

**Emergency Ministerial meeting on COVID-19 organized by the African Union
and the Africa Centres for Disease Control and Prevention**

22 February 2020

Your Excellency Mr Moussa Faki Mahamat, Chairperson of the African Union Commission, Commissioner Amira El Fadil, WHO Regional Director Dr Matshidiso Moeti and Director John Nkengasong,

Excellencies, dear colleagues and friends,

First of all, I would like to say good morning, and thank you for the opportunity to brief you today and thank you also for the initiative in organizing this event.

It's hard to believe that only 52 days ago, WHO's country office in China was notified of a cluster of cases of pneumonia of unknown cause in Wuhan city.

In just seven weeks, this outbreak has captured the world's attention, and rightly so, because it has the potential to cause severe political, social and economic upheaval.

As you know, WHO declared a Public Health Emergency of International Concern within a month after the first reported cases, as a result of the signs of human-to-human transmission we saw outside China. And because of the major concerns we had that this virus could spread to countries with weaker health systems such as in our continent.

China has now reported 75,569 cases to WHO, including 2239 deaths.

The data from China continue to show a decline in new cases. This is welcome news, but it must be interpreted very cautiously. It's far too early to make predictions about this outbreak.

Outside China, there are now 1200 cases in 26 countries, with 8 deaths. As you know, there is one confirmed case on the African continent, in Egypt.

Several African countries have tested suspected cases of COVID-19, but fortunately they have been found negative.

Although the total number of cases outside China remains relatively small, we are concerned about the number of cases with no clear epidemiological link, such as travel history to China or contact with a confirmed case.

We are especially concerned about the increase in cases in the Islamic Republic of Iran, where there are now 18 cases and four deaths in just the past two days.

WHO has supplied testing kits to Iran, and we will continue to provide further support in the coming days and weeks. What has been reported from South Korea and Italy yesterday is also a matter of concern and how the virus is now spreading to other parts of the world. But in addition to that, as I said earlier in my press conference, the window of opportunity is narrowing. This meeting, I hope, will help us come together as a continent in attacking this virus.

As you know, a WHO-led international team of experts – including a representative from the Nigerian CDC, our colleague Chikwe Ihekweazu, has been on the ground in China for the past week, visiting three provinces, and is today traveling to the epicenter in Wuhan.

With every day that passes, we know a little bit more about this virus, and the disease it causes.

We know that more than 80% of patients have mild disease and will recover.

But the other 20% of patients have severe or critical disease, ranging from shortness of breath to septic shock and multi-organ failure. These patients require intensive care, using equipment such as respiratory support machines that are, as you know, in short supply in many African countries. And that's a cause for concern.

In 2% of reported cases, the virus is fatal, and the risk of death increases the older a patient is, and with underlying health conditions.

We see relatively few cases among children. More research, of course, is needed to understand why.

Our biggest concern continues to be the potential for COVID-19 to spread in countries with weaker health systems. And I said earlier, our Africa regional office in partnership with the Africa CDC -- we're working hard to prepare countries in Africa for the potential arrival of the virus.

We have just appointed, as you know -- and as my sister Tshidi already indicated earlier -- Dr John Nkengasong, Director of the Africa CDC, and Professor Samba Sow, Director-General of the Center for Vaccine Development in Mali, as special envoys on COVID-19, to provide strategic advice and high-level political advocacy and engagement in Africa.

We've also published a Strategic Preparedness and Response Plan, with a call for US\$675 million to support countries, especially those which are most vulnerable.

WHO has identified 13 priority countries in Africa because of their direct links to China or their high volume of travel with China. As my sister Tshidi said, an increasing number of African countries are now able to test for COVID-19 with laboratory test kits supplied by WHO, compared with only one just a couple of weeks ago.

Some countries in Africa, including DRC, are also leveraging the capacity they have built up to test for Ebola, to test for COVID-19. This is a great example of how investing in health systems can pay dividends for health security.

We have also shipped more than 30,000 sets of personal protective equipment to several countries in Africa, and we're ready to ship almost 60,000 more sets to 19 countries in the coming weeks.

We're working with manufacturers of personal protective equipment to address the severe disruption in the market for masks, gloves, gowns and other PPE, to ensure we can protect health workers.

During the past month about 11,000 African health workers have been trained using WHO's online courses on COVID-19, which are available free of charge in English, French and other languages at [OpenWHO.org](https://openwho.org).

We're also providing advice to countries on how to do screening, testing, contact tracing and treatment.

Last week we brought the international research community together to identify research priorities, especially in the areas of diagnostics, therapeutics and vaccines.

Two weeks ago, I briefed the UN Secretary-General Antonio Guterres, and we agreed to activate the United Nations Crisis Management Team, led by Dr Mike Ryan, to enable WHO to focus on the health response while other agencies bring their expertise to bear on the social, economic and developmental implications of the outbreak.

We have also held two calls with UN resident coordinators all over the world, to brief them on the actions they can take to prepare their countries and ensure the United Nations system is working as one. And I hope, your excellencies, ministers, that you will work with our resident coordinators and WHO representatives to respond in a very coordinated fashion at country level.

The increasing signs of transmission outside China show that the window of opportunity we have for containing this virus is narrowing.

We are calling on all countries to invest urgently in preparedness. We have to take advantage of the window of opportunity we have, to attack the virus outbreak with a sense of urgency.

Thank you all for your attention to this issue. I assure you that WHO is committed to working with all African countries to do everything we can to prevent transmission and detect and treat cases as early as possible.

I would like to join my sister Amira in calling you to ratify the resolution for the Africa Medicines Agency, and also join my sister Tshidi in inviting you to attend the Marrakech meeting on diplomacy and health security in March, which will be very important and part of what we are doing now. (Of course, it was planned long ago, but very relevant considering what's happening now.) And I'm really glad to see the

clarity of the outline on the objectives -- the outcome of the meeting today from John. And we would be happy to help all countries in the continent, in any way possible, based on the outcome of your meeting. So, I wish you successful deliberations and all the very best from Geneva, the headquarters.

Thank you.