

COVID-19, Ukraine & Other Global Health Issues

Virtual Press Conference 10 May 2022

Speaker key:

FC	Fadéla Chaib
TAG	Dr Tedros Adhanom Ghebreyesus
SS	Dr Soumya Swaminathan
MR	Dr Mike Ryan
SF	Dr Ibrahima Socé Fall
PE	Dr Philippa Easterbrook
MK	Dr Maria Van Kerkhove
CP	Carmen Paun
SM	Sophie Mokoena
IS	Isabel Saco
HB	Helen Branswell
OY	Ömer Yildiz
AD	Ari Daniel
JR	Jennifer Rigby
NH	Natalie Huet

00:00:00

FC Good afternoon. I am pleased to welcome you to today's press conference on COVID-19, the war in Ukraine, and other global health emergencies. Today is Tuesday, 10 May. We have simultaneous interpretation in the six official UN languages, Arabic, Chinese, French, English, Spanish and Russian, plus Portuguese and Hindi. We are sorry for the delay in starting this press conference.

Now, let me introduce you to the participants in the room. We have with us Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Dr Mike Ryan, Executive Director, Health Emergencies Programme, Dr Maria Van Kerkhove, Technical Lead on COVID-19, Dr Soumya Swaminathan, our Chief Scientist, Dr Socé Fall, Assistant Director-General, Emergencies Response, and Dr Rogério Gaspar, Director of Regulation and Prequalification. Now, without further delay, I would like to hand over to Dr Tedros for his opening remarks. Dr Tedros, you have the floor.

00:01:10

TAG Thank you. Thank you, Fadéla.

FC Dear journalists, we are experiencing a technical problem. Bear with us for two minutes. We will solve it and we will resume this press conference. Thank you for your understanding.

[Audio test].

Hello, again. This is Fadéla Chaib, from WHO Geneva. As we told you, we are experiencing some technical problems but we will resume, now, our press conference. We will try to fix the problem on all our platforms later on but the Zoom is perfectly functioning. Now, without another further delay, I would like to hand over to Dr Tedros for his opening remarks. Dr Tedros, you have the floor.

TAG Thank you. Thank you, Fadéla, and apologies for the technical problem. Good morning, good afternoon and good evening. On Sunday, I left Ukraine where, alongside my Executive Director, Dr Mike Ryan, and WHO colleagues, we saw first-hand hospitals that have been bombed, we spoke with health workers and we met patients that were physically injured and mentally exhausted.

We met with the Prime Minister, Minister of Health and other officials and saw their commitment to health despite the difficult circumstances. We told them that WHO would continue to do whatever is needed to support the people of Ukraine.

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We thanked WHO colleagues who are on the ground and working around the clock to get life-saving supplies to those that need them most. Some of our Ukrainian staff have lost loved ones and their own homes but they have kept working to support the health needs of the people of Ukraine. We pay tribute to each and every one of them.

WHO continues to deliver trauma and emergency supplies and enough medical equipment. We visited warehouses in Rzeszów and Lviv and had the honour to hand over 20 ambulances to the Deputy Minister of Health that are designed to function in even the most damaged and inaccessible areas.

To support our work, WHO has issued an updated appeal for almost US\$150 million, detailing the resources we need for Ukraine and refugee receiving and hosting countries until August. We thank those who have contributed already but we still face a funding gap of US\$100 million. These funds will support

access to essential health services, including trauma care, for six million people.

But for everything WHO is doing, it can't meet all the needs of people in Ukraine right now. What Ukraine really needs more than anything else is peace and so, again, we continue to call on the Russian Federation to stop this war.

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The Ukraine situation also made me think about growing up in war. The smells, the sounds and memories you lock away because, to be frank, they're just too difficult. War really is hell. It makes everything worse and development next to impossible. Conversely, peace is foundational to everything positive.

Sadly, in Tigray, Ethiopia, people are suffering due to one of the longest blockades in history. Seven weeks ago a truce was called but there are still nowhere near enough supplies getting into the region. Only one convoy of 17 trucks of humanitarian assistance crossed into Tigray last week, carrying food and water and sanitation supplies.

Current supplies of food are too little to sustain life. The health system has collapsed. People are starving to death and it is intentional. Things are so bad that journalists cannot even access the region, removing the world's eyes to what is happening. I ask the Ethiopian and Eritrean governments to end the siege now, get supplies into the region on a regular and sustainable basis, and work for peace.

In Yemen, we are seeing increased food insecurity with pockets of famine-like conditions resulting from the conflict, economic shocks, reduced humanitarian funding, decreased access to basic essential services, and the Ukraine situation having a direct impact.

In the Sahel and the Horn of Africa we're also seeing food insecurity driven by conflict. We continue to call for peace for health and health for peace across the world. There are too many lives being lost right now due to a multidimensional crisis that is spiralling downward and we need true leadership across world to work collectively for peace.

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On to COVID-19. The rising cases in more than 50 countries highlights the volatility of this virus. Subvariants are driving a major surge in cases. For the moment at least, hospitalisations and deaths are not rising as quickly as in previous waves.

Omicron, specifically BA.4 and BA.5, is driving the upsurge in South Africa, while BA.2 is dominant worldwide. The relatively high population immunity from vaccination and previous waves is keeping COVID-19 hospitalisation and deaths rates at a comparably low level compared to previous waves but this is not guaranteed for places where vaccination coverage is low.

With this backdrop, the Global Summit on COVID-19 co-hosted by US President Biden this Thursday is another opportunity to focus minds on the job at hand. Our task is to prepare for the worst so that countries are in the best position to respond to what comes next.

Worst-case scenarios for COVID-19 include a variant that evades current immunity, transmits more easily and/or causes greater mortality. South African scientists have urged further vaccination as the key to mitigating the next wave of COVID-19.

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We agree, and WHO continues to advocate, that all countries should work toward 70% vaccination starting with vaccinating and boosting the most vulnerable. Yes, it's hard, yes, some countries won't manage it by mid-2022 but if we deprioritise based on these factors we'd be risking waves of death that can knock out health systems and cause further backsliding on all other health issues.

This pandemic is not over and we need all leaders to step up to boost population immunity and work collectively to get tests, treatments and vaccines to last mile populations. Vaccination is the best way to save lives, protect communities and health systems and minimise cases of post COVID-19 condition or long COVID. Long COVID is devastating and debilitating for individuals, both young and old, communities and economies.

Governments need to take it seriously and provide integrated care, psychosocial support and sick leave for those patients that are suffering from it. WHO continues to work with partners and patient groups to accelerate research and develop clinical best practice, including on rehabilitation.

We encourage member states, health facilities, and research networks working on long COVID to contribute to the WHO clinical data platform to better understand the condition and provide evidence guidance to support those suffering from it.

Vaccination can help mitigate the effects of long COVID and is yet another sound reason for people to get vaccinated and Member States to not give up. WHO is also helping to see progress at the Global Summit on COVID-19 so that antivirals and tests are shared fairly around the world.

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We remain concerned that low-middle-income countries remain unable to access antivirals and that testing is rapidly decreasing in many places. WHO is working very closely with ACT Accelerator partners on securing contracts that can increase availability and affordability.

And there are four key areas to improve access that we're calling on Pfizer to help deliver. First, there needs to be increased geographical scope on the licensing Pfizer signed with the Medicines Patent Pool. Too many countries, including most of Latin America, cannot access the drug at the moment.

Second, drugs prices need to be affordable for countries and transparent. Third, there must be no additional contractual requirements that hamper/delay access at the country level. Delays cost lives. Fourth, continue to support increased generic manufacturing around the world so that we can increase supply quickly.

Finally, at the Global Summit on COVID-19, leaders must agree to end the stalemate at the World Trade Organisation on the temporary waiver of

intellectual property on COVID-19 tools. Last week we estimated that almost 15 million people have already died of COVID-19. Are we waiting for a worse pandemic to strike before we activate the waiver? Fadéla, back to you.

00:17:30

FC Thank you, Dr Tedros. Let me now open the floor to questions from the media. To get into the queue to ask questions, you need to raise your hand using the Raise Your Hand icon, and please do not forget to unmute yourself when it is time. Now, I would like to invite Carmen Paun, from Politico to ask the first question. Carmen, over to you.

CP Thank you, Fadéla, and hi, everyone. Thank you for giving me the floor. Just following up on Dr Tedros' expectations from the COVID summit here, in the US, do you foresee a similar model to what happened with vaccines in terms of treatment and test, where richer countries that may have an oversupply or may have bought a lot of them start donating them, or do you expect a different model to ensure equitable access for these ones? Thank you.

FC Thank you, Carmen. I would like Dr Swaminathan to take this question.

SS Thank you. Thanks for that question. I can start and my colleagues might want to come in. I think we are really worried that we may see a similar situation of inequity and lack of access to oral antivirals, which we know can really help, especially those people who are at high risk of progressing to disease. It can actually prevent them from getting hospitalised and getting severely ill if given early enough.

Of course, for this to be rolled out means that you also need diagnostics available to the population and you need a test-and-treat strategy in place so that people can be tested early and then they can be immediately given access to the antivirals.

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We know that some countries, the UK and the US for example, have put in place such mechanisms but even there they're facing logistical challenges in really implementing. So, a lot of people, even in the countries, are not having access, even though it is made available through the programme.

In terms of availability across the world, we're running into a similar situation of limited supplies because Pfizer has supplies in the tens of millions of doses and a lot of that has been pre-booked by high-income countries. And while the licensing arrangements through the Medicines Patent Pool eventually will allow generic manufacturers to produce, this is not going to happen till 2023 and there are also geographic restrictions that have been placed.

So, there are two things there. One is available supplies should be shared more equitably through the ACT Accelerator, as we had requested for vaccines, so that high-risk people around the world can have access to the drug. Secondly, that the geographic restrictions that have been imposed actually need to be removed so that that generic production will eventually be able to reach across the world for people regardless of income status.

Then, the other things that were mentioned by the DG were that companies, in this case Pfizer, should not insist on indemnification and liability obligations to countries and also that there should be price transparency so that people around the world can get this drug at the most affordable rate. So, we hope that these very concrete issues can be discussed and a resolution found at the summit. Thank you.

00:21:21

MR Maybe just to supplement, as well. I think the summit, this time round, is broader than vaccines and it's even broader than the antivirals themselves. It is co-hosted by a number of states and state leaders and the funding is still needed to drive this, to drive the delivery of the commodities that we need in the frontline, both antivirals and vaccines.

The agreements from manufacturers are what is needed. We need commitments from manufacturers but we also need commitments from countries themselves. We need to ensure that, as the problem of funding for supplies and access to those vaccines has improved significantly under the leadership of Dr Tedros and other partners in the ACT Accelerator, we also need to see that commitment from states to continue vaccinating and to work on vaccine hesitancy, to work on logistics, to work on the last mile, to work on cold chains, to ensure that these life-saving products are actually delivered to the last mile.

So, I think the summit this time is broader. It is more fundamentally aimed at fixing problems in the system all the way along that chain, and everybody has a responsibility for that. We thank the US once again for their leadership in this endeavour, funding, availability and the downstream efforts that are needed by everyone to ensure that everyone that can benefit from protection by vaccines and life-saving antivirals, diagnostics testing and sequencing that will allow us to track the virus and the kind of community engagement that we need to sustain demand for these life-saving vaccines.

00:23:04

FC Thank you. I would like now to invite Sophie Mokoena, from SABC, to ask the next question. Sophie?

SM Thank you so much. I just want to get the response from the DG. You visited Ukraine. When you look, the big story currently around the globe, including the very same South African Broadcasting Corporation, has been Ukraine and the COVID-19 pandemic has kind of taken a back seat. The focus is not there anymore.

What is your message to the international community, in terms of how do we refocus the world in terms of addressing this problem of the pandemic? Finally, the impact of the war in Ukraine in terms of the health sector in that country and generally around the globe. What is your assessment? What are your fears? What is your advice?

MR Maybe I'll begin and Dr Tedros will come in. I think you are very correct in your assessment and the DG referred to it in his speech. We have a lot of converging problems right now and they're interlinked and they're

intertwined if you look across not only the Sahel, the Horn of Africa, into Yemen. Dr Tedros referred to the food crisis in Yemen worsening.

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What we have is a situation where one problem drives the next problem and you cannot separate these from each other. COVID-19 is complicating the humanitarian response in Ukraine. Issues with food delivery or growing the food that's needed for the world is causing a major crisis on food supplies in already fragile situations. These converging risks. These converging threats.

We have deal with that complexity. The unfortunate fact for us all right now is the world is dealing with a complex series of threats that ultimately result in decreased health for our populations, in decreased health security for men, women and children around the world. So, you're absolutely correct in that.

In terms of the refocus, we have an appropriate level. Ukraine is a terrible situation, a desperate situation for the people there and Dr Tedros' visit there highlights that. But also there are many, many other crises around the world. So, it's not about refocusing away from Ukraine, it's about the appropriate level of focus we need for everything else.

We have to be able to focus on Ukraine but we also need to focus on Yemen, we need to focus on Syria, we need to focus on the Sahel, we need to focus on the climate crisis, we need to focus on a crisis in our health systems all over the world. We're finding it hard to pay for healthcare. It's not just acute emergencies we see. There's a silent emergency in the health system where people are being impoverished by having to pay for healthcare that they cannot afford, and we're generating a chronic crisis of financial security for people.

So, there are many layers of the health threats we face but also at the same time, and again Dr Tedros referred to this, we're also seeing tremendous resilience, tremendous hope, tremendous compassion and tremendous passion in health workers to respond to these threats.

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We're seeing governments waking up to health security as a major issue, not just a health issue but an economic and social security issue for the world. Health is now central to many of these issues. In that sense, I think we are at a moment where the next World Health Assembly, the discussions on a treaty, on an accord on health emergency preparedness and response, the need to refocus our efforts on protecting health.

Again, the Director-General's vision going forward, for the next five years, is focused on protecting health, delivering health, dealing with emergencies and doing all of this because we cannot just do one of these things. So, I do think that it's not a matter of refocusing, it's a matter of sustaining our focus on each and every one of these threats and recognising how interlinked and how intertwined they are.

But also celebrating the fact that science can find solutions. Our health workers can deliver those solutions but we need the resources, we need the focus, we need the governance and we need the political leadership that can

allow us as health professionals, as scientists, as aid workers to be able to deliver on our promises to the people we all serve.

FC Thank you, Dr Ryan. I would like now to invite Isabel Saco, from EFE, to ask the next question. Isabel?

00:28:06

IS Hello, Fadéla. Thank you very much. Good afternoon to everybody. I would like to have an opinion on the fourth dose of the vaccine. In some countries, also in some countries in Latin America, there are many countries where people are getting already the fourth dose just four or five months after their booster dose. I would like to know if you have an opinion on this, if there is any risk of getting two doses in such a short period of time, and if you can give us an overview of how normal is getting this fourth dose in these days. Thank you.

FC Thank you. Dr Swaminathan?

SS Thank you for that question. If we go just a little bit back, and I know that you're aware that the recommendations for vaccination that WHO puts out are based on the guidance that our Strategic Advisory Group of Experts gives us, the SAGE. SAGE has been following the data, following the evidence very closely.

The most recent guidance from WHO is, of course, starting with the primary course and we know that a third dose does provide a broader immune response and a stronger immune response. So, we now consider that a primary course of vaccination consist of three doses.

Having said that, we still have a huge population globally that have not received their primary course of vaccination. As you know, in Africa we're still at about 15% coverage with a two-dose regimen and therefore we need to focus on getting those populations that have not received their primary course and particularly focusing on the above 60s, the healthcare workers.

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We know that globally, for example, that if you look at people above the age of 60 then, in Africa, only 26% have received a full course. This is very worrying because any future surges that we get, that we're now seeing in countries with the BA.4, BA.5 and so on, that people above the age of 60 are at the highest risk of developing severe disease and again hospitals getting full.

I think the WHO roadmap clearly points out, starting with those high-risk groups and then working your way down but doing a three-dose for everyone above the age of 18. Now, coming to the fourth doses, of course many countries have started providing fourth doses, particularly to those people who are immunocompromised and elderly.

We know that in some groups of people immunity wanes faster. The older you are or if you have underlying immunocompromising conditions, if you are on treatments with steroids or anti-cancer drugs or you have severe diabetes for example and some other illnesses, that your immune responses are not so strong and that a fourth dose might be helpful in these.

So, we also recommend that countries could decide to give fourth doses to some groups of people, not to the whole adult population. Again, it is a question of prioritising first to make sure that people are protected with the primary course and then giving a further layer of protection to those who might need that addition.

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This is true for all vaccine platforms. Now, the data is mostly coming from the mRNA vaccines. Currently, there are about seven studies that have looked at the fourth dose and what we're seeing is that it does give you a boost of antibodies but it is short-lasting. These studies have not followed these people up for longer, so we don't know how long-lived that protection is. So, again, a call for more research from around the world, following populations, looking for waning immunity across different vaccine platforms and different age groups.

We also, I should say, for the third and the fourth doses where it is applicable, heterologous, mixed vaccine is also possible, so those who have received a viral vectored vaccine could receive an mRNA or the other way round or inactivated vaccines followed by a different vaccine for the third dose. It might actually give you, again, a stronger immune response.

Sorry, a little bit long but I hope that answered the question, both on prioritisation of who should be vaccinated, then certain specific situations where a fourth dose may be given but, again, we don't have enough data to recommend that broadly at this point.

FC Thanks so much. I would like now to invite Helen Branswell, STAT, to ask the next question. Helen, you have the floor.

HB Thanks very much for taking my question, Fadéla. This is a question to Dr Fall. I'm wondering if you could give us an update on the Ebola outbreak in Mbandaka, please. Has any progress been made in finding out how the first case was infected? Have there been additional cases? Do you know the vaccination status of the three people who were infected and died? Thank you.

00:33:49

SF Thank you, Helen, for the questions. So far, we have recorded three cases of Ebola from this outbreak. Unfortunately, all of them died. Vaccination of contacts and contacts of contacts started 48 hours after the first case.

Looking at the information from the cases, the first two cases were not vaccinated but the last case that died was vaccinated because they were a high-risk contact from the first case. That patient who died was positive around eight or nine days after vaccination, so it was already high-risk contact. But we have a number of contacts already recorded, 472, and followed up. Vaccination coverage is right now around 60% but the teams continue working with the communities.

In terms of investigation of the source of contamination, as we already highlighted from the sequencing we can see that this is a new outbreak. It is not related to the previous outbreak. We have a mixed team from animal and human health investigating the area to be able to identify the first source of

contamination. So far, we don't have additional information on the source of the outbreak. Thank you.

FC Thank you, Dr Fall. I would like now to invite Ömer Yildiz, from Anadolu, to ask the next question. Ömer, you have the floor.

00:35:31

OY Thanks for taking my question. My question is about the acute hepatitis cases with unknown origin. As you know, some countries continue reporting hepatitis cases one by one. Lately, the United States announced that there are over 100 cases nationwide and five kids died because of the virus so far. Also, Indonesia reported 14 cases and four deaths as we read from the press, national press. So, my question is when will WHO issue an update on the latest reports and shall we worry about the increasing numbers? Thank you.

FC Thank you, Ömer. I would like to invite Dr Ryan.

MR I just want to ask you this. Is Philippa online?

FC Yes, she is online.

MR Philippa? Great.

FC Yes. Sorry, Mike. We have with us Dr Philippa Easterbrook, who can take this question. Dr Easterbrook, you have the floor.

PE Thank you very much. Just to confirm that with the reports from the United States over the weekend, we now have 348 probable cases. There are 70 additional cases and, as you identified, we now have cases from five different regions. I think it's important to highlight that there are six countries only at present that are reporting more than five cases.

For all the remainder of the countries, it is less than five cases. In addition, with the cases that have been reported, this includes a mixture of new cases and retrospective or historic cases. That is the nature of the surveillance that has been set up. The numbers are, of course, changing as we verify and establish at country level, the cases.

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I think over the last week there has been some important progress with the further investigations and some refinements of the working hypotheses. This has been very much led by the UK Health Security Agency, because of course the UK accounts for the majority of cases, now around 163, and working with the other nation states in the UK, have been coordinating this very comprehensive series of investigations looking at the genetics of the children, looking at their immune response, looking at the viruses and further epidemiological studies.

At present, the leading hypotheses remain those which involve adenovirus but I think with also still an important consideration about the role of COVID as well, either as a co-infection or as a past infection. Over the last week more testing has gone on, I think confirming that still around 70% of the cases that have been tested are positive for adeno. This is in the blood primarily.

Further typing of the adeno confirms again that those that have been tested have identified subtype 41 as being the prevalent one. Over the last week there has also been some more histological examination, that's looking at the tissue samples, the liver samples, the biopsies and examining those closely under the microscope.

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None of these show any of the typical features you might expect with a liver inflammation due to adenovirus but we are awaiting further examination of biopsies. These are all based on the UK samples. Again, more testing for COVID shows that around 18% are PCR positive and the big focus over the next week is really looking at serological testing for previous exposure and infections with COVID.

Hopefully, within the week, there will be data from the UK on that important case control study comparing whether the detection rate of adeno in the children with liver disease differs from that in other hospitalised children. That will really help hone down whether adeno is just an incidental infection that has been detected or there is a causal or likely causal link.

Again, what WHO is doing at the moment is working very closely across all the regions. We have now a good reporting system that is well up and running in the Euro region. We are establishing similar systems with similar data collection tools across the region so that we have good, standardised reporting to enable us to compare.

So, still an active area of investigation but I think we're extremely fortunate to have the excellent foundation of the UK investigation that is very comprehensive that will then inform where we need to go next with a more globally coordinated investigation. Thank you.

FC Thank you, Dr Easterbrook. If you can just stay online because I can see that Daniel, Ari, from NPR is asking a question on the chat. Ari, are you online?

00:41:40

AD Yes. Thank you so much. My question was earlier when you said, Dr Easterbrook, that there were 348 probable cases and 70 additional cases, were you saying that is 348 plus 70 new cases or that the 70 was adding up to get us to 348? Thank you.

PE Thank you. It is 348 probable cases that meet the probable case definition and the additional 70 cases are pending classification for two reasons. Either they haven't yet completed the key hepatitis A to E tests that need to be done or we're awaiting verification from the Ministry of Health and countries' process and that may take time. So, the 70 are in addition to the 348. Overall, there are 20 countries that have reported probably cases and then an additional 13 where these other ongoing cases are being investigated.

FC Thank you so much, Dr Easterbrook. Now, I would like to invite Jennifer Rigby, from Reuters, for the next question. Jen, you have the floor.

JR Hello. Can you hear me? It's Jen here, from Reuters.

FC Yes, very well.

JR Great stuff. I just wanted to ask about China and zero COVID policy there, just to get WHO's stance on that policy. As this point in the pandemic, is it a good or bad policy? What would be your advice on it? Have you had discussions with China about that policy considering it is a bit of an outlier now compared to the rest of the world?

00:43:35

FC Thank you, Jen. Dr Van Kerkhove.

MK Thanks. I can start on this. Thanks for the question. As you know, as the World Health Organization we're working with all nations, all countries, everyone, everywhere on COVID. From China's perspective, this dynamic zero or dynamic COVID policy that they're following is their attempt to try to control transmission of COVID-19.

Many countries have chosen different types of policies related to this pandemic from the beginning and throughout and our responsibility is to ensure that we provide the best advice we can to support them in whatever policies that they're pursuing.

What we can say is as this virus evolves, the latest variants that we have, the Omicron variants and all the sublineages are more transmissible than the last variant that is circulating, and we know that that will continue. There will be more variants of SARS-CoV-2 because the virus is circulating at such an intense level.

So, what we need to ensure is that all policies focus on two things, two major objectives. One is to ensure that we can find cases and we can reduce the possibility of severe disease and we can reduce morbidity and mortality and the long-term consequences of COVID-19 through vaccination, through early clinical care and getting patients into the clinical care pathway, making sure that they are provided the best possible care by protected, respected and trained healthcare workers with appropriate infection prevention and control.

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We also, at the same time, need to reduce the spread of SARS-CoV-2. Our goal at a global level is not to find all cases and stop all transmissions. It's really not possible at this present time but what we need to do is drive transmission down because the virus is circulating at such an intense level.

As the DG said, there are more than 55 countries right now that are showing an increase in case detection, in case reporting, and this is in the backdrop of a substantial decline in testing worldwide. So, our ability to track this virus, to understand its circulation is being diminished because we don't have the strong systems that were in place previously.

What we're doing with countries right now is to ensure that we maintain strong surveillance systems, that we maintain adequate clinical care, adequate access to life-saving tools. It goes back to the question Sophie asked around focus in the context of all these other global challenges.

COVID-19 has solutions. We just need to use those solutions most appropriately and we cannot afford to take our eye off the ball for this

particular virus despite all of the other challenges that are circulating. We will continue to support countries, all countries, everywhere, to ensure that they provide the right protection to their populations but, again, we live in a global interconnected world and so while some countries may have been able to end the emergency of this virus in the sense that they can reduce morbidity and mortality, we don't see that in all worldwide. So, we need to continue to fight this at a global level.

00:46:40

FC Thank you. Dr Tedros.

TAG Thank you. As we all know the virus is evolving, changing its behaviours, becoming more transmissible and with that changing behaviour, changing your measures will be very important. When we talk about the zero COVID strategy, we don't think that it is sustainable considering the behaviour of the virus now and what we anticipate in the future, and especially when we have now a good knowledge, understanding of the virus.

When we have good tools to use, transiting into another strategy will be very important. We have discussed about this issue with Chinese experts and we indicated that the approach will not be sustainable and, considering the behaviour of the virus, I think a shift will be very important.

As I said earlier, we know the virus well. Now, we know a lot about the virus and we have better tools. So, these are the additional opportunities that we have to make a shift. Thank you, Fadéla.

FC Thank you, Dr Tedros. I would like now to invite Mike Ryan. I think you wanted to say something.

MR Just to point out, I'm in total agreement with Dr Tedros, you need dynamic and adjustable, agile policy. One of our problems, if we go back to the beginning of this pandemic, was a lack of agility in many places resulted in a lot of harm.

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It is important to reflect on the fact that China has only had just over 15,000 deaths during the whole pandemic so, in that sense, China has something to protect and certainly since February/March there was a rapid rise in deaths. Therefore, any government in that situation will take action to try and combat that.

But all of those actions, as we've said since the beginning, should show due respect to individual and human rights. We always have said, as WHO, that we need to balance the control measures against the impact they have on society the impact they have on the economy and that's not always an easy calibration to make.

As Dr Tedros said, having that ability to adjust according to the circumstances, according to what you see in the data, and according to the best benefit for your population to find an exit strategy that works for each and every country, and Dr Tedros has been discussing that in depth and in detail with Chinese colleagues.

FC Thank you. I would like now to invite Natalie Huet, from Euronews, to ask the next question. Natalie, you have the floor. Natalie, can you hear me?

NH Yes. Can you hear me now?

00:50:05

FC Yes. Please, go ahead.

NH Thank you so much, Fadéla. Maybe my question could go to Maria Van Kerkhove. What is the latest insight you can give us on the Omicron sublineages, BA.4 and BA.5? Specifically, can you give us a better sense of how much more transmissible they are, how easily they can dodge antibodies from earlier infection and what protections do vaccines offer against them? If we could have your very latest insight on that, that would be most appreciated. Thank you.

MK Thanks for the question. As you know, we're tracking Omicron and all of the sublineages that are circulating globally. We can say predominantly worldwide, BA.2 still remains the most reported sublineage of Omicron if we look at a global level. There are several, many in fact, sublineages of Omicron that we are tracking and this just indicates that the virus continues to evolve. As you know, we've been tracking BA.1, BA.2, BA.3, BA.4 and BA.5.

What we can say is that BA.2 has a growth advantage over BA.1, so in many countries that had a substantial BA.1 wave, some of them also had a slight increase in BA.2. In countries that had both of those sublineages competing with one another, BA.2 won out in terms of circulation.

We are now starting to see an increase in the proportion of sequences reported of BA.4 and BA.5 in South Africa. BA.4 and BA.5 have been reported in about 15 countries right now but there are only globally about a few hundred sequences of each that are available.

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I would like to highlight that our ability to detect this is being substantially hindered because testing rates have plummeted and, in doing so, our sequencing rates have plummeted as well. So, we do need to have testing and sequencing continue so that we can track these variants.

BA.4 and BA.5 have a slight growth advantage over BA.2 and so what we're watching very closely with our colleagues in South Africa and in other countries is to look at the increase in reported cases. We do see a sharp increase in cases in South Africa and we see a slight increase in hospitalisations.

What we want to better understand is while we see an increase in growth rate of BA.4/BA.5 over BA.2, I know these numbers can be a bit confusing, what we're really looking at right now is if we see an increase in severity. We don't detect this at the present time but it is still early days and we do need to watch this very closely.

In addition to looking at surveillance data and hospitalisation data, we're also working with scientists around the world through our Technical Advisory Group for Virus Evolution to look at studies that are being undertaken in the

lab to look at pathogenicity, to see if there is any signal of increased severity. Those studies are currently underway.

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In summary, we do have a slight growth advantage of BA.4/BA.5 over BA.2 but we have very few sequences globally that have detected these two sublineages. What we are also trying to determine is in countries, because countries have had different types of circulation of different sublineages, what we don't quite know yet is what will happen in countries that had a substantial wave of BA.2. Will they see the same growth advantage? Will they see an increase in cases of BA.4 and BA.5?

With regards to vaccines, the vaccines are holding up very well against severe disease and death, so it is absolutely critical that people get vaccinated that countries have access to vaccines, reaching this 70% target of all people in all countries but really focusing on 100% of health workers and 100% of our frontline workers and those who are over 60, those with underlying conditions because vaccines are saving lives.

So, it is important that people get vaccinated when it is their turn and that they receive the full course of that but, again, there are many studies that are underway that are looking at the different vaccines in use and all of these different sublineages.

Once again, it is really important that surveillance for this virus continues, that testing remains strong, that sequencing is intelligent and that we have good geographic representation, so that we have good eyes and ears on the virus, how it continues to evolve and looking at particular patterns in terms of severity around the world.

FC Thanks so much. We are coming to the end of our press conference. Thank you all for your participation. We will be sending the audio file and Dr Tedros' remarks right after the press conference. The full transcript of this press conference will be posted tomorrow on the WHO website. Dr Tedros, over to you for your closing remarks.

00:55:22

TAG Thank you. Thank you, Fadéla. Mike had responded to one of the questions fully but I just want to add my voice because it is very, very serious. Just one angle. He had already said it, though. This is on the crisis that the world is facing and focus on Ukraine.

Of course, the focus on Ukraine is very, very justifiable because the consequences of not resolving the Ukraine issue is seriously a global issue. We were discussing actually earlier today also about many of the interlinked problems we saw during our visit.

You have the health crisis, which is global. You have the food crisis and inflation and so on because of the conflict. You have the energy crisis. You have the migration crisis. And there is also the climate crisis. I think a convergence of all these crises at the same time is very, very dangerous for the world.

We call on global leaders to really take this seriously and lead effectively because I don't know if we have seen anything like this, a combination of all these crises at the same time.

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Actually, as Mike said, the focus on Ukraine can also help in understanding the problems we're facing and help to give the right attention to the other problems we're facing. So, we just want to really underline how serious the situation is and how major crises are converging. This is a time when we really need strong leadership that can address all the problems wherever they are, all comprehensively and wherever they are.

I said it in my speech, especially with regard to conflicts. We see many conflicts globally and war. I, as a child, know war very well. I know the sound of it, the smell of it, the distraction associated with it, all the images. As I said, the last few days during my visit actually, that triggered my fears, my pain and so on.

I met some kids who fled, refugees, with Mike actually, in a hospital. You can see the impact of this conflict could be generational, like other conflicts. We met a mother who told us, who came from close by to Mariupol and they have experienced the conflict directly, the shellings or the strikes including the child. The mother was saying to the child it is a thunderstorm and it will go away but you can read the shock and the fear in the eyes of the child, and also the mother.

So, conflict, wherever it is, mainly affects children and women and the weak ones and that's what we have seen but, at the same time, there is conflict in different places. But not only that, the most worrisome part is, I'll take you back to what I said earlier, the convergence of the health crisis, the pandemic we have now, the food crisis, the energy crisis, the migration crisis and the climate crisis. I think we're at a time when we need real leadership. Thank you so much to the press members today for joining us and see you next time.

01:00:30