Academy of PHYSICAL MEDICINE

The World Health Organisation's View

with Dr. David Nabarro CBE

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TRANSCRIPT

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Steven:

Good afternoon. Terrific to have you with us today, particularly since I have such a very special guest with me for the lunchtime show. That's Dr. David Nabarro, one of the six special envoys for the World Health Organisation for COVID-19 David, I'm truly flattered and very impressed that you're able to spend 30 minutes with us today. Thank you for joining us.

David Nabarro:

Thank you, Steven. I mean we ourselves worked together on a really intriguing and novel operation in response to a crisis 20 years ago and it's an absolute joy to be back with you and joining you today for this important briefing moment.

Steven:

And get with 30 years ago now, David.

David Nabarro:

It makes me feel younger.

Steven:

I haven't given you a big build up this lunchtime because I've done that over the course of many emails over the last week, but I can pick out a few highlights. Going back to the early nineties you were appointed a CBE for your work on international health, you've been a senior representative for the United Nations and the World Health Organisation on cholera and Ebola and malaria and I can hardly overlook the fact that a couple of years ago you were kind of pipped at the post in the competition to be the actual director general of the WHO. So I don't think we can doubt your credibility, your qualifications or your experience in the field of healthcare. Can you tell us what's going on in the WHO at the moment with regard to COVID-19.

David Nabarro:

Well, the organisation has just been working flat out on this particular challenge since early January. It was recognized just how serious the new virus is towards the end of January when human to human transmission was confirmed and the figures came through that this is a highly transmissible coronavirus with a relatively low fatality rate. Those of you who know about diseases, particularly infectious diseases, will realise that it's the low fatality rate that makes this particularly dangerous because it means that there's very little preventing the virus from going on spreading and as it has this R zero which means the number of people who are infected by one person who has the disease of the order of 2.6 or 2.7 when it's moving through a community, that means it really is extremely infectious and outbreaks build up very, very fast through person to person transmission. And because of the low fatality rate it makes it very hard for this virus to be expected to die out as we had with some of the other major viruses that we'd been worried about. And so organisation have just been totally focused on three things. One is learning about the virus and trying to understand what it does to people, but also whether or not there is immunity developed after infection and also what patterns of treatment are the most effective.

David Nabarro:

The second thing WHO has been doing, is trying to get everybody to understand that it's a really serious virus and did you have to act rapidly and robustly to contain it and to stop it from spreading. And the earlier you act, the easier the challenges, the later you act, the bigger the problems. The third thing that WHO has been doing is trying to encourage unity of response, particularly within countries because consistency from the top to local level is so important, but also throughout the world because this is a global threat and we can't actually succeed if countries are working at counter positions to each other. Those are the three things. And the organisation's just been doing that, as I say, without any stock at all since it started.

Steven:

How do you feel you're getting on with that? Because you know, if you look around the world, you've got countries like Brazil where it would seem that they have a completely unique attitude towards this disease. We've got the Americans, who've just pulled $400 million worth of funding from the WHO. And I always wonder when I've worked with international organisations, hardly to the extent you have, but I always wonder about their effectiveness because of the amount of infighting and conflict between the players.

David Nabarro:

Well, I like always to stress to people that there are two layers in the world health organisation. Layer one is the heart of the organisation, 7,000 professionals in a hundred offices around the world, six regional Bureaux and then the Geneva headquarters, all dedicated to public health and to collective well-being. I've loved my association with the WHO. There is an extraordinary spirit of total dedication to the health of all with no discrimination with regard to what country you come from, your ethnicity or sex or any other attribute. They work well and they're very well networked within countries, across universities and the like. Then there's the second level which is the owners of the WHO who are 194 countries. We call them member States and they tend to argue quite a lot, argue about priorities, argue about whether or not the organisation is spending its money well and then occasionally arguing about quite major political challenges between them. And just at the moment the member States, are pretty much in agreement. That's 193 of them. They just met in the middle of April and really gave the WHO secretariat a huge vote of confidence. But one particular government did decide to express frustration and has subsequently withdrawn, which is such a pity because the United States has been a tremendous advocate for global health security over the years. I've worked with so many American professionals and my wish is that we could somehow be spared this particular blow coming right at a time when everybody is so massively focused on this pandemic, which I'm afraid is still at its early stages. It's nowhere near even the halfway mark right now. And that's why we've all got to be focused on it.

Steven:

Can I get to the specifics for the moment? Given the nature of our audience here today, I mean the WHO seems to have sat on the fence about the issue of face masks? Can you explain that?

David Nabarro:

So the position of the organisation about how best to stop Covid outbreaks from building up in communities, just to stop the big outbreaks that we've seen in the UK and in the US, the best way to do this is through a comprehensive strategy. Firstly, doing everything possible to prevent the virus from being transmitted from person to person. Secondly, if transmission starts, interrupting it straight away through identifying cases and isolating them, identifying the contacts and isolating them. And thirdly, when an outbreak does start containing it very fast by restricting movement and finding those with disease and isolating them. It's fairly basic actually. And it's exactly what we've done for other communicable diseases over the years. Now preventing transmission when you've got a virus that is droplet born conveyed mostly in respiratory secretions, involves obviously hygiene, and hygiene, and surface hygiene. Then it involves physical distancing and we say two meters is the preferred distance for people to meet, and get the lowest possible chance of virus being transmitted from person to person. And then thirdly, some form of face protection. I mean the most obvious one if you're trying to prevent spread is when you cough, cough into an elbow, or put your cough into a tissue and dispose of the tissue, washing your hands carefully. But there is the alternative which is to wear a face protector. Now, the reason why face protectors have become controversial is that there is a certain kind of face protector, the really good particle filtration masks N95 or FFP that you want to preserve if at all possible. For those whose occupations mean that they can do encounter a lot of people with the virus as they go about their work, particularly people who are working in health care settings. We need to preserve the best masks for them. And there's a world shortage and the big worry was at the beginning that if we started suggesting that everybody should be masking as part of effort to prevent transmission, than there would be even more stockpiling of the precious masks that would therefore not go to health workers, particularly in poor countries. So, WHO was very clear, face masks of the best kind, please keep them for the workers who are most exposed. So, then there was a question, well what about other forms of face protection? And because there is quite a lot of debate about effectiveness of some kind of scarf or other homemade protection over your mouth and nose in preventing droplets from being transmitted and preventing people from being infected. But WHO maintained a slightly equivocal stance saying the science is not clear. And I think that's right. I think that when issues aren't clear, there should be some willingness to say that. However, as it's become clearer and clearer that physical distancing just cannot be maintained in many occupational settings. For example, in particular kinds of factories where people have to work close together or in public transport where bus drivers are exposed. Or security guards when they're at the door of shops trying to stop people from misbehaving. So, some form of face protection is clearly desirable for two purposes. One is in case you have relatively asymptomatic Covid, because if you've got symptoms you should be at home. But if you got asymptomatic Covid you're not sure and you have to go out, then you absolutely should be wearing face protection to try to prevent others from being infected. And then more generally in public places where people have to be close together, like in, for example, overcrowded public transport, then the organisation is saying if the national authorities wish you to protect yourselves with face protection then WHO says good, but please don't be deceived that if you're wearing face protection, you somehow don't need to worry about physical distancing. You still have to take that seriously. Please. If you're wearing face protection don't spend your time touching your mouth and adjusting your mask or fiddling around with it because then that just actually creates a very unsatisfactory situation and may lead to spread. And thirdly, please, if your mask gets wet or your face protector gets wet, try to take it off, put it in the wash, wash it and put on a dry one. Because wet face protectors are not very useful because they prevent air from flowing to and fro. This will continue to be controversial, but my own personal view as somebody who's in his seventies and who does not want to get this disease is that when I'm out and about, particularly in more crowded locations, you'll see me wearing a mask.

Steven:

The most recent research I saw, actually, was something in one news article a couple of days ago about hamsters having been tested. I think hamsters are one of the few animals that are also susceptible to Covid 19, and it showed that obviously the hamsters weren't wearing masks, but the equivalent of the uninfected hamsters wearing a mask reduced their infection and fatality by a third. The effect of putting masks on the infected hamsters reduced the contamination by a sixth. So there is some evidence there that it works, I would guess. A couple of questions for you from two of our viewers at the moment asking you about antibody testing and whether you think that we are likely to get it soon, and will it be of any value?

David Nabarro:

So, there are two kinds of tests, Steven, that we tend to use. The first and the most useful test, is to see whether you've actually got the virus in your respiratory system and it's the famous one, so called PCR (preliminary chain reaction). It's difficult to set up and to execute and to take the sample you have to push a swab deep into somebody's nose or deep into their throat. They're trying to get the secretions where the virus is most likely to be. It's a difficult test. It's one that's not available in most locations in our world at the moment. And one that frankly it takes an awful lot of time to execute. And so there's an alternative approach, which is to test people to see whether they've either had the virus for some days or have had an infection with the virus in the past and that's picking up antibodies, antibodies to the new virus and there are more and more of those coming on the market. Your questioner is right to ask are they reliable because on the whole many of the tests that have been available, even some that can be purchased through the internet seem not to be as reliable as they should be. They give you false positives suggesting that you might've been infected when it was due to another Coronavirus. But they will be working out who's been infected but knowing where the disease has been and is moving and also for individuals who want to know whether they've had the virus. Just one small note, we still do not know for sure that if you had the Covid ones you've got long term immunity against getting it again, so we must not over-interpret the results of antibody tests. That does not necessarily mean even if you've got a positive antibody test that you are immune to getting the disease again.

Steven:

I always struggle myself with something which is probably quite simplistic, but that is to say, let's assume for a moment, and I know it's a big assumption that you are immune from further infection if you had Covid 19 surely you can still pass on the Coronavirus to other people because you could have it in your respiratory system, even though it's not causing COBID-19 you could breathe on other people so you could still be a source of contamination even if you're not actively infected.

David Nabarro:

That's absolutely right. You see we have a whole series of issues about this question of the immunity. Is the immunity strong enough to prevent the virus from colonising your respiratory tract at all, or is the immunity partial and there's the virus arrived there, but just not go ahead and cause disease. These are the kinds of questions that have been looked at by the vaccine developers and they're having to do very careful studies to see whether or not the vaccines really do stop that virus from landing at all. Because that of course as the point you make is so important, thing we most

want to do is to prevent people from getting ill and, at the same time, prevent them from being vectors of the virus to others.

Steven:

There is another thing I wanted to ask you as well. We live in a world where people can spread all sorts of misinformation that the five G masts have caused a Coronavirus or COVID-19. But taking hydrochloric when it is going to cure it, from some rather famous and loquacious sources. You at the World Health Organisation have started a campaign for something called verified, I think it is. How does that work? How do I, how do we improve our communications through that method?

David Nabarro:

Well, I think that everybody who's involved with this virus and that's everybody in the world is really looking hard to find ways to make sense of what's going on. For many people, the notion that a virus can bring at least half the world to a standstill within a matter of months is beyond any kind of science fiction, beyond any of the movies that we've ever seen about infectious disease, and that need to make sense of it includes sometimes finding people to blame. And in the finding of blame, various conspiracy theories have emerged. Some of them are really horrible, some of them are vaguely plausible, some of them are just right off on left field. What we wanted to do right through the World Health Organisation was to offer verified information a bit like you get verification in a Twitter account just to try to show people what seems to be shown as decent evidence and what's still conjecture and what is actually not proven at all. Like the five G masts spreading the virus, which seems to be quite popular with some people. And, and being clear on that. Now the hydroxychloroquine issue is important. This is a medicine that's been known for years to have some antiviral properties. So, it's not unreasonable, that people should be looking at it as a possible way of reducing the severity of COVID infections, or even for preventing them. And nobody inside my organisation says that it's wrong, that people should be thinking this through. We just simply say, but there are protocols available for assessing whether or not a medication is effective. They're not easy to do just in the middle of an emergency like this. You have to use observational studies and they are frankly always contentious. But what's happened is that the observational studies that have been done on hydroxychloroquine do suggest that it's not quite the solution that everybody hoped. And so WHO has said, let's stop the studies of hydroxychloroquine, particularly those where there's any suggestion that people have given hydroxychloroquine as a potential therapy, until we've checked the data. And that's happening right now. And I think that that's why having an outfit called the World Health Organisation is so useful because when you've got lots of different pieces of information, you need people to sift it and to sort it and then come out with some kind of judgement, and to be accountable for it, which of course everybody is in that organisation. So I suppose that really is one of our best offers to the world right now.

Steven:

Can I take you back down to the sort of clinical level again? Somebody has sent in a question saying that if we're treating in clinic and we're wearing the recommended PPE, as laid down by our own representative bodies and government, and one of our patients subsequently turns out to be COVID-19 positive, should we then have to self-isolate ourselves despite all those measures that we've taken?

David Nabarro:

Thanks very much Steven. As I listened to professionals in various different roles, talking about some of the challenges they face and I'm here talking about school teachers, residential care workers, supervisors in factories with busy shop floors and so on. The way in which I'm trying to share with them, my understanding of what's happening is in terms of risk that we do need as a society to be able to start thinking through what is risky, a risky situation and then at the same time to be able to calculate how much risk we are prepared to tolerate for ourselves and also for our co-workers and our families. You can't do it with just hard and fast rules. For example, we know that although you usually don't get infected by somebody with COVID if you are more than six meters away from them. But at the same time there are stories of extraordinary spread of the COVID in choir practices where people are really getting a lot of air into their lungs and belting out a loud note and the stuff seems to aerosolize and fly much further. Then we hear stories about people who are meeting up close together out in the open compared with people who are close together in confined areas. And it seems that the virus spreads much more easily in confined areas than in ventilated areas or in the outside world. And then we hear of people saying, well, we were in contact with an infected person really just for a very short period of time and they didn't cough and we seem not to get the disease. Whereas others saying, I was in contact with a coughing person for about 15 minutes at the dinner table and I got ill and I then went and infected others. So, in summary, I would say number one, please try to work out for yourself what level of threat you're prepared to accept for yourself and others, whilst, at the same time, recognising that as a practitioner you have a special responsibility because the last thing you want is to become the focus for infection. Number two, if your premises are well ventilated, this makes a huge difference to whether or not transmission is likely to occur. Three, if you are protected properly with well-fitting particularly face protection and you're practising good hygiene, that makes a huge difference. Number four, if the contact was cursory, brief, not associated with coughing, that may be much less significant than if the contact was lengthy, you were very close to the patient's face and the patient was coughing and had other symptoms and you asked them at the end, what's going on? And the person says, when I just woke up this morning with fever and cough, and I don't know what's going on, you should probably be a little bit frustrated because that person should not have come to receive treatment from you. And so I would suggest that, number one, please be really careful to make certain that your patients are in good health before you agreed to see them, and if there's any symptomatology, make sure they stay away. Number two, please be really careful to limit the amount of contact you have that's close enough to their mouth to possibly get the droplets. And number three, if the contact has been cursory, then probably you can make a decision not to self-isolate, but you do need to be really careful, and if you yourself feel worried about yourself, about your family, about your patients, about your co-workers, then you'd better self-isolate, and, ideally, get a test if you got symptoms at all.

Steven:

Interestingly, we always bang on about the need for accurate and comprehensive case histories in our practices quite apart from this. But actually if someone calls me a week after I've treated them and says, I think I've got COVID-19, I would need to be able to check from my notes exactly what I did in the clinic that day before I can perhaps make that risk assessment you've talked about. So important that. Gideon has asked about why it is if COVID-19 has such a low fatality rate, and of course it's very hard to judge that given the paucity of data at the moment, but if it has a low fatality rate, why are we so keen to stop the spread of the virus?

David Nabarro:

Thank you very much. If a disease has a fatality rate of 1% then of course one in a hundred people getting the disease will die. If you have a country with a population of 70 million, then of course if you've got a 1% fatality, rate, 700,000 at least are going to die. You will get massive overcrowding of your health services if you don't try to contain it. And you will also, I believe, have a very high level of anxiety among the wider population. At this notion that somehow the people who are most at risk, people in older age groups, or people with diabetes or hypertension can somehow be acceptable as a sort of collateral damage from letting the virus move through the population, which was thought by some to be an approach, it was called herd immunity, has proved really to be unacceptable to the majority of decision makers everywhere. And so right throughout the world in most settings, people are saying, yes, we should contain the virus and prevent it from spreading. But they're also saying, we've got to do this in a way that does not totally paralyse our economies and puts a lot of people into poverty. In the World Health Organisation there has never been a recommendation for lock down as a strategy to deal with the virus. Instead, what we've said is every community everywhere needs to develop the wherewithal to be able to protect against infection, defend against the virus, respond to outbreaks, and protect the vulnerable. But we say, if that is done, then life can go on. And so what I'd like to say to everybody is that we're anticipating a world emerging, it'd be a new kind of reality, where we are able to manage the threat of this virus, get on with our lives, to do our professional practice, and to prevent large numbers of older people passing away, and large numbers of health workers and hospitals being overwhelmed. That's the approach that we recommend, and we do encourage every country that imposes a lock down while they've got the lock down in place to do everything possible to build up these societal defences, so we can all get about our lives while living with the threat.

Steven:

Thank you. Rebecca asked a really pertinent question related to what you've just said "Is the World Health Organisation involved in weighing up the balance of risk between treating only COVID-19 and, therefore, risking the deaths of lots of other people who no longer have access to healthcare?"

David Nabarro:

Very, very good point, Rebecca. I've been listening to Ted Ross, the director general, the World Health Organisation, and Mike Ryan, the extraordinary Head of the WHO health emergencies program, with whom I've worked for some decades, talking about what we expect of health services now. And we are very clear, all of us, that dealing with the threat of the COVID is important, but at the same time maintaining care the people with chronic ailments, people who are having children, women who are having children, and the children themselves, people who have accidents, people who have mental ill health and need support, in fact the whole gamut of healthcare has to be kept going. We've seen countries that have been able to do this by designating either certain hospitals, or certain wings of hospitals as COVID ready, and certain other parts of the hospital as COVID alert, but fundamentally focused on responding to people's other conditions. The last thing that any of us want is to encourage the paralysis of health services because of dealing with COVID something we are continuing to go on about. And again, it relates to our view of why we don't encourage lockdowns instead, why we encourage a very well and carefully planned approach to ensuring that healthcare services can as far as possible be maintained even during this particular outbreak.

Steven:

Thanks. We're almost out of time, David. So final question if I may. How is the UK doing in terms of easing its containment measures? I know you said you don't want to suggest that everyone should

go into lockdown as a remedy, but how are we doing? Are we getting it right? Are we going to get wrong? Are we putting people at risk?

David Nabarro:

Well, many countries that were quite reticent to introduce robust action at the very beginning when they first had cases to interrupt transmission and contain outbreaks fast had to cope with the fact that because there was a delay in some cases of four or five weeks since the first cases arrived, the virus has got really quite widely spread throughout different parts of the population. Of course, it's very spatial, but it's still quite spread. And that's the case in the UK, that's the case in the US, and it's the case in some other European nations. And so, the reality is that the lockdown in being imposed did slow the rate of spread and lead to some kind of peak in the numbers of new infections, even a flattening and reduction in the outbreak curve. But the virus is still there. And, as everybody I think has now realised, moving around again it's going to lead to new outbreaks coming. So what we have been asking all nations to do is to learn from those that have been successful and make absolutely certain that the defence mechanisms are in place in all societies. And that means having the capacity to test for the virus, having the capacity to identify cases and isolate them and being able to trace contacts and isolate them, whilst at the same time protecting the most vulnerable. And all the time having the public fully aware that they have a role in preventing spread through the way in which individuals behave and societies behave. It's that widespread understanding of the basics, what I call the vital steps that all countries need to do. And I suppose at the heart of this is consistent messaging for everybody. I think it's coming in the UK, it's coming in the United States, it's coming in other countries. But of course there's quite a lot of noise about anxieties around the various parts of the economy, businesses going under, people worried about their jobs, which is all understandable. So I think my only request, and one that I think I'm not alone in saying it, of all governments is please do what you can to make sure the message from the top is as consistent as possible and that there's plenty of scope at local level, local authorities, local health workers, local practitioners like yourselves to interpret that messaging and relate to what's actually happening with the virus in their local areas. Because there will be spikes coming up of new cases, new clusters, new outbreaks for the foreseeable future. The real mark of a COVID ready society is going to be the capacity to be able to contain outbreaks quickly, so we can get on with our lives, and really live well in this new COVID reality.

Steven:

Thank you. I feel immensely privileged that you've given up half an hour of your time to talk to us down to our level of healthcare, considering the sort of people you normally deal with. And I'm told we've been inundated by people saying thank you for coming on the show and talking to us.

David Nabarro:

One comment Steven, the reason why I wanted to be in the World Health Organisation as you referred to, Steven, at the beginning, is because I actually believe the centre of healthcare is the individual, and that all of us, whatever our role in providing a service, have a responsibility to empower people to achieve that level of health that they wish to and they can do. And so, I see working with all of you as something that's a privilege for me. When I got the request I didn't think twice, I said I want to be part of it. And if I get the chance to connect with you all again, I'd like to. Steve, if there are people who say that I was inconsistent, or unhelpful in my reactions, I hope they'll write to you, and I hope you'll send me an email saying, how do you relate to this one, or that one? Honestly, it is a privilege to be of service. Thank you again.