

COVID-19

Virtual Press conference

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Speaker key:

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ML	Mark Lowcock
SO	Sophie
MR	Dr Michael Ryan
ST	Stephanie
KO	Kostas
MK	Dr Maria Van Kerkhove
AN	Antonio
TR	Translators
BA	Bayram
BI	Bianca
DI	Dina
KA	Katrin
MI	Michael
PE	Peter

00:00:18

MH Hello, everybody, and welcome. This is Margaret Harris at the WHO headquarters in Geneva and welcome to our COVID-19 press briefing today, this Friday July 17th. Today among other things we want to discuss the impact COVID is having on humanitarian work and all those we strive to help. So along with our usual speaker, our Director-General, Dr Tedros, you will also hear from Mr Mark Lowcock, the UN Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator.

As usual we'll be providing simultaneous translation in all six UN languages plus Portuguese and you may also listen in Hindi. Note owing to the way Zoom is set up you will need to go to the button marked Korean to access Arabic and now I will hand over to Dr Tedros. Dr Tedros, you have the floor.

TAG Thank you. Thank you, Margaret. Good morning, good afternoon and good evening. Yesterday I had the honour of being in Madrid to join King Filipe VI and Prime Minister Pedro Sanchez of Spain for Spain's memorial for those who have lost their lives to COVID-19 and for the health workers fighting the pandemic. Earlier in the week I was also honoured to be with President Macron in Paris for the Bastille Day celebrations which were also a celebration of France's heroic health workers.

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Both countries are good examples of the four essential pillars of the response; strong and humble leadership, community engagement, suppressing transmission and saving lives and both countries are rightly recognising the incredible contribution of health workers.

WHO welcomes the pay rise for French health workers announced on Monday. The pandemic has shown us that there is no health without health workers. I was especially touched in Madrid yesterday by a speech given by a nurse called Aroa Lopez. I want to read you some of what she said.

I quote, we have given it our all, we have worked to the brink of exhaustion and once again we have understood maybe better than ever why we chose this profession, to care for people and to save lives. We have been the messengers of the last goodbye to all the people who died alone, hearing their children's voices on the telephone. We have made video calls. We have held their hand and we have had to fight back the tears when someone said, don't let me die alone.

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Ms Lopez finished her remarks with this appeal; I want to ask the authorities to defend everyone's healthcare, to remember that there is no better tribute to those who are no longer with us than to protect our health and ensure the dignity of our professions - end of quote.

We all owe health workers an enormous debt, not just because they have cared for the sick but because they have risked their own lives in the line of duty. So far about 10% of all cases

globally are among health workers. Many health workers are also suffering physical and psychological exhaustion after months of working in extremely stressful environments.

To support health workers WHO has published guidance and training packages on how they can protect themselves. We're also driving research to better understand the extent of infection among health workers and the risk factors for infection. We're also shipping millions of items of protective gear around the world and ensuring health facilities are properly equipped.

Also COVID-19 has rightly captured the world's attention. We must also remember it's not the only crisis the world is facing. Many countries, especially in Africa and the Middle East, are still reeling from news of conflict and other humanitarian crisis. COVID-19 threatens to exacerbate many of these crises.

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The pandemic and the restrictions put in place to suppress it are taking a heavy toll on 220 million people in protracted emergencies. While it's too early to assess the full impact of so-called lock-downs and other containment measures up to 132 million more people may go hungry in 2020 in addition to the 690 million who went hungry last year.

Deep budget cuts to education and rising poverty caused by the pandemic could force at least 9.7 million children out of school forever by the end of this year with millions more falling behind in learning. The economic impact of the pandemic in humanitarian settings can aggravate already dire living conditions; more displacement, food shortages, risk of malnutrition, decreasing access to essential services, mental health problems and so on.

WHO is working through our 150 country offices to support the response to COVID-19, to support the continuity of essential health services and to engage communities to ensure demand for these services is maintained. It's also vital that as an international community we use this opportunity not only to respond to the pandemic but to build health systems that are more resilient and more able to withstand the impact of health emergencies.

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The pandemic is teaching us that health is not a luxury item; it is the foundation of social, economic and political stability. Three months ago WHO launched its updated strategic preparedness

and response plan which estimates the resources needed to support WHO's work on the pandemic.

But we all know that the impacts of the pandemic go far beyond health and so do the needs, especially for the poorest and most vulnerable countries. That's why the UN launched the global humanitarian response plan for COVID-19 in March. Today I'm honoured to welcome Mark Lowcock, my friend, the United Nations Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, to present the global humanitarian response plan update.

The global humanitarian response plan addresses the immediate humanitarian needs caused or exacerbated by COVID-19 in 63 priority countries with existing humanitarian crises.

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If we fail to address the wider impacts of the pandemic we risk an even greater crisis than the one brought about by the virus itself. Mark, thank you for joining us today. Over to you.

ML Tedros, thank you very much indeed. It's great to see you, great to see Mike with you also, by the way. I don't think I've seen Mike since the day before yesterday so I'm very pleased to be with you and I'm very glad also to have this opportunity to say thank you to everyone in the professional media who've been covering the pandemic.

I think that by and large the world has benefited from professional coverage of the pandemic and I'm grateful to responsible journalists for their role in that. As Tedros has said, today we published the third version of the UN COVID-19 global humanitarian response plan.

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For the first plan in March we sought \$2 billion. The May update was costed at \$6.7 billion and funding the plan we're releasing today will cost \$10.3 billion and you can see that in a way as a metaphor for the explosive impact of the virus.

So I will run through the key elements of the plan itself but first and perhaps even more importantly I want to talk a bit about our estimates of the cost of doing nothing in these poor and fragile countries because COVID-19 and the associated global recession are about to wreak havoc in fragile and low-income countries.

My message today, especially in the run-up to the G20 Finance Ministers' meeting, to them and to other rich nations is that

unless we act now we should be prepared for a series of human tragedies more brutal and more disruptive than any of the direct impacts of the virus itself.

Inaction, as Tedros and others have been stating very clearly in recent months, will leave the virus free to circle the globe, it will undo decades of development and it will create a generation's worth of tragic and exportable problems but it doesn't have to be like that.

This can be fixed with money and leadership from the world's wealthier nations and some fresh thinking. We estimate that the cost of protecting the poorest 10% of the global population from the worst effects of the pandemic and the global recession is about \$90 billion. That's less than 1% of the stimulus package wealthy countries have put in place to protect the global economy.

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Today's plan is an important part of that solution. For 10.3 billion it will help 63 vulnerable countries and cover the global transport system necessary to deliver the relief. So why should wealthier countries fund this? My office working with the University of Oxford has produced the first comprehensive and detailed assessment of the costs of inaction and I want to highlight three of its conclusions.

First the human and economic costs of increased poverty and hunger; the pandemic risks inducing the first rise in global poverty since 1990; at least 70 to 100 million people could be pushed back into the extreme poverty category. In addition an extra 130 million people could be pushed to the brink of starvation by the end of this year, bringing the total to 265 million people, a doubling of people facing starvation.

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Secondly there's the economic cost of protracted containment measures on education. A protracted school shut-down of five months could create learning losses that have a present value of \$10 trillion globally. The average student losing out on five months of education could face a reduction of \$16,000 in lifetime earnings in present value terms.

School closures threaten not only education but also nutrition and they make girls more vulnerable. For example during the 2014 to 16 Ebola epidemic in West Africa school closures led to

an increase in teenage pregnancies of 11 percentage points in Sierra Leonian communities.

Thirdly there's the cost of increased global instability and conflict. An additional 13 countries are projected to experience new countries between 2020 and 2022 relative to pre-pandemic forecasts. If that materialises global instability would reach a new 30-year peak.

Conflict is expensive. The minimum cost incurred during an average civil war to both host and neighbouring countries has been estimated at approximately \$60 billion. Refugee outflows would likely increase. The World Food Programme calculates that for each percentage point increase in acute hunger refugee outflows increased by two percentage points.

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So let me come on now to the plan we're releasing today and let me take the opportunity to thank hundreds, probably thousands of colleagues across humanitarian agencies, across the World Health Organization, the World Food Programme, UNICEF, hundreds of NGOs who contributed to the update of the plan for their work.

The main components making up the \$10.3 billion are 8.4 billion from country-level responses, 1.8 billion for global requirements including more than \$1 billion for humanitarian aid transport; getting aid workers in and out, getting supplies in and out; and for our medical evacuation system for medical workers and aid workers working for international organisations who get sick.

There's \$300 million in supplemental funding for NGOs in addition to what we've got for NGOs in the country plans. NGOs in fact benefit from something like 30 to 40% of all the resources directly and indirectly we have in the plan but we need an additional allocation for them to account for the fact that many of them face acute funding problems now and we have to keep these crucial NGOs in business because they play such an important role in the front-line response.

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There's also \$500 million for famine prevention. There's a serious risk of multiple famines later this year and early next year and we need to invest now to prevent that. The plan obviously is only as effective as the funding it receives. So far we've raised \$1.7 billion.

I appreciate every country is being hurt by this pandemic but I do have to say that the response of wealthy nations who have rightly thrown out the fiscal and management [?] rule books to protect their people and their economies; their response has been grossly inadequate when it comes to helping the poorer countries and that is dangerously short-sighted.

The massive problem the world faces can be addressed with relatively little money, with a modicum of imagination and if we part the overalls to reflect today's unique circumstances. Thank you very much indeed.

MH Thank you so much, Mr Lowcock, and thank you, Dr Tedros.

00:16:16

TAG Thank you, Mark.

MH Apologies. Would you like to say some more words, Dr Tedros? Sorry, my apologies for being too quick. Now we will move on to the question-and-answer session. As I mentioned, both speakers you heard are now ready to answer your questions but they are also joined by Dr Mike Ryan and Dr Maria Van Kerkhove, our regular experts.

Remember, you can ask your question in any of the UN languages as well as Portuguese. Please state your name and your agency as well as who your question is for. However, as I said, we have so much expertise in the room someone else may answer. The first person I have on my list is Sophie from the South African Broadcasting Commission. Sophie, could you please unmute yourself and go ahead.

SO Thank you. My question is directed to the WHO Director, Dr Tedros. Dr Tedros, tomorrow is Nelson Mandela's Day. I just want to find out your message to the globe or the world during this time where we are dealing with the problem of COVID-19.

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And on the issue of the impact of this pandemic I just want to find out; the speaker just pointed out that the wealthy nations must come on board. Are you getting a sense that there is political commitment to assist poorer nations in the true Madiba spirit?

MH Sophie, that question was a bit garbled but I think you were asking Dr Tedros and Mr Lowcock if there was now political commitment to help the less wealthy nations. Is that correct?

[Asides]

MH Sophie, we'll get back to you and we'll go to our next question. I think there's a family...

[Asides]

TAG I got the first one. I can start the first one. The second one was for Mark, I think, about wealthy nations, what they should do. On the first one; it's Madiba's Day tomorrow, as you said, Sophie. Something that we can learn from his legacy, especially being in this situation, is what he had said, which I'd like to quote.

It always seems impossible until it is done. That's very important, I think, considering what we're confronted with now. It gives hope that we can defeat this pandemic so I repeat again the quote; it always seems impossible until it's done.

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As we said before, it's never too late; anything can be turned around but we have to push on with the courage and commitment that we have learned from Madiba; that's one. The second one is, something that I am reminded when I think about Madiba is his commitment to health.

He was a very, very strong believer in health for all. Of course it comes from his belief about equality so that also is very important. I think when we build back our world it should be with real commitment to health for all, to universal health coverage. So these are the two things I remember which are very relevant to where we are now in our situation from Mandela, from Madiba. Thank you so much, Sophie, for that question.

The second; I'm not sure if Mark had listened but it's in relation to Mark's statement. Mark, are you there?

00:21:37

ML Yes, Tedros. Thank you very much indeed and thank you for what you just said as well. I completely agree with what you just said. I want to draw a contrast if I may between the global response for the 2008/9 financial crisis where there was good co-ordination, a real stepping up by the better-off countries through the G20, particularly in reinforcing the International Monetary Fund and the World Bank to help the poorer countries.

Because I think there's an unfortunate contrast between that and what we're seeing now. This is a much bigger crisis and every country's affected by it but unfortunately we don't yet have a

commensurate response from the wealthier countries in support of the poorer countries.

And our advice is that that needs to change if the whole world does not want to look back in two or three years' time at multiple cascading crises and wonder why we didn't address them better because we can prevent the worst still.

There's no need for the world to see multiple famines stalking the planet in the next six or nine months but we won't prevent it unless we act differently and I think it's timely to flag these issues ahead of the meeting of G20 Finance Ministers to encourage them to think about what more they can do in the way they acted in 2008/9.

00:23:12

So thank you for your question and for the chance to make those points.

MH Thank you very... Mike.

MR Just one thought on the great day tomorrow. I remember one great quote from the great man who said, do not judge me by my successes but judge me by how many times I fell down and got back up again. I think that's where we are now with COVID-19 in so many places.

MH Thank you. We all agree with that. I'll now hand the question to Stephanie from Reuters. Stephanie, could you unmute yourself and go ahead.

ST Yes, thank you for taking my question. It's regarding an update please on the WHO advance mission that's been in China for a week now, the two experts in quarantine but negotiating terms of access and a plan for the wider mission. Do you expect them to return to Geneva any time soon and do you expect a wider WHO-led international mission to still get to China, say, in July or have you any other details on its composition as well? Thank you.

00:24:38

MR We're working towards all of those goals. Our advance team continues to engage with various scientific and health groups and science and technology groups in China and we're also reaching out now to experts around the world and trying to build a team that can be proposed to go and carry out a later mission to implement research studies with colleagues in China.

It is going to take some time. Obviously the arrival and quarantine of individuals and working remotely is not the ideal way to work but we fully respect the risk management procedures put in place. They're there for everybody's safety and for everyone's health and I think at this point it's unrealistic given the timelines and given the logistics that we would expect a full mission to be going to the fields in July just in terms of the timing and in terms of pulling that team together.

This is going to be a multinational team with many experts from a number of different countries with a number of different expertises. Bringing that team together and then bringing that team into China to work with Chinese colleagues is going to take - just from a purely logistics and health risk management perspective - weeks, not days.

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So I would not like to put a time of arrival for the team but we are very pleased with the collaboration on the ground and we would obviously like to see a concrete plan of action with the remaining gaps and the remaining areas that require further study and elaboration to be clearly elucidated and to be pursued by that team with our colleagues in China in due course.

MH Thank you very much, Dr Ryan. The next person on the line is Kostas from the Greek television station ERT. Kostas, could you unmute yourself and go ahead, please.

KO Can you hear me?

MH Very clearly. Please go ahead.

KO Thank you for taking my question. You've been talking in recent weeks about how the coronavirus is transmitted through droplets and maybe the air. I would like to ask you if the transmission of the coronavirus can happen in the oral-faecal way and in what conditions and what is your opinion on the use of face shields and [unclear] masks that we see in restaurants and cafes? Thank you.

00:27:25

MK I can start with that question but - I'm sorry - I'm going to go back to Stephanie's question quickly because I was just thinking of how she asked the question where she said, if we are negotiating terms of access. I just wanted to touch upon that to say that what's happening right now is a discussion between our WHO colleagues and our Chinese counterparts in terms of learning about what studies have been done, what studies need

to be done in that collaborative fashion so I just wanted to touch upon that.

Going to Kostas' question about routes of transmission or transmission, thank you for bringing this question up. We get a lot of questions about transmission and people focus on either droplets or they focus on aerosols or they focus on faecal-oral or they focus on lots of different modes.

But I think what we really need to be thinking about - and, Mike, you may want to touch upon this - we need to think about not only how the virus transmits in terms of whether it's these respiratory droplets or aerosols or faecal-oral but when it transmits in terms of the course of the infection from an individual and where transmission occurs.

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That means the setting in which the virus has an opportunity to pass from an infected person to another individual and that; we need to take into consideration the context, the intensity of that contact and the duration of that contact and I think we need to start thinking of it in that way because there are so many ways in which we can minimise our risk and in many situations prevent transmission from moving from one infected individual to another.

With regard specifically to the faecal-oral, there are some studies that are looking at sampling stool in infected patients. Many of those have found RNA fragments through PCR testing; not viable virus or infectious virus but fragments of the genetic material of the virus itself.

There are a lot of people that are looking at the possibility of a faecal-oral transmission. We haven't seen that demonstrated but it is something that scientists are looking at but again just to reiterate, even though we find RNA in stool samples it doesn't mean that that is infectious and it doesn't mean that someone can transmit between the infected stool to another individual.

00:29:45

MH Thank you very much, Dr Van Kerkhove. Dr Ryan's got something to...

MR Just again back to the general message from Maria which I think is important again. It is really important that we continue to pursue all of the knowledge regarding the various potential modes of transmission of this virus so that we can continue to adapt the various control measures.

But we also always need to ask ourselves, what does this mean in our daily lives, what does this mean for our day-to-day ability to protect ourselves and protect our families. And I think within this we need to continually reflect on the settings that we put ourselves in, the situations and the context.

Danger is all about context. It's all situational and being situationally aware, having situational awareness - where am I, what group am I in, is this a safe environment for me, for my children, for my family, can I reduce the risk of this environment?

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So it's all about the setting, it is about the duration you spend in that setting and it's about the intensity of the activities that you participate in in that setting and when you get into a particular setting, a very overcrowded situation in an indoor environment then effectively all bets are off because so many of the modes of transmission come into play; the aerosol route, the airborne route, the fomite or contamination route.

So the more close you are to other people, the more you are inside, the more the activity is intense or involves very close social contact the more that multiple modes of transmission come into play.

So in that sense it is about you understanding your risk, it is about you managing that risk and being aware of the situation that you find yourself in personally and reducing that risk for you, for your family, for your children and for your community.

It is important, as I've said previously, that governments communicate those risks very, very carefully and it is also important that providers, authorities and others ensure that those environments are as safe as possible and that the risks are also managed.

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We don't know what the perfect combination is of interventions but what we do know is if individuals and communities are very aware of those risks, very aware of the virus transmission in the area, if the authorities are taking action to ensure that people are safe, safe in schools, safe in restaurants, safe in buildings and if all of that comes together in an organised and understandable way for communities in the main those countries, those areas control this virus.

So it's not one thing; it's not just about the issue of masks or it's not just about the issue of hand-washing; it's not just about the

issue of lock-downs or stay-at-home orders or anything. It is a combination of measures in which the community in partnership with each other and in partnership with the authorities come to a sustainable way of controlling and suppressing the transmission of the virus and living with the virus in a way that normal human activity can resume in a successful way.

I think it's very important then that science continues to further understand the dynamics of human transmission to see if any adjustments need to be made to those measures.

00:33:09

MH Thank you very much, Dr Ryan. We now have a question from Antonio from the Spanish news agency, EFE. Antonio, please unmute yourself and go ahead. Antonio, are you there?

AN Yes.

MH Please go ahead.

AN I will ask my question in Spanish.

TR My attention was drawn in the discourse we heard from Mr Lowcock that there are countries at risk of conflict right through to 2022 if measures aren't taken. I'd like to know what those 13 countries are and what type of conflict they are facing. Are they conflicts over resources? If you have further information that would interest me because I was interested to hear that there was such a specific number. Thank you.

MH That was a question for Mr Lowcock. Mr Lowcock, did you get that? The question was, there are 13 countries...

ML Yes, I got it.

MH You got it. Okay. Over to you.

00:34:30

ML I got it. Thank you so much. What we will do is we will send you... There's quite a lot of detail about this so we'll send you some detail on paper following on but the basic point to understand is that these huge economic and social pressures that people are facing and the decline in availability of basic services - health services and so on - add to the fragility and the stresses and the fragility and the drivers of conflict.

What we see unfortunately really over the last ten years on the planet is lots of pressures accumulating in different parts of the world; obviously the Middle East, across the Sahel, in other parts of Africa, increasingly in other parts of the world as well which

are unleashing very hard-to-control forces, opening up the space for conflict and in some cases opening up the space for extremists to operate.

Conflicts all have causes, they have origins and often those origins are in part economic or resource-based. What we know about conflict also is that when they start they're very hard to stop and they have consequences way beyond the places where they start.

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One of the big messages we're trying to convey through this cost of inaction report that we released alongside the update of the humanitarian response plan for COVID-19 is we're seeing all those drivers build up and pile up and we know that that has consequences. Thank you.

MR Maybe I could supplement Mark because our teams work together every day. When we look at countries in the humanitarian context and those countries deeply fragile and vulnerable through the processes that Mark refers to, historically over the last number of years 70% of the high-impact epidemics around the world occur in those settings and that's where we...

[Break in audio]

MR And the health security of the world is threatened by the fact that there are not strong surveillance or response systems in place in these fragile settings. That's a threat to the people in those areas and that's a threat to the world so the cost of doing nothing and the cost of non-intervention is not just in the areas. It is a global consequence of inaction and we really need to look at that.

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Secondly when we look at our collective goals in terms of reaching sustainable development goals and bringing better health and social justice to the world the fact is that the highest rates of maternal and child mortalities are occurring in these same countries. We will not reach our goals on childhood mortality and maternal mortality, we will not reach our goals on immunisation for the world unless we learn to do better in supporting these countries in conflict, in deep fragility.

So therefore there is a massive cost of inaction both on COVID and on so many other things in these countries so we stand with Mark and the inter-agency standing committee and our UN partners in really highlighting that the long-term issues arising in

conflict are not only impacting the people in those areas but have a major implication for the rest of the planet so it is in our enlightened self-interest to address this. This is not just the right thing to do; it is the smart thing to do.

MH Thank you very much, Mr Lowcock and Dr Ryan. We now have Bayram from Anadolu, the Turkish agency. Bayram, please unmute yourself and go ahead.

BA Thank you so much for taking my question. We keep on hearing different reports about whether or not people can be reinfected with COVID-19 after getting the virus and then being cured. What is the WHO's current assessment of this? Thank you so much.

00:38:53

MK Thank you for the question. Yes, this is an important question that we've been asked quite a lot lately in terms of if someone could be reinfected with COVID-19. So what we understand - and this is an area of active research by scientists and clinicians all over the world - what we understand from people who are infected with the SARS-CoV2 virus, the virus that causes COVID-19, is that they will develop an immune response, they will develop neutralising antibodies and an immune response that will provide some protection against reinfection.

What we don't know right now is how strong that protection is and for how long that protection will last and we need answers to those questions to determine if someone can be reinfected after that immunity wears off so this is an area of active research for the specific SARS-CoV2 virus.

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We do have some answers for other coronaviruses. The MERS coronavirus and the SARS-CoV1 coronavirus which emerged in 2003, indicating that people have an immunity that lasts over 12 months or so or maybe even longer. And we have some results from the human coronaviruses, the common cold coronaviruses that circulate the globe regularly and your protection lasts a lot shorter than that.

So we don't have a complete answer but it is an area of active research and I should say an active, collaborative research all over the world.

MH Thank you very much, Dr Van Kerkhove and Dr Ryan. Now we have a question from Bianca from Globo in Brazil. Bianca, unmute yourself and please go ahead.

BI Hi, Margaret. Can you hear me?

MA Very well, Bianca. Please go ahead.

BI Many thanks for your attention, for taking my question. I'm a journalist from Global News and Globo TV, Brazil. I know that Brazil's among the 63 countries that Mark Lowcock mentioned where people need humanitarian assistance. So I would like to hear from Mark, how concerned are you, Mark, with the situation there in Brazil, and from Dr Tedros or Dr Ryan if they can give us an updated general view of the challenge Brazil is facing now with more than two million cases. Thanks a lot.

00:41:31

MH This one's for Mr Lowcock so we'll go to Mr Lowcock first and then we've got some things to say in the room too.

ML Thank you very much. The main activity of the humanitarian agencies which I co-ordinate in Brazil relates to support for Brazil in the way they are helping people who've left Venezuela. Brazil, like Colombia, Peru, Ecuador and a range of other countries is taking the large burden of supporting, helping support millions of Venezuelans who, for reasons everyone is familiar with, have in recent years left their country.

It's probably important for me also to say that we recognise that Brazil itself has a very substantial problem and I know that Tedros and Mike will talk about WHO's perspective on that and the support and so on. But what the humanitarian agencies do is focus their effort on the very poorest countries so Brazil, a country obviously which has developed a lot over recent decades, has typically not needed assistance from humanitarian agencies in the way, say, some African countries or some countries caught up in conflict have done.

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So we do not at the moment and we hope we never need to have a strong engagement of the humanitarian agencies in dealing with a crisis in Brazil because Brazil has built up a lot of capability of its own through the process of development. So I think that's probably what I can say on this topic but I know that Tedros and Mike will have other things to add.

MR Yes, I can make some general points. Again the number of daily cases has stabilised between 40 and about 45,000 so we're not seeing the daily increases that we've seen through the month of April and May. We saw a very high rate of increase and coming then into mid June and into July we see that plateau occurring.

But what's not happening yet is that that disease has not turned and is not heading down the mountain so from that perspective the numbers have stabilised but what they haven't done is started to fall in a systematic, day-by-day way so Brazil is still very much in the middle of this fight.

The last 24 hours, I think, over 45,000 cases with 1,322 deaths. Overall about 11% of cases, more than one in ten cases in Brazil is a healthcare worker, which is in itself a tragedy and Dr Tedros referred to that similar situation in Spain so our health workers are paying the heaviest price.

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The health system... The reproductive number; overall in April and May the reproductive number was quite high, it was over 1.5 and in many cases over two; in other words each case was generating two or more other cases. That in general across all of the regions has stabilised now and is somewhere between 0.5 and 1.5 across the different states.

So the virus is not, in a sense, doubling itself in the community as quickly as it was before so the rise in Brazil is no longer exponential, it has plateaued but cases and deaths continue to occur and there is absolutely no guarantee that that will go down by itself. We've seen this in other countries.

There is a plateau, there is an opportunity here now for Brazil to push the disease down, to suppress the transmission of the virus, to take control. Up until now in many countries including Brazil the virus has been in charge, the virus sets the rules. We need to set the rules for the virus and there is an opportunity once those numbers have stabilised to drive transmission downwards and I think that opportunity exists now for Brazil to do that but it is going to take a very sustained, concerted action in order for that to occur and we wish the authorities in Brazil, we wish the front-line health workers every success in doing that and WHO and PAHO will be with them every step of the way in doing that.

00:46:13

MH Thank you very much. The next question comes from Dina Abisab, who writes for a number of outlets in the Gulf states. Dina, please go ahead with your question. Dina, can you unmute yourself please and ask your question; we can't hear you. Dina, we'll come back to you and we'll go to our next person. The next reporter is Katrin from France 24. Please go ahead, Katrin.

KA Thank you, Margaret, for taking my question. This is a very precise question regarding some research done apparently in Israel regarding a medicine, a powder that could block some of the infection but through the nose. It is apparently a powder based on intranasal product; it's an intranasal product that could block the droplets from entering through the nose.

00:47:42

Do you think it is interesting research, is it efficient, is it part of the different treatments that you are looking into?

MR I'm not personally aware of such a product in Israel and we'd certainly need a lot more information before we could make any comment but what have been developed in the past - and there are a number of... the nasal pathway and many of us use nasal products in the winter when people have colds or flus and we can inhale certain products to relieve symptoms.

So there's a difference here between symptom relief and treatment of a case or prevention of a case and there are lots of products out there that are intranasal that allow people to achieve relief when they have colds and flus and I'm sure many people are using them during the era of COVID.

There are various other therapeutic products that can be delivered through the intranasal route and I know some companies - for example I know that the company Gilead is currently trying to develop an intranasal or an inhaled version of its drug and I know also on the vaccine development front that there are vaccines currently under development that may also be delivered through the nasal route.

00:49:09

So there are potentially promising intranasal solutions but in a sense we have to decide if drugs or vaccines are best delivered by oral, by injection or by inhalation or by intranasal route but certainly I'm not aware of any particular powder or any particular medicine from Israel and we would need more information before making a specific comment on that.

MH Thank you very much, Dr Ryan. We now have Michael from CNN. Michael, please unmute yourself and go ahead.

MI Good morning from British Columbia. Can you hear me?

MH Very well. Welcome to Geneva.

MI Thank you for taking my question. The question is for Mark if I can. Mark, I have to salute the work of [unclear] and

your colleagues. I have watched them at work up closely as a UN worker and as a journalist. You have some of the best in emergencies.

My question is the following and I think it overlaps with an earlier bit but it seems to us that a lot of us tracking this that conflicts are not only lasting longer, they are more lethal.

00:50:24

I know today for example is the sixth anniversary of the downing of MH-17 in eastern Ukraine and that conflict has lasted six years, killed more than 14,000, displaced millions. But why is that danger factor, that lethal factor much bigger these days than before? Thank you very much.

MH Mr Lowcock, please go ahead.

ML Thank you very much. You're right in terms of what's happened. You use the example of eastern Ukraine. The conflict in Syria is nearly ten years old now, longer than the First and Second World Wars combined. The Yemen conflict is more than five years old. The internal conflicts in and around the Lake Chad Basin have been going on for many years.

Why is this happening? I think it's largely a commentary on the state of geopolitics, that the world was much better, more capable ten, 15 years ago in dealing with these kind of problems, both preventing them and then when they did occur resolving them, than it is in the current era.

We see that particularly also in the Libya crisis where what we've got, as we have with some of the others I've referred to, is not just an issue inside the country; we have multiple external partners taking sides and engaging themselves.

00:52:11

This is the biggest driver of the huge increase we've seen in humanitarian suffering. Most humanitarian suffering these days arises not from earthquakes or typhoons or floods, natural events. It arises from human actions and the world needs to get better at resolving these problems.

Of course, as I said earlier, there are underlying drivers, political, economic, environmental and one of the things that we're also seeing is more conflict-related problems which are driven in an underlying way or made worse in an underlying way by resource pressures.

The only way out of this set of challenges is firstly to contain the immediate problem. That's where humanitarian assistance comes in and the world has a very good humanitarian system which reaches more than 100 million people a year and certainly saves millions of lives a year and prevents some conflicts spreading even further and the global public bads being exported even further.

00:53:24

But beyond that what the world needs to get better at again is peacemaking and peace-building and crucially development. It's evident that it's much less common these days than it used to be in previous human history for there to be conflicts affecting the better-off countries.

So the path out of this little period we're in unhappily globally at the moment is very fundamentally related to development and especially the achievement of the sustainable development goals.

In the meantime the humanitarian agencies need to be supported to relieve the suffering of those people who through no fault of their own are caught up in crises and avoid them spreading further. Thank you.

MH Thank you very much, Mr Lowcock. Do we have anyone in the room who wants to add? Our next question comes from Peter from European News Agency. Peter, can you unmute yourself and go ahead.

PE Can you hear me now?

MH Hear you very well, Peter. Please go ahead.

00:54:35

PE My question is addressed more in general because several studies have already indicated that antibodies become inactive. There are studies in Belgium and in Spain that have already indicated that the antibodies leave the bloodstream within a matter of months.

That also would imply that the herd immunity and the T-cell immunity is unlikely to work. That's a bit scary so why should we not address our narrative a bit more towards informing the public that this pandemic is going to take us at least two to three years around the road?

What can the WHO do in order to bridge this period from now until there is a vaccine, which is unlikely to be there before 2023? Thank you.

MK Thank you for the question. I'll start and I'm sure others would like to add here. You have a number of questions in your question that you posed to us, in your statement here. There are a number of studies right now that are looking at the antibody response, whether this is a neutralising antibody or whether it's a T-cell response. That's not the same type of antibody response.

00:55:57

The data that we have is very preliminary. We mentioned the other day that there're three studies that are available. There are many studies in pre-print, which means they have not gone through peer-review publication and there are literally hundreds of other studies that are underway that are looking at the antibody response, whether it's neutralising antibodies or T-cell response, a cellular response among different individuals; people who have had mild infection, people who have had severe disease, people who have developed no disease at all or these asymptomatic cases and what that actually means.

As you say, we do have some preliminary data which suggests that the neutralising response may not last for a long period of time but we do need to be careful about drawing too many conclusions from some preliminary information.

What we really need is to do these longitudinal studies where we follow the same individuals over time and we measure the neutralising response and ideally a T-cell response, which is actually a much more difficult study to conduct and can only be conducted in a few countries in the world right now and we're supporting countries to be able to do these types of studies, follow these individuals over time and collect samples over many, many months and actually look at what that protection looks like.

00:57:15

But, as you say, there are things we need to do right now to be able to first of all prevent those infections and we have outlined since the beginning of this pandemic a number of different ways in which people as individuals can prevent themselves from getting infected, prevent themselves from infecting others who may be of a more vulnerable population and develop several disease.

What governments can do to outline this all-of-government, all-of-society comprehensive approach and these are steps, these are tools that we have right now. We must use these tools right now while there is this accelerated development of therapeutics and safe and effective vaccines, which will definitely take some time.

But what I want to just caution is to draw too many firm conclusions from preliminary results. I think we do need to prepare ourselves, as you say, with the information that we have and ensure that we have a comprehensive system in place to find cases, test cases, isolate cases, carry out contact tracing, ensure that contacts are quarantined, make sure that we have appropriate and adequate care facilities for individuals who need care for COVID and for other diseases so that we empower our community so that everyone knows what they can do to prevent themselves from getting infected.

Focusing on public health measure with the hand hygiene, the physical distancing, wearing a mask where appropriate. All of these measures need to be put in place now.

MH Thank you very much, Dr Van Kerkhove. We're coming up to the hour. We've got a lot of questions and I apologise to all those who didn't get their question asked but I think we'll have to make this the last question and it goes to Musa from the Geneva press corps. Musa, please unmute yourself and go ahead.

TR Yes, can you hear me? Very well, can hear you perfectly well. Thank you very much. My question concerns the developing countries, especially in Africa. The G20 haven't lived up to their pledges so what is the situation in these countries, in the poor countries, in the developing countries, especially in Africa when it comes to the economic, social and health concerns. Thank you.

00:59:41

MH I think that's a question for Mr Lowcock.

ML Thank you very much indeed. Let me start by saying a few things about the set of problems and challenges that countries in the continent face as a result of the COVID pandemic. The first is economic; they're affected by the global economic contraction and some of the measures around lock-down and so on have affected them as well. So there are large numbers of people now on the continent for whom it's harder to make a living than it was before the crisis.

Secondly they're affected by what we observe as enormous pressures on the health system. Immunisation rates; probably the best investment to save a life is to vaccinate a child against a killer disease. Immunisation is under pressure, is not being sustained in lots of countries.

Malaria prevention and control is under pressure. It's harder to sustain basic services for pregnant women and for newborn children. HIV prevention and treatment is getting harder to sustain as well. In addition we're seeing a plague of gender-based violence, a global plague actually, not just in developing countries but in other places.

01:01:02

But women and girls in poorer countries are suffering from that, as they are in other places. What we want to see is support to African countries who don't have the same resource base as some other countries elsewhere in the world.

We want to see more support for them as an act of human empathy and generosity but also in the interest of the wealthier countries and we have seen some generous funding for our humanitarian response plan for COVID-19. As I said earlier, we've raised \$1.7 billion so far but we need to raise a lot more.

The basic problem we have at the moment on the humanitarian side is needs are growing very dramatically. I think there'll be a need for \$40 billion worth of assistance to protect 250 million people from humanitarian crisis this year.

The needs are growing very dramatically and although the funding is growing too the funding is growing very slowly so the gap between the need and the funding is growing. But we're also seeing another compounding problem which is that more countries are coming under economic stress and are being dragged down into the category of those countries, which has humanitarian caseloads.

01:02:25

That's where I really think the G20 needs to step up to resource the international financial institutions, the IMF and the World Bank and other institutions better to help avoid a situation where more and more countries come into these acute levels of crisis.

And the rules get changed on the basis of which the international financial institutions support those countries so the money moves faster, more efficiently but crucially most of all to the countries with the biggest problem. Thank you.

MH Thank you very much, Dr Lowcock. Dr Ryan's got something to add.

MR Just to support what Mark has said and in the particular context of COVID-19 many countries are really taking a huge impact on the humanitarian front, on the development front, on the health systems front and this is causing huge strain on overseas aid, ODA. Donors would traditionally be supporting development of health systems are strained by that because governments are also trying to take of crises at home.

Equally humanitarian donors are in the same situation and I think while trying to sustain overseas development assistance and aid and humanitarian intervention I think we also need to accept that supporting countries for COVID-19 for humanitarian settings or in fragility or supporting humanitarian response in general in those settings. It's not just a humanitarian issue. It's not just an interrupted development issue. It is now globally about continued economic prosperity on this planet because unless and until COVID-19 is controlled everywhere it is a risk everywhere and it will continue to threaten the world economically, it will continue to threaten the world politically until we get rid of this virus or bring it under sustained control.

Therefore we cannot ignore the fact that over two billion people live in contexts of poverty, exclusion, fragility and extreme vulnerability. It is not purely a developmental or humanitarian issue and neither is it purely an economic issue. It is an issue of global security. It is about global health security but ultimately, if not managed and if these conflicts are not stabilised and managed they themselves will worsen conflict and will drive further instability.

01:05:02

I think it's time - and Mark has laid this out very, very clearly in the documents that he and his teams have produced - this is much more than a development and humanitarian issue and the world needs to wake up to that reality if we want to effectively deal with COVID-19 going forward.

MH Thank you very much, Dr Ryan. I will now close proceedings but Dr Tedros has something to say. I will first apologise for some of the problems with the sound and with the live streaming on social media but we'll make sure we will post it all on the web and we'll send you the links and we'll also provide the transcript. Now I'll hand over to Dr Tedros to close proceedings.

TAG Thank you. Thank you, Margaret. At the beginning of today's briefing I quoted the remarks made yesterday but the Spanish nurse, Aroa Lopez. One of the other speakers at yesterday's memorial was Fernando Hernandez Calleha, who lost his brother to COVID-19. I want to finish by quoting him. This is what he said.

More than kindness, more than love, compassion is the emotion that most makes us human. Compassion allows us to understand the pain of others, their thwarted aspirations, their sadness.

01:06:38

That's why I'm asking today for your compassion. I want to echo Fernando's call to the whole world. More than anything we're asking for your compassion. This pandemic can only be defeated when we unite and through compassion. Thank you and have a nice weekend.

Thanks, Mark, also for joining us today. Thank you and all those online for joining. Thank you so much. Have a nice weekend.

01:07:35