



World Health Organization

WHO-AUDIO Executive Board EB146 Coronavirus Briefing

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Speaker key

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OM	Dr Oliver Morgan
MV	Dr Maria Van Kerkhove
SP	Scott Pendergast
MR	Dr Michael J. Ryan
JQ	Japanese Questioner
SU	Sudanese Questioner
ET	Ethiopian Questioner
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US	American Questioner
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BR	Brazilian Questioner
BO	Botswanan Questioner
JA	Jane

00:00:08

JA Good evening, colleagues. Welcome to this technical briefing on the novel coronavirus. We're going to spend the next hour, as well as the Director General

you're going to hear from some of our technical leads in this area with brief updates and then we will make sure we get plenty of time for questions and answers.

So without further ado, I'm going to ask the Director General if he'd make some brief introductory remarks. Director General.

TA Thank you. Thank you, Jane. Good afternoon. I think you must be tired of me speaking many times now, so this will be I hope the last one for the day.

I have already said a lot about the outbreak of novel coronavirus at the executive board yesterday and at the PBAC meeting last week but allow me to underline a few key points.

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The latest data we have is that there are 20,471 confirmed cases in China, including 425 deaths. Outside of China there are 176 cases in 24 countries and one death in the Philippines.

It's important to underline that 99% of the cases are in China and 97% of the deaths are in Hubei Province. This is still first and foremost an emergency for China. We continue to work closely with the Chinese government to support its efforts to address this outbreak at the epicentre. That's our best chance of preventing a broader global crisis.

Of course the risk of it becoming more widespread globally remains high. Now is the moment for all countries to be preparing themselves. WHO is sending masks, gloves and respirators and almost 18,000 isolation gowns from our warehouses in Dubai and Accra to 24 countries who need support, and we will add more countries.

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And we're sending 250,000 tests to more than 70 reference laboratories globally to facilitate faster testing. We're sending a team of international experts to work with their Chinese counterparts to increase understanding of the outbreak to guide the global response.

We're convening a global research meeting next week to identify research priorities in all areas of the outbreak from identifying the source of the virus to developing vaccines and therapeutics.

Tomorrow I will brief the Secretary General and the UN senior management team. Today we held a call with all 150 WHO country offices to discuss the measures they need to take to be ready. On Thursday we will have a similar briefing with all resident coordinators in the UN system.

We are also increasing our communications capacity to counter the spread of rumours and misinformation and ensure all people receive accurate reliable information they need to protect themselves and their families. And we plan to hold daily media briefings.

Today I have three key requests for member states; first, I call on all member states to share detailed information with WHO, including epidemiological clinical severity and the results of community studies and investigations. This is the responsibility of all countries under the International Health Regulations.

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Of the 176 cases reported outside China so far, WHO has received complete case report forms for only 38% of cases. Some high income countries are well behind in sharing this vital data with WHO. I don't think it's because they lack capacity. They have to be cooperative.

Without better data it's very hard for us to assess how the outbreak is evolving or what impact it could have and to ensure we're providing the most appropriate recommendations. Today I'm writing to all Ministers of Health to request an immediate improvement in data sharing.

As I said yesterday, we can only defeat this outbreak with global solidarity and that starts with collective participation in global surveillance. The commitment to solidarity starts from sharing information. Solidarity, solidarity, solidarity, that's what I said yesterday.

Second, we reiterate our call to all countries not to impose restrictions inconsistent with the International Health Regulations. Such restrictions can have the effect of increasing fear and stigma with little public health benefit.

So far 22 countries have reported such restrictions to WHO. Where such measures have been implemented, we urge that they are short in duration, proportionate to the public health risks and are reconsidered regularly as the situation evolves.

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And third, facilitate rapid collaboration between the public and private sectors to develop the diagnostics, medicines and vaccines we need to bring this outbreak under control. We have a window of opportunity.

While the number of cases, more than 99%, are in China, in the rest of the world we only have 176 cases. That doesn't mean that it wouldn't get worse, but for sure we have a window of opportunity to act because 176 in the rest of the world is very small. There is no reason to panic or fear.

Of course people can have concerns and they should. People could be worried. They should. But that concern and worry should be supplemented with action while we have the window of opportunity and this is what we are saying from WHO.

There is a window of opportunity because of the strong measures China is taking at the epicentre, at the source, so let's use this opportunity to prevent further spread and to control it. Let's not miss this window of opportunity. Thank you so much.

JA Thank you very much, Director General. And just before I turn to our technical leads for further detail on that update, I'm going to ask China to make an intervention with an update from their perspective. Excellency, the floor is yours.

[Chinese]

00:15:23

JA Thank you for that statement. And now I'm going to turn for a more detailed technical update to Dr Oliver Morgan, Director of Health Emergency Information and Risk Assessment in the WHO Health Emergencies Programme, and Dr Maria van Kerkhove, Technical Lead, again in the WHO Health Emergencies Programme. Oliver, Maria, the floor is yours.

OM Thank you very much and good evening to everybody. So moving onto our first slide, so this has been a very fast-moving event and we last briefed you just a few days ago on the 30th January, and since the 30th of January quite a number of things have happened.

Immediately after the briefing there was the Emergency Committee and on the 30th January we also had the first confirmed cases reported from India and the Philippines.

The next day, on the 31st January, we had additional cases reported from Russia, Spain, Sweden and the United Kingdom.

On the 2nd February there was the first fatal case reported from outside China and that was from the Philippines, and then on the 3rd February the Director General constituted the Health Security Council within WHO to engage on a daily basis in this response. And today, on the 4th February, we are having our second Member states briefing.

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The level of interest and concern about this event is very clear and in this slide we show the number of signals that we pick up from our daily event based surveillance system.

And they're going from zero, before this event was identified, all the way up through to yesterday we monitored 26,100 different signals of concern, and information has been circulated globally about this event.

This map shows the total number of cases as of this morning at 10 o'clock Central Eastern Time, 20,630 cases from 25 different countries.

When we last briefed you on the 30th of January, there were globally reported 7,818 cases of which 82 were outside of China in 18 different countries.

From the data reported from China, and as we've just heard, there are 20,471 confirmed cases and 23,214 suspect cases cumulatively reported as of today. There are confirmed cases reported from all provincial level administrative units and there have been 2,788 severe cases reported.

There have also been 425 deaths, mostly in Hubei Province, but deaths have also been reported from several other provinces. There have been 221,000 contacts identified of which 171,300 are still under follow-up.

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In this figure we can see from the 26th January through to the 4th February the number of cases reported by day from China broken down by Hubei Province and all other provinces.

There are two clear things we can determine from this slide; one is that the number of cases reported each day has continued to increase, but the second is that the majority of cases continue to be reported from Hubei Province and also from other provinces outside Hubei.

Outside of China there have been 176 cases from 24 different countries, and I'll pause just so you can read the list. I won't go through them exhaustively. But here we've listed all of the countries and the number of cases reported from those countries.

As I mentioned previously, there has been one death reported from the Philippines.

When we look at those cases, those 176 cases, by the day that they were reported and their travel history, we see that in the orange bars, those are the individuals who reported travel to Hubei Province within the 14 days prior to their illness onsets. And we can see that a large number of the 176 individuals did indeed report travel history from Hubei Province.

But we also see that there are cases occurring who do not report travel history to Hubei Province and in the most recent bar we still have a large number of cases that are currently under investigation or reported today and we can't determine yet how many of those had a travel history to Hubei.

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We now have a very clear picture of human to human transmission outside of China. There have been 27 cases of human to human transmission reported to date across a number of different countries, 27 cases across nine countries. And there are a number of different types of exposures that have been documented amongst these human to human transmission cases.

For illustration, here is an example of a chain of transmission that's been illustrated in Vietnam where an individual returned from travelling in Wuhan specifically and had contact with a family member who then became unwell and there was subsequently exposure to another member of the public and they also became unwell.

So we now have a clear picture of the chains of transmission caused by human to human transmission.

MV Thank you. So I'm just going to give an overview of some of the severity and transmission characteristics that we've been following since the beginning of this outbreak.

Overall, we have some detailed information of severity amongst some of the reported cases and what we have learned through the reporting from countries, but also through our technical network of clinical experts, clinicians who are treating patients, patients present with fever and cough and shortness of breath.

But we do see some individuals, about two to 3% that do present with gastrointestinal symptoms including diarrhoea.

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The symptoms range from mild to severe disease and some result in death. As of the 4th, as of today, 2,788 patients are reported as severe and that's about 14% of the overall reported cases in China.

There are an additional 425 people, or 2% of the reported cases who have died. We know that these numbers may change over time as surveillance increases and as testing capacity increases.

Among the fatal cases in China, these are strongly associated with advanced age, over 60 years old, and comorbidities are common in older patients. But this may not be an independent risk factor.

We know the cause of death is due to progressive respiratory and multi-organ failure and that most deaths have occurred after seven to ten days. There is good news that 684 people have recovered. But we do want to caution on the use of these percentages that the true case fatality ratio may change over time.

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If we look at the transmission features, you've seen this slide previously so I won't go into it in detail, but just to mention that we do have 54 full genome sequences available and we encourage all of you to continue to make your sequences available so that more phylogenetic analyses can be conducted.

But the animal source has not yet been identified, so it is possible that there still may be spillover events or transmission between animals to humans in China.

Just to give you some updates on some transmission parameter estimates, we're working with a modelling network of modellers across the globe, including colleagues in China, and the estimates of the reproduction number range from 1.4 to 4.9, so above one where we seen human to human transmission. But again, these estimates may be refined as more data becomes available.

The estimates of the incubation period range from one to 12.5 days. From the beginning WHO has assumed an upper bound of that incubation period of 14 days based on our experience with other respiratory pathogens and we still believe that that holds true.

As Oliver mentioned, we have limited human to human transmission now in nine countries. This is an overview of the technical guidance that you've already seen. I encourage you to look at our website because these documents are continuously updated. There's one new piece of advice to mention and this is the advice of the use of masks in the community during home care and in health care in the context of this outbreak.

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One new thing to mention, the Director General mentioned in his speech, are some new epidemiologic investigation protocols that we have put online.

So in addition to reporting information on each of the cases that are identified in your country, which is critical for us, we encourage you to conduct epidemiologic investigations which are aimed at looking at the spectrum of disease and severity among cases and contacts, to look at the extent of infection among contacts and risk factors for transmission, to look at the impact of IPC measures, especially in healthcare facilities, and to give data on viral load and shedding profiles of infected patients.

To give you a concrete example of some of the work that we have ongoing in the lab, so we have an international laboratory network that meets regularly, multiple times per week by teleconference.

We have developed an international system for referenced laboratories specifically for this novel coronavirus and it's largely aligned with our influenza network. We are not starting from scratch. We are building from decades of laboratory work that the influenza network and GISRS has utilised and has built.

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This week we have shipped 250,000 tests to 70 labs globally, including 24 labs in Europe and 24 labs in Africa, and the remaining kits will be sent directly through our regional offices.

We also have a specialised lab network of labs internationally, listed here on the right, that can do reference testing for any country globally.

This is an overview kindly provided by our colleagues from the African region of looking at transport specimens as of yesterday, as of tomorrow and planned by the end of this week.

And what you can see in red on the far left are countries that have referral labs for the novel coronavirus and as of the 7th, in green, these are the countries that will have the kits, that will have the tests to be able to test for novel coronavirus.

This is something that we are constantly looking at. We know that this is very important for countries to quickly be able to detect and know if they have this virus in their country.

One last thing before I pass on is to say that our priorities for stopping this outbreak have not changed since the beginning. I'm going to hand it over to Scott who's going to talk about the... Or did you want to pause?

JA Thank you very much to Oliver and to Maria, and in the normal way the slides are going to be sent to you as soon as possible and very shortly. I know many of you are interested in scrutinising the detail of those.

00:28:14

As you can imagine, as well as the work that's going on in the technical side we are working hard on the global strategic response plan, and I'm going to ask, to give you an update on where we are with that. Scott.

SP WHO has been working over the last two weeks, together with multiple partners, about 120 partners, all regional offices and country offices, to develop a strategic preparedness and response plan for the coronavirus.

The scope of the plan is the public health strategy to support countries to prepare for and respond to this outbreak. The goal, as DG has mentioned, is to stop the further transmission of the virus within China and to other countries and to mitigate the impact of the outbreak in all countries.

The key strategic objectives at this stage are to, A, limit the human to human transmission, B, to identify, isolate and care for patients early, C, identify and reduce transmission from the animal source, D, address crucial unknowns such as the severity and the transmission, E, communicate critical risks and event information regionally and globally, and minimise the social and economic impact, in particular looking at the travel and trade measures.

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The response plan has three major lines of action. The first line of action is to establish the international coordination and operational support. This will be done at both the global, the regional and the country level.

It will be done through establishing partner coordination mechanisms, utilising the existing partner mechanisms we have got such as the GOARN network, the emergency medical teams, UN agencies, humanitarian partners, technical expert networks, research networks and financial partners.

Secondly, we will continue to provide an authoritative source of the epidemiological analysis and forecasting of where this response is going.

Also providing global and regional risk communication, the laboratory and diagnostics capacities the country requires to detect and confirm cases, providing authoritative technical standards, expertise and guidance through various platforms, including the massive online learning platforms that we have.

Also ensuring that we have continuous supplies to high risk, high vulnerability countries through our work with the private sector and with other partners in terms

of the pandemic supply chain coordination, and also to continue to provide advice on travel and trade through the IHR mechanisms.

The second line of action is to scale country readiness and response operations. This is based on the pandemic preparedness lines of action that have already been established in many countries which include establishing country level coordination, risk communication, community engagement, surveillance and points of entry, rapid response teams, support to national laboratory systems, infection prevention and control in health facilities, case management and logistics and supply management.

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We will be looking to support countries based on risk and vulnerability mapping with the risk being those countries that have either got, A, existing community transmission, as we have seen in China, or localised transmission, as we're seeing in Japan and Germany where you've got human to human cases coming from imported cases, or countries that have imported cases.

The next level of risk would be looking at countries with a high risk of imported cases as measured through looking at travellers from high risk cities in China to other countries where there has been more than 1,000 travellers, or low income countries as measured through the IDA, International Development Assistance eligible countries, and then all other countries in terms of preparedness.

In terms of looking at country capacity and vulnerability, we're starting with the IHR all states self-reporting information which ranks countries, or countries rank themselves on a level one to five basis with level one being the lowest capacity and level five being the highest capacity.

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The international community will prioritise support to countries with high risk and low capacity.

The third major line of action is accelerating the priority research and innovation. This begins with addressing the crucial unknowns regarding the clinical severity, extent of transmission, and infection treatment options, as Maria has just outlined, but also establishing the global coordination of all stakeholders for research and development, supporting a clear and transparent global research and innovation priority setting process, and building common platforms for the standardised process, protocols and tools for sharing samples, data and other information.

And there will be a significant meeting early February of many research stakeholders.

In terms of looking at the current preparedness and response requirements as I have outlined, this slide is showing which countries currently are in community transmission, localised transmission, imported cases, high risk, or in preparedness modes, and also looking at the country capacities.

What we can see is that on the higher end of the capacities, there are many countries that are already detecting imported cases as well as potentially detecting and seeing localised transmission.

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What we're most concerned about is the lower end of the capacity scale where you have a number of countries that are a high risk of imported cases but potentially we're not seeing those imported cases detected.

So this is the priority action with lower capacity systems to make sure that they've got the capacity to detect, to diagnose and to quickly isolate cases.

We'll continue to update this mapping on a regular basis as the epidemiological situation evolves and as countries are getting a much clearer idea about what their risks and gaps are.

In terms of looking at the potential costs for response, what we've done is, we've modelled out what the unit cost would be to respond to, A, ten imported cases, B, a cluster of 100 cases of localised transmission, and, C, a cluster of 1,000 community transmission.

And for each of these, based on the response measures to be taken at country level, including the supplies, essential commodities, technical and operational support costs, training and incentive payments for national workers, we've been able to model what a unit of this would be.

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So, dealing with, over a three-month period, for setting up and running ten imported cases is around 1.5 million, in terms of international support, localised transmission, about 10 million, and community transmission of about 55 million. Based on these costs, what we can then do is see what the total potential cost for immediate response would be, in particular, to the lower-capacity health system.

So, the overall cost for country support modelled here is about 640 million. Much of this money would actually go directly through to national governments, in terms of providing support to national systems to scale up preparedness activities. And we're in close communication with the international development banks, such as the World Bank, the Asian Development Bank, the African Development Bank, that are currently looking at the mechanisms that they've got available to provide emergency money to countries to scale up this preparedness.

And we'll also be working with the international donors to ensure that there's a financing available for implementing partners best placed at country level to support national governments to scale up activities.

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The overall response cost for the February to April period, the three-month period, looking at the three major lines of action is 675 million. This does not include the costs for mitigating the social and economic consequences of the outbreak.

This is focused on the public health costs. It's an estimated resource requirement that will have to be augmented by bottom-up planning at the country level together with partners for actual implementation to assess needs and gaps, and in terms of the research costs, it does not include the costs for the actual development, manufacturing, testing and licensing of research and development products.

In terms of the WHO immediate needs, we are seeing that our immediate needs would be around about 61.5 million for the three months. This would include WHO rapidly establishing the global and regional instant management teams to coordinate international technical expertise and support to country preparedness and response to provide high-risk, high-vulnerability countries to be able to implement priority actions such as diagnostics and the provision of essential supplies, technical and operational support, and to begin accelerating the work, in terms of the research and development.

The majority of this funding will be channelled through the regional offices and the country offices for implementation.

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In terms of the immediate next steps for the planning, as we've said, we're going to establish the regional and global coordination platform. This also includes the work that we're doing with the UN. And then turning to the country level to support countries to identify existing capacities, gaps and implementation plans. Thank you.

JA Thank you very much, Scott, for that. I'm going to open the floor for questions now. What I plan to do, because inevitably, demand outstrips supply, is, I'm going to take three, and then I'm going to ask our technical experts to respond to those questions, and then we'll take another batch of three.

And that way, hopefully, we'll get through as many as possible and you'll hear some answers during this session. But if I could ask all colleagues to keep questions as brief as possible, and then I can get as many in as possible. I'm going to recognise Japan first, and then I'll be coming to Sudan.

JQ Thank you, Chair, and also thank you very much for this briefing. I have three questions. First is about incubation period. Just, we heard, the incubation period is 14 days, if I heard correctly, but on the Q&A of the website of WHO, it said that it is 11 days, so I would like clarification on this.

And then, second one is, we understand that human to human transmission is going on, and then, how about a case, which has not shown any symptoms? So, is there infectivity from the people who have not shown any symptoms? What is your analysis so far? And the third one is the traceability of the cases, particularly outside of Wuhan or outside of Hubei Province, how much extent the traceability of each case is still traceable or not? That is my question, thank you.

00:40:44

JA Thank you very much indeed. I'm going to ask Sudan to ask their question. After that, I'll go to Ethiopia, then we'll pause for answers and go to the next batch of three questions. Sudan?

SU Thank you very much, Madam Chair, and thanks very much for this presentation from me and my colleagues. Sudan is evacuating tomorrow 225 of its students from Wuhan. We have a number of students in many of the other provinces you mentioned. We currently have four suspected cases who are doing well.

One of them had a fever and turned out negative. We are very grateful for WHO's support, in terms of commodities. An isolation ward was created, and airport standard operating procedures, and we received the tests kits yesterday. We're very grateful for that. We are extremely short of money, number one.

We do have quite a significant population that could get to the 1,000s you mentioned, and in the six months we took over government from the previous regime, we are battling with six other epidemics, so we definitely don't need more cases coming in. Our government is extremely politically volatile, as you can probably watch in the news while we were sitting here last night.

The IDA definition, we are actually not eligible to IDA because we have sanctions against us, so you need to look at that particular criterion and maybe use some of the LDC or some of the other analysis on risk analysis for fragile versus slightly fragile and so on in the international literature, at least in the UN Secretariat.

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So, IDA would not work for us. It would rule us out without us necessarily needing to do so. We're extremely keen on understanding what WHO Public Health Emergency Funds are available for countries like ours. We've established a national coordination committee with the prime minister. We've prepared as much as we can, and we are short of a few million dollars, just 2 million, basically, to be able to have the kind of preparedness that would enable us to feel quite secure.

But what is the mechanism that a ministry of health can do, in order to access those funds, or should we just look for bilateral funds locally, which will be quite a stretch? But once again, thanks a lot for WHO's great support. We were very happy to hear that our isolation ward in Khartoum Teaching Hospital was up and running and created using existing equipment before some of the more wealthy or middle-income countries had.

But we definitely don't want to sit on our laurels and wait for the disaster to happen. With a little help, we think, we can avert this disaster and turn our attention to the other epidemics we have. Thank you.

JA Thank you, Sudan. Ethiopia, please?

ET Thank you, Chair. My question is the same as the one that was asked by Japan, regarding transmission from asymptomatic cases. Thank you.

JA Thank you. I'm going to turn to my colleagues for answers on those, but just to say, the next three questions will be the Czech Republic, the USA and Bangladesh. But first, Maria, do you want to speak?

00:44:04

MV Sure.

JA Thank you.

MV So, thank you for these questions. So, I'll take the first two questions around incubation period and human to human transmission related to asymptomatic individuals. So, with regard to the incubation period, indeed, this is a parameter that is constantly being calculated as new data becomes available.

So, from the beginning, we have assumed an upper bound of an incubation period of 14 days, based on our experience with other respiratory pathogens, including flu, MERS, SARS, and we think that that's relevant. We have seen estimates of incubation period from different groups, those that are dealing directly with patients and looking at case pairs, and we've seen estimates of two to ten days and one to twelve and a half days.

And so, those exact numbers will change over time, but in our guidance, when we think of contact tracing, we're thinking, an upper bound of 14 days is what we should stick with for now. With regards to asymptomatic individuals, so we are aware of reports of individuals who may have transmitted the novel coronavirus before symptoms began, or in the early period of when symptoms were just starting.

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We understand that there are very detailed exposure histories and investigations that are ongoing in each of these instances to really determine if the individual was indeed asymptomatic. We know, from a lot of experience in other diseases, that people that claim to be asymptomatic, actually, when you go back and interview them, they were in the early stages of actually developing symptoms, so they weren't completely asymptomatic.

But it is possible that there may be individuals who are asymptomatic that shed virus, but we need more detailed studies around this to determine how often that is happening and if this is leading to secondary transmission. What we know is that this virus causes respiratory disease and the majority of transmission, the driver of transmission, is through the respiratory route of symptomatic patients.

OM I'll just comment on the third question from our colleague from Japan about contacts being followed up in China. We have the total number of contacts identified and the total number of contacts currently under follow-up, but I can't give you a breakdown of exactly where those contacts are, in relation to the cases.

JA Thank you. I'm going to ask Executive Director of the Emergencies Programme, Dr Mike Ryan, to comment on some of the questions from Sudan and Ethiopia, I think, particularly around some of the funding mechanisms. Mike?

MR Yes, thank you, and certainly, to our colleague from Sudan, it's not been an easy year. At least six concurrently running epidemics, so it's not been very easy to deal with, despite everything else.

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But I think, many, many countries in Africa in particular are experiencing similar epidemics, and therefore, the addition of a novel coronavirus is yet another burden and a great worry. Just on the lab issue, just to clarify as well, that the provision of all of the lab reagents was actually at no cost to the countries, and that was supported by funding from WHO, and in fact, because of that central negotiation process, WHO was able to procure those brand new testing reagents at one tenth to one hundredth the cost of what they would be on the open market, thereby saving a lot of money.

But again, none of that would have been possible without the openness and transparency of China to share the original sequences for the virus. So, so many things are connected and dependent and in a line.

With regard to, obviously, direct support, we are making allowances for direct technical support to member states in this situation, in terms of training, provision of reagents, creation of logistic supply chains. I think, this is really a question to the donor community in general, is how do we collectively manage the core costs and needs for countries who may not have the capacity to pay for those costs?

We've done that quite successfully through Ebola and other emergencies, and donors have been extremely generous and well-aligned. And if member states wish, with the DG's agreement, we can work to try and create some mechanism that will streamline that process around SRP.

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But again, WHO, in itself, is not a donor, per se, and would we prefer to manage and support and provide technical advice to donors, but if we can help coordinate and streamline, I'm sure we will try to do that as well. Scott may speak to the issue of ID eligibility.

We've had a number of discussions with the World Bank over the last number of days. We're already working with them through the CERF process. Many of you know the CERF process, but the CERF releases of cash and funds do require further funds to be found later to replace those funds, so it's not necessarily a mechanism that member states ideally want to use, but it is available, and World Bank are activating that whole process at the moment. There are other mechanisms like the Pandemic Emergency Fund, both the insurance and the cash window, and we're looking at how they can be activated as well. We have our own

contingency fund for epidemics, and we've been using that extensively in more than 50 emergencies, but again, that's not...

SP And have set up regional platforms.

MR Yes, and we've been using that already to set up the regional platforms, and we've advanced CFE for a lot of the technical activities. But I do take the point that if we need to go to scale with multiple countries having 1,000 cases, then clearly, the costs of this, as Scott has outlined, will escalate rapidly, and we will need a coherent mechanism amongst donor nations, in order to ensure that all of our most vulnerable are safe.

But again, I just have to, while I have the floor, recognise that that shift in the capacity in Africa to make the diagnosis in less than a week started with the identification of this virus on January 7th.

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That was less than one month ago, and as of Friday, countries in Africa will have, not only the capacity to test, but the training to test. And again, that training has been done by NIC South Africa. Those people are being trained today in IP Senegal. They're not being trained in Europe, they're not being trained anywhere else, and it is in collaboration with the Africa CDC. So, I think, it definitely shows that we are not helpless. It is not hopeless.

CH Thank you very much, Mike. I'm going to take the next three questions. If I could ask colleagues to be as brief as possible so we can get answers to your questions. Czech Republic, to be followed by USA. Thank you.

CR Thank you, Jane, and thank you for the information provided. In the spirit of solidarity, the Government of Czech Republic is considering to provide financial support for the WHO response to the crisis, so my question is, when can we expect the strategic response plan to be released for donors' consideration? And you already mentioned the contingency fund, so do we understand correctly that the money from the contingency fund is already used for the response so that a potential contribution to the fund could also be attributed to the coronavirus outbreak? We would be ready to follow up bilaterally with the Secretariat on this.

JA Thank you very much. USA, please, to be followed by Bangladesh.

US Thank you very much. First of all, just to thank you for the very comprehensive and thorough briefing today.

00:52:10

This is very, very helpful to hear this, and it would be good to hear a little bit further, more information about combatting the misinformation to understand a bit more, and, secondly, how you're organising headquarters and regions to align on these regional platforms. Thank you.

JA Thank you. Bangladesh?

BA Thank you again for the briefing. I think, it's extremely useful, a very comprehensive briefing. I have two questions: there is definitely concern for trade and travel restrictions, and even, one can say that because of travel restrictions, trade restrictions, there has been concern.

Is there a correlation, and I'm directing this question to the cases of weak health systems, in countries where there is weak health systems, between the delay or the deficiency that we know exists in diagnostics of the cases, and, we know, the variables like the asymptomatic cases where symptoms can come up in between two and 14 days?

So, that is one, and then the reason that I just mentioned that there are deficiencies, kits are being now sent out, but is there a correlation between these measures, in case of weak economies, that restrictive measures are being taken and the weakness that they have, a deficiency?

And the second is the daily briefing that is being planned. My question is, definitely, a part of that would depend on the information flow from the local WHO office. You have started consulting with all 150 that we heard from the briefing, but what about the local WHO office and the national authorities? How do you coordinate with them for the purpose of the daily briefing?

00:54:29

My concern is that if this is not happening, the free flow of information, then in the daily briefing at the headquarters, we'll not hear much about those regions. Thank you.

JA Thank you very much. I'm going to turn to Scott first to respond on the subject of the SRP, thank you.

SP Thank you. So, both the strategic response plan draft will be up on the website for WHO tonight on the coronavirus page, as will be the appeal for WHO. Now, in terms of the immediate release of funding from the Contingency Fund, we've already released funding to set up the regional platforms and the regional offices in support of country offices.

We've also released Contingency Fund to start getting a stockpile of supplies together to provide to the highest priority high-risk countries of 5 million, which we did today.

In terms of scaling up the coordination mechanisms, we had a call today with the IAC, the UN, and all the major partners there, and as DG said, later this week, we're going to have a meeting with the secretary general and the senior management team, which will establish a crisis management cell at the UN level, and that that will also be then reflected at the country levels through the RCs, who we'll be discussing with on Thursday, the regional coordinators or the humanitarian coordinators in those settings.

00:55:52

In terms of the WHO coordination, we met with all of the country offices' directors today to give them a briefing on the situation, a similar briefing to this, and we'll be meeting with them on a regular basis. They will be scaling up their own support of countries to the national crisis management systems, and it's through that channel that we hope to provide regular and updated information into the national systems.

JA Mike, did you want to come in on one of the other questions? And keep it brief, thank you.

MR Countries to use your national public health emergency operation centres as well, many of you have invested heavily in those around the world. I think, we have over 200 PHEOCs around the world, and they're very much based within national ministries of health. And if we can open efficient dialogue between the operational platforms at the different levels, this will greatly speed the flow of information and the exchange of operational result.

JA Thank you. Maria, on the misinformation?

MV I'll give a very brief answer, because Dr Sylvie Briand gave a Palais briefing earlier today to talk a lot about this, but there's a lot of misinformation out there, a lot of myths, a lot of rumours that are not true. So, we are working very hard to address these as we learn about them, and we're trying to gather this information from many different sources. We have a section on the website around myth busting so that we can actually address these head-on.

00:57:18

We have an EPI-WIN platform, which is WHO Information Network for Epidemics, which is discussing key critical issues with many different sectors across all business sectors, and the director general mentioned that we will be doing daily media briefings. So, we're trying to get ahead of these rumours and trying to get ahead of this misinformation so that you have the most accurate information every day.

JA Thank you. We did start about five minutes late, so I propose to run for five minutes over, if that's acceptable. We have three more questions, have been indicated. If I could ask Italy, Brazil and Botswana in that order to ask a very brief question, if you wouldn't mind, and I'll ask my colleagues to give a concise answer. So, Italy, to you first.

IT Thank you, Madam Chair. Italy wishes to thank the Director General WHO, Dr Tedros and all its offices and staff engaged in a response to the novel coronavirus outbreak. We are also grateful to China for its strong efforts at national level, to contain the disease and cooperate with international community in spirit of solidarity. Since the very first beginning, as we received news on the new severe epidemic caused by a novel virus, Italy has applied all WHO recommendations on prevention, containment and control of the infection, including the isolation and treatment of suspected and confirmed cases and contact tracing. The two confirmed cases in Italy are being monitored by professional staff of the National Health Service.

00:58:58

After the declaration of public health emergency of international concern by the director general of WHO, further preventative measures have been adopted by our government to protect both Italian citizens, residents, and, as a contribution to global efforts, to contain the spread of the virus. All these measures are being implemented under the principle of precaution, will be kept in place for the specific purpose of public health protection and could be flexibly reviewed as appropriate.

We do also thank the People's Republic of China for having facilitated the repatriation of Italian nationals from Wuhan. They have travelled smoothly and safely back under the strictest containment measures, abiding to the highest available standards on the field, where Italy has specific expertise.

The [unclear] treated are being monitored by the NHS, and up to date, are in good health conditions. Finally, the virus has been isolated, and it is cultivated at the National Institute for Infectious Diseases Spallanzani in Rome, and is available for scientific purpose to other countries. The genetic sequence of the virus is public on GenBank.

Dear Director General, dear colleagues, Italy is willing to contribute actively to the common fight against coronavirus and is eager to contribute to the strategy being put in place by WHO. Thank you.

JA Thank you, Italy. If I could ask Brazil next, followed by Botswana, and once again, if you could be as brief as possible, and then we can get responses to you. Brazil?

01:00:24

BR Thank you, Chair. In the interest of time and for having replies, I will save the national comments for our national statement during the emergency item next Thursday in the session, but we will be providing information on corporation activities in the region of the Americas, and also with Portuguese-speaking countries, promoted by Brazil in this context.

But the question I would have has to do with information that there were about 684 cases of recovering patients, and could, maybe, the Secretariat provide us with more information about the treatment applied in those cases, and what possible causes would that recovery have? Thank you.

JA Thank you, Brazil. And last question, Botswana, please.

BO Thank you, Madam Chair, and thank you DG and the Secretariat for the briefing. I just have two questions. The first question is about infection control and prevention. I wanted to find out about the use of alcohol and chlorine and heat sterilisation. What benefits do they have? and what impact do they have on prevention of infection? The second question is on the lab reagents and testing. If your country's shaded with no colour, what does that mean? Thank you.

JA Thank you. Just checking colleagues heard the last question.

MV Yes, I just wanted to make sure I heard that.

01:02:08

JA Okay. Maria, there may be limits to what you're able to say about some of the questions, but if you could give us a brief response to those that you're able to, thank you.

MV There is. Unfortunately, I don't have more information about the 684 patients that have recovered, so I can't answer that question. With regards to the map that we showed and those that are coloured in red and in orange, and if your country is not coloured in a certain colour, that means we need to work harder to make sure that you have the right reagents to do those testings.

So, just know that there is an entire global network that is working hard to ensure that there is the ability to have rapid detection, and so we will continue to do so, to ensure that you can do that.

JA Mike?

MR Absolutely, Maria, completely agree, but I think, we need to also... We have been working very much strategically with the regional offices, and it's the regional office platforms that will provide, and are providing, the majority of the country-based support, and they will continue to do that with both the financial investment needed. And you'll see in the strategic response plan that the majority of the investment being needed and requested is to be invested at regional and at country level.

And the costs for global coordination are very reasonably small within that. So, we need to support our regional office platforms so they can provide the necessary close support to each and every member state, and we will be supporting the regional offices in achieving that. Thank you.

01:03:36

JA Thank you very much. Thank you too for those questions. Thank you to my colleagues for those answers. A brief reminder on information, we will send the slides out. Earlier today, we sent missions, an email with a reminder of the key weblinks to up-to-date information, including the regular situation reports. So, that went out to you. You will get more information coming out to you over the course of the next few days. We will, of course, return to these matters during the emergency items on Thursday of the executive board, and we are making arrangements for regular briefings in line with the director general's commitment to you in that way.

I know, you have other events to go to, including an important side event being held by our Afro colleagues, so I thank you very much indeed for your attention and attendance, and wish you a good evening. Thank you.

01:04:25