. Could you elaborate as to whether China is among those and whether Taiwan, which today said it had signed up on September 18th, is among those.

Also just as a corollary, we understand from a Chinese official today that WHO has - quote - supported its emergency use of vaccines. Can you perhaps comment on that, please? Thank you.

FC Thank you, Stephanie. Dr Bruce Aylward.

BA Thanks, Fadela. Yes, that's correct. Right now there are an extraordinary number and it changes every single day in terms of the number of countries and economies that are working with the COVAX facility. As of today, as the Director-General mentioned, it's 159 countries and economies that have already confirmed that they are going to be part of the COVAX facility.

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Of these 92 are what we call AMC-eligible countries for support and then we have the 67, what we call self-financing countries and economies and of those 29 actually have come together through what's called Team Europe and in addition there're

another 34 that are still in discussions so the final number could be well over 170 countries and economies that are part of this.

Yes, indeed Taiwan is one of the economies that have joined the COVAX facility, which is great. We're in discussion with China as well about the role that they may play as we go forward with the COVAX facility, particularly in terms of the importance as a potential supplier of vaccines on the global scale.

I think, as most people on the call are aware, of all of the vaccines that are currently now in phase three four of these vaccines are vaccines from China so again an important potential player as we go forward.

On the specific issue of the emergency use licensure, I think, Mariangela.

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MS Thank you. First of all let me emphasise that countries have autonomy according to their national regulations and legislation to issue emergency use authorisations for any health product and China and other countries have already done so for different products and WHO has emergency use listing provisions and has listed already several products for diagnostics.

We have not yet issued provisions for EUL of vaccines but today I have good news for you because we have just published, put out for comments the draft criteria for assessment of COVID-19 vaccines for emergency use listing or pre-qualification and this will help manufacturers understand the criteria.

This is up for public comments until 8th October - organisations, manufacturers and individuals - because this will help all partners to understand what's necessary to put a product that's both safe and effective into the market and what are the elements that will make it eligible for either an emergency use listing by WHO or a pre-qualification. Thank you.

FC Thank you so much, Dr Simao. The next question is from... I will give the floor to Robin Millar from AFP, Agence France Press. Robin, can you hear me?

00:23:43

RO Hello, yes. Can you hear me?

FC Very well, yes. Go ahead, please.

RO The world is approaching one million deaths from COVID-19. Is it unthinkable that two million might die before a vaccine becomes widely available?

FC Thank you, Robin. Dr Ryan will take your question. Thank you.

MR It's certainly unimaginable but it's not impossible because if we look at losing a million people in nine months and then we just look at the realities of getting vaccine out there in the next nine months it's a big task for everyone involved. Mariangela's just outlined the issues of listening.

There's the issue of scale-up; there's the issue of funding these vaccines; there's the issue of distributing these vaccines and then the issues of acceptance and beyond that with the work we still have to do in controlling this disease.

Remember, we have things we can do now to drive transmission down and drive down the number of deaths. We're seeing clinical case fatality rates slowly drop, we're seeing doctors and nurses making better use of oxygen, better use of intensive care, better use of dexamethasone, which again was referred to in the DG's speech and which the ACT Accelerator will provide a lot of focus on, and other therapeutics as they come online.

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One million is a terrible number and I think we need to reflect on that before we start considering a second million. There is a lot that can be done to save lives, both in terms of disease control, existing life-saving measures and the innovations that are coming down the pipe.

The real question is, are we prepared collectively to do what it takes to avoid that number, are we prepared to fully engage in the surveillance and testing and tracing, in managing our own risks at society and community level, governments supporting communities to take that action?

Are we willing to make the investments now that are needed in the ACT Accelerator, especially in COVAX? Because these are, number one, the investments we need to make and the actions we need to take at all levels of our society, sub-nationally, nationally and internationally. Are we willing to take the multilateral action, the collective global action to take control of this virus rather than this virus controlling our destinies?

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If we don't take those actions and we don't continue to escalate and evolve the nature and scale and intensity of our co-operation then yes, we will be looking at that number and sadly a number much higher.

So the time for action is now on every single aspect of this strategic approach. The DG has said it again and again and again; not just this, not just test and trace, not just clinical care, not just social distancing, not just hygiene, not just masks, not just vaccines; do it all.

Unless we do it all the numbers you speak about are not only imaginable but unfortunately and sadly very likely.

FC Thank you, Dr Ryan. Dr Aylward has something to add.

BA Thank you very much and thanks for the question, Robin. I think we have to be super-clear; whether another million people die of COVID-19 is not a function of whether or not we have a vaccine. It's a function of whether or not we put the tools, approaches and knowledge that we have today to work to save lives and prevent transmission; it's as simple as that.

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If we start thinking about it as a function of the vaccine people will unnecessarily and unacceptably die as we wait for a vaccine. We should not be waiting. We have made incredible progress in terms of reducing mortality from this disease, in terms of preventing the most vulnerable and highest-risk from getting infected by this disease.

It's unacceptable, it's unnecessary and it should be unimaginable and it should not be a function of whether or not we have a vaccine. It's a function of whether or not we as individuals - as Mike emphasised - do what we can, our part to prevent transmission of this disease.

FC Thank you, Dr Aylward. The next question is from Anna Pinto, Folha de Sao Paulo. Anna, can you hear me?

AN Thank you, Fadela. Good afternoon, everybody. My question is about how to talk to younger people. The European Commission said yesterday that this is the last chance to avoid new lock-downs like those imposed in spring and called for the young people to comply with the physical distance rules and protect themselves and protect others.

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But I guess we have seen that it's not lack of information so information is not enough to change people's behaviours. Since earlier this month the WHO convened its special group on behavioural science, I wonder if there are already any insights about the best way or the most promising ways to get people to really take care of themselves and others, especially young people who seem to believe that COVID-19 is not such a big deal. Thank you.

FC Thank you, Anna. Dr Ryan.

MR I take your point but again we run the risk here of... when you say young people you mean all youth and they're all of the same mind and none of them want to co-operate. I think that's where the older people get it wrong, quite frankly.

The vast majority of young people that I know are just as committed to containing this disease and saving lives as anybody else, in fact more committed; just as knowledgeable, as you say.

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The issue is when it comes to behaviour. You may have the knowledge, you have that attitude, you may wish to take the best possible action but then it's how you actually behave in the end and there are many factors that eventually drive human behaviour.

We have to understand also and not to get into a blaming culture; we have to see how we can support youth like we support any sector in our society to protect themselves and protect others.

So I really hope we don't get into a finger-wagging, it's all because of the youth and therefore they need to improve their behaviours so we need... That is not a dialogue that is going to work. It certainly never worked with me so I think we need to have a conversation and the youth need to lead that conversation.

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The last thing a young person needs is an older person pontificating and wagging their finger so I think we need to find better ways to engage young people. I think we need to give young people the responsibility and give them a voice in this and then empower them and resource them to do it.

But in the end when we look at some of the situations around the world, if we leave aside who's doing it the reality is that indoor,

close-together gatherings of individuals engaged in intense activity over a prolonged period of time is a major factor in driving transmission at community level in this epidemic.

Therefore we have to make those environments safer and we have to make behaviour in those environments safer and it really doesn't matter if it's old people or young people. It is the environment, the context, it is the situation in which the virus is spreading.

It's not the people, it's not because they're young that it's happening, it's not their fault. It's about the situations in which that is occurring and the environments in which transmission is occurring are driving transmission. How do we work with young people to make those environments safer, make their behaviour safer?

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Because some people say, to be more responsible, and again you start an argument of who's irresponsible and who is responsible. Let's talk about safe behaviours and let's talk about making myself safe and others safe. Then it's easier because people can - I think younger people can internalise that idea rather than making it about responsibility and other things that the youth of the world really don't want to hear from older people most of the time. Maria.

MK Thanks, Mike. I think three things we need to do with all people - young people, old people, all people. It's about engagement, it's about empowerment and it's about enabling them to do what they need to do and the engagement comes through dialogue, through discussion. It's through listening, it's through talking, it's through constant conversation because the pandemic situation is evolving, it's changing, it's complicated, it's scary, it's confusing, it's hopeful.

But that dialogue needs to continue to happen with all different groups. We've reached out to a number of youth groups to have conversations and dialogues to start that but that dialogue has to happen at a national level, at subnational level, in communities, in churches, in different types of engagements, at schools.

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How can we engage and listen and really understand what are the concerns, what are the considerations that children and young adults and young people and old people, everyone can

take so that they know that they can feel empowered to do something to protect themselves?

There's so much that we have right now that you can do to protect yourself and this is all of the individual measures that we've been saying and the hand hygiene and the respiratory etiquette, wearing of masks, avoiding enclosed spaces; take a risk-based approach.

But then what is it that we can do to provide an enabling environment so that individuals can be safe throughout their day, how can workplaces be safer, how can schools be safer, how can public transport be safer, how can your home be safer, how can different aspects be safer?

We say physical distancing, not social distancing. What we're seeing - and as Mike said, young people are a force of nature in terms of their ability and passion and creativity to help find solutions. You talk to a group of young people; they don't come to you with a bunch of problems. They come to you with, you know, there's something here, here's a possibility of a solution to think forward.

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Let's harness that as well and we're trying to harness that as well. We're trying to all work through what our new normal looks like and whether we like it or not going back to the old ways right now is not going to happen. We are working towards keeping ourselves safe, finding ways to keep transmission to a low level when we open up our societies and there are ways that we're doing that.

How can we remain social with our friends but keep physically distant, how can that place where I want to go be safer by improving ventilation, through either natural ventilation or other means, how can we reduce the number of people that are there?

But I think we really need to stop blaming each other on what is wrong and work together to find these solutions. There's just no way around it and I agree with Mike; young people don't want to be told what not to do, don't want to be scolded.

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The reason we're seeing changes in the epidemiology in terms of the number of cases of younger people has to do with a number of factors. It's the surveillance that's different. We're now able to look for the more mild end of the spectrum in terms of surveillance activities.

Societies are opening up and we're learning how to calibrate this keeping suppression low while opening up but, listen, young people need to speak up, speak out, hold your leaders accountable, hold us accountable to find these solutions and we need to work together to be able to do so.

FC Thank you, Dr Van Kerkhove. Yes, Dr Tedros, please.

TAG Just one issue. I don't want to take too much time because we have to move to the... One thing I just would like to add is, let's not assume that the number of cases or deaths are uniformly distributed throughout the world. 70% of the number of cases and more than 70% of the number of deaths came from ten countries so going forward I think we have to focus on countries that have contributed much to this and how those countries can cut. That could really slash the number of cases and the number of deaths.

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The number too; as colleagues said, when we started the unknowns of the virus were more, we didn't know much but now we know a lot about the virus. Still there are some unknowns but we know more and we have very effective tools at hand and Mike had outlined those tools we had and Bruce too.

So we have to implement those tools now while investing in vaccines and I have also outlined the four tools in my speech so we shouldn't waste time, we should invest in those tools that we have already and use the tools that we have while investing in vaccines, diagnostics and therapeutics. Thank you.

FC Thank you, Dr Tedros. We now move to the next question; Sophie from SABC. Sophie, can you hear me?

SO Yes, I can hear you. There was a hype around how Africa as usual - the Dark Continent as many characterise our continent, even though it's one of the progressive continents right now - that there's going to be a catastrophe when we have the cases but it was not to be. It looks as if there's a concerted effort to try and paint the continent as being faulty in terms of reporting its cases and people don't believe that we had the numbers that we have as the continent and that we were proactive to ensure that we don't have high numbers, even though my country, South Africa, has problems and only yesterday numbers went up.

What is your message to those people who are continually doubtful that Africa is playing an important role in the global

village on challenging matters and also that it does take advice seriously, particularly the regulations from World Health Organization?

FC Thank you, Sophie. Dr Ryan.

MR No, it is. I think we can look to Africa and certainly the reported numbers and most importantly the reported deaths from Africa are low and they're the lowest in the world. We were all very concerned as this pandemic spread around the world and you'll remember here at many press conferences we spoke about our concern for refugees, we spoke about our concerns for people living with HIV, we spoke about our concerns for testing capacity and clinical capacity in many countries.

But we also spoke about the inherent resilience in Africa; we spoke about the maturity of community-based surveillance, of syndromic surveillance in Africa, of collective action, of - and I've certainly said it here personally because I have and Dr Tedros has too - so does Bruce - a lot of personal experience in the front line, how adaptable and how creative people, professionals, healthcare workers are in Africa at getting the job done and getting the care that people need despite rarely having enough resources.

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So we spoke about those but there was still a lot of concern. We're very pleased that places like South Africa are bringing the disease under control and that we haven't seen this awful impact in people living with HIV. Again governments and humanitarian agencies deserve great credit.

A lot of work has gone into protecting vulnerable refugee and displaced populations and also Africa benefits from its age distribution and the median age, I think, in Africa is 17 or 19 years; 50% of the population are in their teens in Africa. It gives an advantage in terms of the mortality from this disease but Africa hasn't escaped unscathed. There are still many, many deaths and South Africa had a very severe impact of disease.

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On the testing front again countries in Africa have really accelerated their capacity. We've worked with African countries; our Regional Director, Dr Tshidi Moeti, and the team, John Nkengasong and the people at Africa CDC, the reference labs that we built, worked with South Africa and within Senegal to

ensure that all African countries now have laboratory testing capacity.

It is still not completely adequate but it has increased in availability and testing is much more widespread but there are still many areas outside main cities where testing is not as good as it should be so there still is a phenomenon of under-detection of cases but it has got better.

So overall, yes, we're not out of the woods anywhere and I would say we're not out of the woods in Africa. The idea that everything is fine and everything is going to remain so; I think we need to be very, very careful. Africa needs to remain on guard, it needs to remain ready, it needs to continue to do testing and tracing and surveillance and we need to continue to support those countries.

The thing though - and maybe Ed will speak to this - that African countries have suffered in this pandemic beyond the disease is the disruption of other health services and that in itself is having an impact right now. It's something we need to deal with in terms of recovery of those systems and avoid that negative impact of diversion of healthcare and diversion of healthcare services.

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The DG will maybe want to speak on this too but Ed may have some figures on that. So yes, it is not a catastrophe by any means and again I would say - and I've said it - Africa has many lessons to teach the world about how to be resilient, how to be creative.

I have learnt side-by-side with many of my African colleagues in the front line and I guarantee you I've learnt more than I've ever taught and therefore I think we need to look at the bottom-up approaches in Africa, the way in which responses are localised and communities participate.

The focus of health systems - and I know so many of my African health colleagues; when you talk about a public health problem the first thing they will say to you is, what does the community think? It's instinctively much more... whereas you talk to northern medical colleagues; we medicalise and we biomedicalise every situation.

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The thing I've noticed over my career with colleagues who've been trained and worked in Africa is that they immediately think about the community dimension as the first thing they think about, not the last thing they think about.

So I think maybe Africa is teaching us a trick or two but again, don't get us wrong; Africa is not out of the woods; vigilance is absolutely required and we celebrate that Africa has not been hit in the way it could have been but there are still many countries who may struggle if their systems become overwhelmed. Ed, you may wish to speak about the broader health systems issues.

EK Yes, just to jump in really quickly - thanks, Mike, for that - to note this; it's a great question but in many ways it's true for all countries that the toll for the services that were interrupted and the services people weren't able to get may end up far outstripping in almost all countries the toll from COVID.

Eventually we will see that but certainly in Africa, you look at service capacity and the health workforce in some countries; WHO has talked about the shortage of the healthcare workforce globally. Many countries realised that they have surge capacity issues over the course of the last months.

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In Africa some countries are looking at two physicians for 100,000 people so the idea that you can then continue to provide services while also trying to concentrate on this new disease and track and trace is very difficult with a workforce capacity like that.

The impact on health services was higher and the interruption on health services was higher in Africa than in other regions, only behind the Eastern Mediterranean region where we saw about 60% on average of services were disrupted.

But also though, as Mike was saying, there're incredible stories and a recent and current history with dealing with outbreaks while they're also delivering services to their populations. I have a very good friend, Francis Cathay, who's Chief Medical Officer in Liberia. He gave a great interview early on in the outbreak where someone said, how is it that Liberia - a country quite poor with very poor service capacity - has been able to handle this major outbreak that's brought other countries to their knees?

He said, we have a very simple three-pronged strategy; we're testing as many people as we can, we're tracing every contact we have and every single day we adjust our strategy and it's a lesson for other countries.

00:46:23

FC Thank you, Dr Kelley. Dr Tedros.

TAG Just one other thing I would like to add; I don't want to... because Mike and Ed have already said everything that has to be said. One thing I would like to add is, Africa is a continent, Africa is not a country so there are differences between countries on how they handle even COVID or other things.

So when we analyse it's really important that we see country-by-country; in Europe, by the way, the same thing because even Europe is one continent but the response to COVID varies significantly from one country to the other.

So checking that will be very important because there are 55 countries in Africa and it's a continent and there will be variations and I would actually urge that we check country-by-country. Thank you.

FC Thank you, Dr Tedros. Let's move now to BN Kumar, Biz News Connect, India. Mr Kumar, can you hear me?

KU Yes, I can hear you.

00:47:44

FC Please go ahead.

KU We've [?] been talking a lot about collective responsibility and collective working, etc, for the COVID vaccine. I would like to know what is the latest update on the joint action to find out the source of the virus that was supposed to have taken place in China and the WHO delegation was now supposed to be in China working on that.

I'm asking this question which must have been answered earlier in the context of one Chinese virologist who came out and has been giving lots of interviews to media saying China has deliberately planted it [?]. Although WHO says it is not man-made this virologist says it is lab-made. I wonder.

FC Thank you, Mr Kumar. Dr Mike, if you can answer this question.

MR Sure. WHO has been working actually since early February on the whole issue of the animal origin and the animal/human species breach, going right back to the first research meetings actually that Soumya oversaw - myself and others - in February. In fact we have identified the animal/human origin as one of the key pillars of research; same status as vaccination and many other things.

00:49:09

Working groups were established at that time. The groups subsequently met again, I think, in June - July and again looked at progress and advances in understanding of the animal models, the origins of disease, the different work that was going on around the world in different countries and again updated the research roadmap for the animal/human interface.

We've worked very closely with FAO, with OIE and other partners on that agenda. In parallel to that - and we've been working closely with colleagues in China to establish a research plan for the studies to look at the animal origins of the disease in China. As you know, the DG dispatched an advance team to China that worked with our country office and with the Chinese authorities to define terms of reference and then effectively a roadmap to the kinds of studies that we would need in order to understand the animal/human origin. That would not just be animal studies but that would be epidemiologic studies, animal studies, environmental studies that would be needed to understand the animal origin and all investigations were on the table.

00:50:25

That was planned in two phases, phase one focusing on the epidemiologic history of the disease, identifying to what extent we can identify the case zero and I said here at previous meetings that case zero may not be in Wuhan. We know that we've had the cluster of cases around the Wuhan seafood market but we know we had antecedent cases.

So the first thing if you're going to look at animal origin; you really have to identify the case zero or the case zeroes; those human beings that you believe were infected from the animal source. Once you know that you can start to look at that animal source and the likely candidates for that having happened and that will be very much those animal studies in the phase two.

The Chinese authorities themselves are conducting phase one studies and we have communicated with them intensively over the last number of weeks - Maria may speak to that - in identifying a multidisciplinary team that will work with our Chinese colleagues. We have shared details of those we believe to be excellent scientific candidates. We've reached out to external partners including partners in the Global Outbreak and Response Alert Network, looking for specific individuals - not specific; individuals that would meet specific terms of reference in the area of epidemiology, laboratory, veterinary science, animal/human origin studies and others.

00:51:54

We would hope very soon to conclude the final agreement on a deployable team that can visit China to work with our colleagues there on advancing phase one and phase two studies. Maria, maybe.

MK Yes, just briefly to add that it may take some time so just in our experience with other zoonotic pathogens and viruses, pathogens that jump from an animal to a human and finding the animal source or the intermediate source it takes some time.

In our experience with MERS coronavirus it took us over a year to find the host which is the dromedary camel and those came from detailed studies that were done with humans and in the environments where they live.

These come from very detailed investigation studies that are done, research studies that are done and, as Mike has said, having that multidisciplinary approach and coming at it from all different types of angles is what scientists do when they do research. They bring together the virologists and the anthropologists and the people at the animal/human interface and veterinarians and others to just think through what may be the types of hypothesis and we did that for MERS, we did that for the first SARS virus and we do that for Ebola.

00:53:07

In the history of trying to find the animal origin or the intermediate host that does take some time and it does take research and it takes dedication to be able to look for that so, as Mike has outlined, it's something that we in the global community have identified as a critical thing to do, as a focus of focused research.

We're working with our Chinese counterparts. Even in February when Bruce and I were there working with our counterparts that was identified as well as a priority to be able to determine because what's important from the public health perspective is if you don't know what the animal source is, if you don't know what the intermediate source is it can happen again.

So there are so many scientists that are working at what we call the animal/human interface and essentially this is an entire discipline and disciplines of people that study these viruses that circulate in animals, in different animal populations and look at their potential - these are other viruses - to spill over.

00:54:08

So there's a whole body of research that's out there and we're constantly looking what the next one may be so it may take some time but we are working very closely with our Chinese counterparts, as Mike has said, to advance the research in this area.

FC Dr Tedros, you have the floor.

TAG I just wanted to add one part. I think Mike and Maria have already said it but just one aspect; WHO believes in science and evidence and that's why we say science, solutions and solidarity. Our colleague, I think, the person who asked from India, said there was a media interview, someone saying that the virus came from a lab.

But as far as we're concerned and so far, as all the publications we have seen; the publications say it's actually something - the virus has happened naturally, it came naturally so these are all the publications we know.

00:55:32

If there is anything that will change this it should come through the proper scientific process. Whoever comes to the media and speaks, we cannot say anything. We would urge them actually to go through the scientific process because here science and evidence should be central and that's what we have to uphold.

We cannot comment, we cannot say anything on whatever is being said in the media. Thank you.

FC Thank you, Dr Tedros. I would like now to give the floor to Kostas Davanis from ERT, Greece. Kostas, do you hear me?

KO Yes, I can hear you. Hi. My question is, how do you assess the current situation with the coronavirus in Europe? Do we have the second wave and can this second wave be more dangerous than the first in March?

FC Thank you, Kostas. Dr Van Kerkhove, if you can take this question, please.

MK Thanks, Kostas. That's a good question. As Dr Tedros has said, Europe is many countries and so we need to not overgeneralise what's happening in every country in Europe.

00:57:04

What we look at at individual country level is the trends and what is happening in each of the countries; the trends as it relates to

their surveillance policies, their testing policy and other policies that they have put in place to be able to suppress transmission.

We are seeing in a number of countries right now an increasing trend in cases and part of that is due to the fact that we have better surveillance and so countries are in a much better position now to be able to detect cases.

But what is worrying to us is an increase in hospitalisations and an increase in bed occupancy for hospitalisations and also in ICU. We're at the end of September, not even, towards the end of September and we haven't even started our flu season yet so what we are worried about is the possibility that these trends are going in the wrong direction.

On the other hand, we are in a much different situation now than we were in a few months ago. We have tools in place to be able to reduce transmission and to save lives so the hospitalisation rates that we're seeing now are not at the same level as we were seeing in March, April, May but we want to make sure that those hospitalisation rates stay low and that transmission is still brought under control because societies are opening up.

00:58:24

So what countries are doing is they're using a data-driven approach from the data that they are collecting from cases, looking at case numbers, looking at hospitalisation rates, looking at ICU capacity, looking at the different types of transmission that is happening; where is it happening, is it happening in clusters, is it happening at home, is it happening in communities?

And then taking deliberate, targeted action at the most localised level and this is a good thing because we want to avoid any national lock-downs again that were happening in the beginning and that was a blunt-force object that many countries needed to use to buy themselves some time to take the pressure off the healthcare systems but we're not in that situation again.

We're also much, much better-prepared and as we go into the flu season we have tools for flu as well. We have a vaccine for flu for vulnerable groups, we have testing for flu, we have antivirals for people who are infected with flu so there's a lot that we have in our toolbox to be able to not only help for COVID but also help for influenza.

00:59:28

So we're looking at the trends, we're working with countries to be able to see how the different measures need to be implemented

but what we're seeing is strategic action in localised areas to be able to bring transmission under control and we're seeing earlier case detection, earlier admission to hospital, the use of dexamethasone for severe and critical patients and all of those actions are saving lives.

MR I'd just add because I think it's important - and again I would agree with Maria and Tedros, it's very hard to generalise. Our European region has 55 countries and they stretch from central Asia to Iceland so you'll get a sense there of the range so it's impossible to give advice across the board.

Within that there are different trends happening but overall within that very large region we are seeing worrying increases of disease and the 14-day incidence across a great swathe of the region is increasing and increasing fast.

We see the death rates have not gone up but we are seeing hospitals starting to have more occupancy, we're seeing ICUs begin to have more occupancy, we're starting to see a small uptick in deaths in older people and that will inevitably become more.

01:00:50

But I think we also probably need to recognise across a large number particularly of European countries that testing and tracing, the isolation of cases either at home or in healthcare facilities, the quarantining of contacts, the following up of contacts, that ability to control disease by knowing where the disease is and being able to contain it in that way is something that has worked in some countries and has not worked so well in others and we really do need to continue to focus on that.

It's difficult when the incidence is rising very quickly but in that sense we have to see lock-downs as in some senses - and people are calling them circuit-breakers and they're calling them all kinds of different things but in other words lock-downs and national lock-downs are almost a last resort.

To think that we're back in last-resort territory in September at the beginning of the autumn, I think, is a pretty sobering thought. Have we exhausted all the tools, have we really exhausted all of the tools so we're back to lock-downs as a solution, have we really implemented testing and tracing and isolation and quarantine, have we really maximised the value of public health and social measures, have we really maximised people's commitment to physical distancing and hand hygiene and

wearing masks and all of the other things and are we back to lock-downs as a solution?

01:02:21

Because, quite frankly, a good number of countries around the world have never had to resort to lock-downs or when they did they were used in a very surgical way for very specific impact or effect.

So I think everyone in every country needs to ask themselves those questions; are we truly maximising all the other measures? As Maria said, if we could apply those measures, even if they are about restrictions of movement, at a subnational level... But we need to move fast across a range of different things now in many countries and I think Europe has a lot of work to do right now to stabilise the situation and bring the transmission under some kind of control.

But again it has done very well in many cases in being able to get people into healthcare very quickly and treat them very effectively so I think we have to find a way...

01:03:17

We said it here before; we want to keep our schools open and we want to protect the most vulnerable in our society. What gives, what do we need to do to keep those two principles? We want to keep our economies moving, our kids in school and our older and vulnerable protected and cared for.

If we cherish those three things what gives, what are we prepared collectively to invest in ensuring those three key principles if they're the ones we believe are the most precious for our society?

FC Thank you, Dr Ryan. I think we are up to the hour. We will take, I believe, a last question. Next will be Gabriela Sotomayor from Procesa. Gabriela, can you hear me?

GA Yes, hola. Thank you very much for giving me the question. My question is, some governments are betting everything on the vaccine, many of them in Latin America. They no longer do many tests, they are relaxing the measures. One has the impression that they are waiting for the miracle to arrive.

01:04:28

There is a government as well that promises a vaccine in its campaign, in a political campaign. It seems that they are conditioning the vote with the vaccine. You're mentioning the

COVAX and solidarity but there's a lot of factionalism as well so I would like your comments on this issue.

FC Thank you, Gabriela. Dr Tedros would like to answer this question. Thank you.

TAG Bruce would like to answer this but I'd like to say one thing; the age-old advice; don't put all your eggs in one basket. That's the message we have, meaning we have to invest in vaccines but at the same time let's be very serious in using the tools we have at hand.

Many countries have suppressed the virus, controlled the pandemic with the tools at hand. Consider as a bloc if you want. Many countries neighbouring China - Japan, Korea, Thailand, Vietnam; I can go on and on; Lao, Cambodia - what have they done? You can have a look; just the tools, they don't have a vaccine.

01:05:56

So our message is, while working on vaccines we should work hard and harder; we are doing that but we should use the tools at hand because when you use the tools at hand you save lives today, you save the lives that should be saved today.

You shouldn't fail to save lives today and you can't save people who are dying today by just praying or working only for vaccines that will come later. You have to save lives today. That's why we need to use the tools at hand to the maximum and we should not put all our eggs in one basket, never. Everybody knows this, I think, and we shouldn't have even said it.

FC Dr Aylward, I think, has something to add.

BA Yes, if I was to paraphrase the wisdom of our Director-General it would be to say, put as many of your eggs as possible in the ACT Accelerator because in fact in putting the ACT Accelerator together this was exactly the point that the founders were making; that you can't bet on any one solution, you're going to need a mix of tools to be successful.

So when we put the ACT Accelerator together we're looking at vaccines, diagnostics, therapeutics to be able to solve the problem of severe COVID disease. The goal is to get the severe disease down so that we can take the pressure off the health systems, we can walk back from the disruptions to our societies and especially to our economies.

That's the reason we published today the investment case which lays out why this is such a good deal, such a good bet for the entire world so to your point, we've got to bet on all of these tools and also the knowledge that we have today if we're going to be successful.

FC Thank you, Dr Aylward. I will let Dr Tedros finish. Over to you, Dr Tedros, because we are coming to the end of this press conference. Last words.

TAG Thank you so much for joining and thank you so much for the interesting question, Gabriela, the last one, and all journalists who have joined today. Have a nice weekend and see you next week. Thank you.

FC Thank you, Dr Tedros. I remind journalists that we will send you the audio file of this press conference and the DG's opening remarks. You will get the full transcript of this press conference on our website probably tomorrow morning.

As always I do apologise to journalists whose questions I couldn't take. Thank you so much et bon week-end.

TAG Bon week-end.

01:09:22