

WHO Director-General's remarks at the media briefing on 2019-nCoV on 11 February 2020

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Good afternoon.

Before I update you on the coronavirus outbreak, I'd like to start with a few words about Ebola.

Although the world is now focused on coronavirus, we cannot and must not forget Ebola.

We are very encouraged by the current trend. There have only been 3 cases in the past week, and no cases in the past 3 days.

But until we have no cases for 42 days, it's not over. As you know, any single case could re-ignite the epidemic, and the security situation in eastern DRC remains extremely fragile. So we take the progress on Ebola with caution, although it's a big success.

We are still in full response mode. Yesterday alone, 5400 alerts were investigated, almost 300 samples were analyzed, more than 700 people were vaccinated and almost 2000 contacts were followed. So still it's a massive response.

Tomorrow, the Emergency Committee for Ebola will meet to assess whether the Ebola outbreak in DRC continues to constitute a public health emergency of international concern. So you will have more news tomorrow on Ebola.

Regardless of their recommendation, the world needs to continue to fund the Ebola response. Taking our foot off the accelerator now could be a fatal mistake – quite literally.

On Thursday I will travel to Kinshasa for meetings with the President of DRC and other senior ministers to look beyond Ebola, and sketch out ways to strengthen DRC's health system.

And I would like to use this opportunity to appreciate the government's leadership. The current status of Ebola would not have been reached without the leadership of President Tshisekedi and the government.

Now to coronavirus.

First of all, we now have a name for the disease:

COVID-19. I'll spell it: C-O-V-I-D hyphen one nine – COVID-19.

Under agreed guidelines between WHO, the World Organisation for Animal Health and the Food and Agriculture Organization of the United Nations, we had to find a name that did not refer to a geographical location, an animal, an individual or group of people, and which is also pronounceable and related to the disease.

Having a name matters to prevent the use of other names that can be inaccurate or stigmatizing. It also gives us a standard format to use for any future coronavirus outbreaks.

Now to the coronavirus situation.

As of 6am Geneva time this morning, there were 42,708 confirmed cases reported in China, and tragically we have now surpassed 1000 deaths - 1017 people in China have lost their lives to this virus. Most of the cases and most of the deaths are in Hubei province, Wuhan.

Outside China, there are 393 cases in 24 countries, and 1 death.

Last week I told you that we had engaged WHO's network of country representatives, as well as the United Nations resident coordinators in countries, to brief them on the outbreak and inform them about the steps they can take.

I also briefed Secretary-General Antonio Guterres, and we agreed to leverage the power of the entire UN system in the response.

Today we have also activated a UN Crisis Management Team, to be led by my general, Dr Mike Ryan. This will help WHO focus on the health response while the other agencies can bring their expertise to bear on the wider social, economic and developmental implications of the outbreak so we are all working to our strengths.

So Mike will continue to be the chief and will also coordinate the whole UN response.

As you know, today and tomorrow WHO is hosting a meeting of more than 400 scientists from around the world, both in person and virtually.

The main outcome we expect from this meeting is not immediate answers to every question that we have.

The main outcome is an agreed roadmap on what questions we need to ask, and how we will go about answering those questions.

This is exactly what WHO is for – bringing the world together to coordinate the response. That's the essence of multilateralism, which is very important for the world.

A research roadmap is also important for organizations that fund research to have a clear sense of what the public health priorities are, so they can make investments that deliver the biggest public health impact.

The development of vaccines and therapeutics is one important part of the research agenda – but it is only one part. They will take time to develop, but in the meantime, we are not defenceless. There are many basic public health interventions that are available to us now, and which can prevent infections now.

The first vaccine could be ready in 18 months, so we have to do everything today using the available weapons to fight this virus, while preparing for the long-term.

We've sent supplies to countries to diagnose and treat patients and protect health workers.

We've advised countries on how to prevent the spread of disease and care for those who are sick.

We're strengthening lab capacity all over the world.

We're training thousands of health workers.

And we're keeping the public informed about what everyone can do to protect their own health and that of others.

It's when each and every individual becomes part of the containment strategy that we can succeed. That's why reaching out to the public directly and telling them the precautions they should take.

Clean your hands regularly, either with alcohol-based rub or soap and water.

Keep your distance from someone who is coughing or sneezing.

And when you cough or sneeze, cover your mouth and nose with a tissue or your elbow.

It's also important to remember that while we need investment in research and development, we also need investment in stopping this outbreak now.

Last week, WHO issued a call for \$675 million, which is what the world needs to support preparedness and response operations in countries.

We thank those countries that have contributed so far, and we call on all those who haven't to contribute urgently.

There are many positive signals in terms of funding, and we hope that all these signals will materialize.

If we invest now in rational and evidence-based interventions, we have a realistic chance of stopping this outbreak.

Maybe you're tired of me saying window of opportunity, but there is a window of opportunity.

You strike hard when the window of opportunity is there. That's what we're saying to the rest of the world. Let's be serious in using the window of opportunity we have.

The opportunity was created because of the serious measures China is taken in Wuhan and other cities.

But I don't think this status can stay the same for long. That's why we have to use the window of opportunity.

If we don't, we could have far more cases – and far higher costs – on our hands.

I don't think anybody wants that. This is a common enemy.

Thank you.

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