

Module 2 Video Class 2: Interview with Sylvie Briand

Hi. Welcome back to the video segments from module two of the course, Journalism in a pandemic: Covering COVID-19 now and in the future. Today, we're speaking to Dr. Sylvie Briand, who's director of the Department of Global Infectious Hazards Preparedness at the World Health Organization. Dr. Briand, on behalf of the more than seven thousand students joining this course from one hundred and fifty one countries. Thank you for taking time to speak to them. I want to ask you first. So many of the journalists who are in this course may never have covered public health before or may never have interacted with the W.H.O.. So could you tell us very briefly how the W.H.O. response to COVID works and what your role was in that response?

So, W.H.O. is U.N. agency and is governed by 194 member states. And so, we work. I mean, the WHO secretariat works for those 194 member states. And our role in COVID-19 is guided by the International Health Regulations, which is a legal agreement that was signed in 2005 by all the member states.

And that gives W.H.O. the mandate to first detect and work with member states for the early detection of new emergencies. And then we verify the information. And finally, we have the mandate also to coordinate the response. So we work on all the aspects of the response to this outbreak that goes from the surveillance and data collection to also support technical support to member states on how to mount an effective response in their own countries.

And also, we provide supply, for example, for diagnostics for all personal protective equipment. And when we will have a vaccine or therapeutics we will also help the world to get access to those medical products.

Thank you for that description. So I have been noticing most mornings when I open my email there is a note directing journalists to the W.H.O.'s media briefing almost every day. There's clearly a huge effort being put on to communicate with the press and with the public. So I'm wondering if you could explain, does W.H.O. have core principles or core strategies for informing the public and the press about hazards such as COVID-19?

Yeah, we think that the W.H.O., we have a lot of experience of outbreak management because we have been working since the creation of W.H.O. actually in 1948, and this agency was created after a cholera outbreak in Egypt, where all the countries realized that epidemics know no borders. And so if you really want to control effectively epidemics, you really need to work together. And so this is why W.H.O. has a central role in dealing with those outbreaks. And part of the response is really the communication, because you need to ensure that everybody has access to the information, the right information at the right time so that they can really act upon this information.

And so that the relationship with the media is extremely important, because, journalists are part of these response. Thanks to journalism and good journalism, you can make sure that the good information, the right information goes to the people. And in outbreak response, everybody is at the frontline. And you see with COVID, for instance, you have the health workers who are treating patients. But also we ask everybody to wash their hands, to keep a physical distancing, to also observe of respiratory etiquette in some settings to wear masks. And so everybody contributes to slow down the transmission of the virus. And the media and journalists are really helpful to convey those messages, explain to the population as well what what is this disease, what is this virus and what it can do also to protect themselves and protect their families.

And so this is why we try also to explain very regularly to journalists, what we know about the disease. Also, what are the recommendation we would like them to convey to the rest of the population. So journalists are really as amplifier of information and those so helping us to educate in certain way population because this is a very new disease COVID-19. Before December 2019, nobody knew about it. And so the science is making good progress and is advancing very fast. But still, I mean, every day we discover something about the virus, about a disease, about the manifestation of the disease, about how people can control it. And so these collective knowledge is built through media as well.

Thank you. So we'll come back to the science in a minute, but I wanted to ask you first. You have been part of outbreak response at the W.H.O. for more than 10 years now, and that includes leading the global influenza program during the 2009 H1N1 pandemic. And I'm wondering if you could reflect for us for a moment how this epidemic and its response are different to what went on in 2009.

Yeah, so, you know, 2009 was very special because in fact, first it happened after SARS and SARS was in 2003. And so SARS was really a wake up call for many countries because they realized how interconnected is the world today and how a few thousand of cases because SARS was 8,000 cases, 800 deaths. But how an outbreak of this kind of a new disease can destabilize completely the economies.

And so they really realize that we had to do something about it. And the same year H5-N1 also reemerge, it was eradicated in 1997, but in 2003 it reemerged and in 2005 we really had quite a number of clusters in different countries and still the world was really frightened to have an influenza pandemic because for pandemics a reference is of course the 1918 pandemic that killed millions of people. So everybody was really frightened about the potential resurgence of the influenza pandemic. So between 2005, was a new international health regulation was adopted and 2009 when the H1N1 pandemic started, there was a lot of it enforced put-in preparedness.

And so many countries where really, well prepared. For example, in Europe, most of the country had stockpiled masks. They also had put in place some kind of mechanism to diagnose the disease and to have networks of laboratories. And and they have also a surge plan, contingency plans for hospital and also rosters of all health worker for such capacities and so on and so forth. So a lot of preparedness was ongoing before 2009. So when the pandemic started, somehow it was an acute event, of course. But because people were prepared, I think the choreography went practically well. I mean, countries were used to work together. And so we didn't see major problems, actually. And that's why the mortality was quite low. And and so then people thought, OK, this was really a mild pandemic. So what why did we spend so much energy before for something that is really mild? And after this 2009 pandemic, there was really a kind of a pandemic preparedness fatigue.

Many countries didn't update their plans and they didn't replenish their stockpile of mask and they felt that's OK. Now, in the 21st century, a pandemic are not really an issue. And and so deal the issue as well with the influenza pandemic is that for influenza, we do have vaccine not immediately readily available because you have to produce a new vaccine for the pandemic virus. But still, the technology's there. We know how to do it. And for influenza, we also have antivirals and treatments. And so really the first two months of the pandemic were just to ramp up the production of antivirals and production of vaccines. But after six months, basically, we had medical tools and medical intervention to deal with the pandemic.

While for COVID-19, so when we started this pandemic first initially that was first few weeks where we didn't know really what was the problem because we were still expecting that it would be like SARS and we would be able to control it and to contain it as a source, meaning in China. And so at the beginning, even when we declared an emergency, we declared emergency of international concern on the 30th of January, at that time there was only 80 cases outside China and zero deaths.

So at that time, even the emergency committee we called for declaring, the public health emergency of international concern. They were divided. Some of them were saying, no, this is nothing, it will go away. And the other said, no, it's a pandemic potential. So we need to declare alert now. And so it was not easy decision action. But I think one of the elements that convinced them to raise the alarm bell at that time, even if the number of cases and deaths was extremely low, it's just because it was a new disease and we didn't have antivirals, no vaccine. And so we had no tools, really medical intervention to deal with this new virus. And we had to rely only on non-pharmaceutical interventions, meaning public health measures. And this is what we have been doing so far. But as you see it, it's very hard to implement in the world that is so interconnected and where as economies globalize. And so if you stop traveling one place of the world, it has an impact on the other rest of the world. And so everything is linked. And it's very

hard to have a coordinated and comprehensive intervention at global level and limit the negative impact on the economy, on the society and other sectors that are not health sectors.

Thank you for that, for reflecting back on the difference with 2009. And one of the things that strikes me in your description is that in 2009, it sounds like because of the immediate previous experiences, everyone was very much aligned globally in the need to confront that epidemic. In the 10 years since, though, there have been political changes around the world. And one of the challenges, I must imagine is seeing at the W.H.O. is this the W.H.O. is not itself a governance.

You have no power to compel your member states to do anything. You can only recommend actions to them and try to persuade them to do things. So I wonder how the W.H.O. is walking that or managing that balance of urging the public health actions without being able to force anyone to do anything.

Yeah, this is a real challenge, actually. Especially in the current world, where you, I've seen that countries are somehow, I mean, quite diverse. I would say in terms of developments, in terms of risk reception as well. And so it's like herding cats sometimes. But there are two things that help us. The first thing is these international health regulations because all countries have signed it. And so it's they are committed to this or binded by these instruments, even if it's not legally binding for a state that we have no measured. No way to pressure any country. But still, this agreement that has been discussed among all the all W.H.O. member states, and so they are somehow committed to implement it.

The other thing that is quite important as well is that we are not working with countries only for this particular issue. We are working with them on other, for other programs. For example, the malaria program, the HIV program. We are working with them for influenza prevention and so on. So we do have contact with countries for other purposes. And those relationships are not starting with COVID-19. I mean, it's something that is also it's a kind of old friendship and we try to nurture this relationship every time we can.

So that's really it's it's easier to work in collaboration by mutual understanding. And this is what we try to do and we try also to explain to countries how they can deal better with the epidemics, because my experience of epidemics is that, you know, for countries having an epidemic is a very high political risk. If you see, for instance, in Saudi Arabia, since the emergence of MERS, for instance, they have changed a lot of ministry of health, for instance.

And this is only a political impact on the health sector. But this political impact can also be beyond the health sector and under every government knows that when they are facing an epidemic, it's dangerous for them as well. They can have really a still, sometimes are more likely to listen to our advice because they know that we can help them also manage this very difficult situation.

And part of it is also the communication, because the tendency, you know, when you start to have a problem like that is to hide it, not to talk about it, hoping that it will disappear by itself. But we know that it never happens with epidemics. Never. It's always known, and so we also have an important role to play with governments to enable them to do an effective but safe communication as well, and to manage what we call the risk communication, to manage it in the ways that it's, so that they can really implement a good response. And at the same time, not be politically to mean to challenge.

And so we are now in, with the era of social media, we have developed also other tools to manage with the infodemic, because, you know, every time we have an outbreak, we have an epidemic of rumors as well. And so you can call it fake news or whatever. But at the end of the day, this infodemic can really be challenging. And halter the real response. For instance, when we had Ebola in West Africa, there was rumors that Ebola doesn't exist. It's something that has been invented or people were saying don't go to the Ebola treatment center because in reality they will take all your organs and send your organs to rich countries for sick people who are there and need the new organs. And so there was a lot of rumors like that that were really hampering a good response and an efficient response. And so it's very important also to work with media to manage this infodemic together. And so we know how the new tools based on. AI, as well as big data

screening, media screening, so social media to see what all the rumors that are starting so that we can also counter those rumors as soon as this starts and not have them drive the response or the thinking of people.

I really appreciate your raising the issue of misinformation and disinformation because it seems that one of the challenges here is that you are basing a response on science. And yet, as we've seen just in the past couple of months, the science can change from moment to moment because we are learning so much about this virus. So I'd be interested to hear you talk a little bit about how you communicate both the science of the response and also the underlying uncertainty that something may be true on one day. And yet you have to revise your recommendation on the following day.

Yes, it's true. We are a technical organization, so we, of course, though, rely a lot on science. And it's particularly challenging when you have a new disease because at the beginning, you know nothing nearly. And then little by little, you start knowing more about the virus, about the disease itself, about the symptoms. And so the science is not something static, is not something that, you know, everything at the beginning, but it's like more like a painting. And you unveil a little by little the painting, but you don't see the full painting at once. And so it takes time.

And while you are doing these very active scientific discovery, the difficulty is that you need to allow as well scientists to discuss the results and the findings. And sometimes they don't agree, which is normal for scientific process, because what makes a scientific discovery stronger is when people can discuss them, can challenge the results so that they find a much better explanation for the reality. And but sometimes what is very hard to convey to the public is that first, the science is dynamic. It's a dynamic process. You learn every day a little bit more and sometimes you make mistakes, but you can correct them. And also that science is not only one voice. It's a multiple voices. And you, little by little reach some kind of harmonious conversation. But to reach an harmonious conversation, it can take time and you can have a very different opinion interpretation on voices in the meantime.

So this process can be a very, it can lead to a lot of anxiety in the public because they tend to trust scientists and they think, OK, if the scientists don't know, who knows? And who can help us? And so I think this is where we have also a role to play, because in every situation, of course, there is always a lot we don't know. But there is also a lot we know, not necessarily about this particular disease, but we have had the experience of other epidemics in the past, even if they were due to different pathogens or different viruses. We have seen things that work. And so we can use this experience from the past to inform the present and guide the future.

[00:22:28] And so this is a kind of messages that we need to convey that in a time of uncertainty, not everything is uncertain. There are things we know and there are things that we have to discover. But the world of the unknown is not so large as people think usually. And we need to have those reassuring messages, because I think the difficulty is when people are fearful, they don't listen necessarily. They lose a little bit their sense of, critical sense and they tend to believe maybe the ones were more convincing. And so we need also to a build this trust, relationship with the people so that they trust you, even when you say, I don't know. I don't know, but I'm looking for an answer.

And this is the kind of trust relationship that is very important to build, because otherwise people may believe some self made expert that promotes a treatment that is not really a real treatment and can even be dangerous. And so we need to protect people from those kind of individual wreak certainly, or take advantage of a crisis and of the fear of the people to promote their own business or their own those solutions.

So finally, I just like to ask you, as I said when we started speaking, there are journalists taking this course from one hundred and fifty one countries at the moment. We expect that may grow. A number of those countries are lesser resource. They are developing world countries. They are in the global south. And so I'm curious to hear what are the W.H.O. concerns specifically for lower resourced countries as this pandemic reaches them? And what should journalists in those countries be watching for as COVID-19 rolls across the world?

Yes, regarding developing countries, our main concern is really because of the weakness of their health system. And as you know, COVID-19 is even if you have only 20 percent of people will have some severe disease, it's still 20 percent of people who will need some kind of sophisticated care. And so our concern is really the access to care for those people so that we can also reduce mortality. So somehow this virus is also producing more severe disease in elderly people. So most of the developing countries still have a young population. So we hope that this will somehow protect them from having a high proportion of severe cases. But still, we do have a lot of unknowns because we know that this virus is more produced, more severe disease in people with low immune system. And for instance, kids, malnourished kids have a low immune system. So they might be prone to severe disease as well. And this is something we don't know yet.

So we are concerned about potential high mortality in those countries because of the weak health system. But we are also very much concerned about the reliability of health care professionals in those countries, because, as you know, when you are taking care of a sick person, you are more at risk or more exposed to the disease. And so we have seen even in a wealthy country, 10 percent of health workers are affected.

And so this is a real concern because I don't know if you remember Ebola in 2014. There was 800 health workers affected and died from the Ebola. But in those countries, sometimes you have one doctor for 100 thousand people. And so when you lose one doctor, you have a large proportion of population that has no access to high level care, for instance. And so the impact of losing health workers in those countries can be much higher than in wealthy countries. So this is the second thing that we are really worried about, because we are afraid of of this impact on an already weak health systems.

And finally, I think epidemics of always an impact on the society. And so this impact is difficult to measure, apriori. And so, of course, especially when it's a new disease. But we know that it will have an impact on the workforce either through absenteeism or because of the high level of people hospitalized. We know that it has an impact on the society and can create a social unrest. And it will have an impact on the economy. It will have many impacts.

That's on tourism, on trade, on travel, on many other aspect of the social life. And even if those aspects we cannot measure them now, we know they will happen. And our role is really trying to mitigate as much as possible the impact of an epidemic not only on the health status of the population, but also on deals or sectors of the social life.

I really appreciate you're going into such detail, particularly where people in the global south should be looking for, but also on the uncertainty that this pandemic, which we are just at the end of the beginning, is going to pose for societies around the world. So thank you again for your thoughts on behalf of all of our students from so many countries around the world. We appreciate your spending time with us so much. Thank you.

Thank you, very much.