

Global Health Issues

Virtual Press Conference

3 March 2023

Speaker key:

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WZ	Dr Wenqing Zhang
MK	Dr Maria Van Kerkhove
EP	Erin Prater
SB	Sarah-Taïssir Bencharif
RM	Robin Millard
YA	Yuri Akalev
JZ	John Zarocostas

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CL Hello and welcome to today's press conference from WHO headquarters, here, in Geneva. It is Friday, 3rd of March and apologies, immediately, for the late start today. We'll have a virtual press briefing today on the recent visit of the Director-General to north-west Syria and, of course, on any other health emergencies, including COVID-19. My name is Christian Lindmeier and I'll take you through today's press conference.

We have a big number of colleagues with us in room here today, as well as online. Let me start with the room. First and foremost, we have Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Dr Mike Ryan, Executive Director for WHO's Health Emergencies Programme. Then, we have Dr Maria Van Kerkhove, Technical Lead on COVID-19. We also have Dr Abdi Rahman Mahamud, he's Interim Director for Alert and Response Coordination. We also have Dr Adelheid Marschang, she's Health Operations Lead for Earthquake Response at WHO, and Mr Rob Holden, he's the Incident Manager, also for the Earthquake Response.

We have a good number of colleagues online and I will not introduce them now - I'm being told I should introduce them, so let's do that, and then I'll go through the ones we have here. I have Dr Bruce Aylward, he's Senior Advisor to the Director-General and is the Acting Assistant Director-General for

External Relations. Then, we have Dr Rogério Gaspar, he's Director, Regulation and Prequalification. We also have Dr Ana Maria Henao-Restrepo, Coordinator for the R&D Blueprint. And, last and not least, Dr John Reeder, Acting Chief Scientist.

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Again, a number of other colleagues still, but we'll get there when we get there. With this, enough from me - oh, no. Simultaneous interpretation is available in six languages, again in the six UN languages, Arabic, Chinese, French, English, Spanish and Russian, plus Portuguese and Hindi. And, with this, enough from me and over to the Director-General for the opening remarks.

TAG Thank you. Thank you, Christian. Good morning, good afternoon and good evening. Yesterday, I returned from my visit to Türkiye and the Syrian Arab Republic.

I was deeply shocked and saddened by the devastation and suffering I saw and heard. In the Hatay province of Türkiye, almost every building has either collapsed or is leaning dangerously. I imagined how terrifying that morning must have been, in the pitch black, the rain and snow, and the awful noise of buildings collapsing and people screaming.

I visited a camp for displaced people where I met a 67-year-old woman who was trapped under the rubble for three hours before she was rescued. Her husband was not as fortunate. Her daughter is in hospital and may have to have a leg amputated. She said she did not know what she will do next. The suffering is impossible to describe in words or even in pictures. Nothing can convey the depth of grief and loss so many people are feeling.

The destruction is immense but so is the response of the Turkish government. During the first two weeks, more than 55,000 people needing care were transported to hospitals all over Türkiye in any way possible, by helicopter, ambulance, and car.

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Since the first day, the Minister of Health has been leading the response on the ground in the most affected areas. The entire Ministry of Health has relocated to the affected zones, and is living in tents, containers and cars, side-by-side with health workers and other responders. I was so impressed by the dedication and hard work of health workers, both in Türkiye and the Syrian Arab Republic.

The kind of suffering caused by the earthquake on both sides is similar but the risks now being faced by people on the Syrian side are far higher than those living just a few kilometres away on the Turkish side. The challenges health workers are facing are similar on both sides, but on the Syrian side they are facing them with far fewer resources. 12 years of war has destroyed infrastructure, homes and hope.

Drought, economic collapse, the COVID-19 pandemic and an ongoing cholera outbreak have heaped misery upon misery. Even before the earthquake, more than 90% of the Syrian people were living in poverty. The NGOs in the north-west of the Syrian Arab Republic welcomed my visit, but expressed their

disappointment that I was the first high-level UN official to visit since the beginning of the war.

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In Idlib Governorate, I met a 15-year-old boy who broke both his arms when he jumped out of a window during the earthquake. He hasn't been to school since he was nine years old because of the conflict. I visited a reception centre where hundreds of people are living with nothing but the clothes they were wearing when they escaped their homes. People showed me pictures of the children they had lost. The children who were there were dirty and hadn't eaten that day. There is nothing for them to do, no toys, no games, no schooling.

For the past decade, WHO has been providing about one-third of medicines in opposition-controlled areas in the north-west of the Syrian Arab Republic. That has now risen to two-thirds. On the day of the earthquake, we were able to release supplies quickly from our local warehouses.

So far, we have distributed more than 200 tonnes of aid to health facilities in north-west Syria, and we continue to deliver as much aid as we can in any way we can, whether across borders or across lines of conflict.

The Syrian people have suffered more than most people ever will or ever could. They have endured and they have shown great resilience in the face of it. Their needs, dreams and hopes are the same as all people, for health, food, water, shelter and peace, for a better future for their children.

I call on the international community to dig deep to lift up those in Türkiye and the Syrian Arab Republic in two ways. First, for humanitarian support for both countries, and to support a political solution to establish a lasting peace in the Syrian Arab Republic.

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At the same time, I call on the leaders of all sides of the Syrian conflict to use the shared suffering of this crisis as a platform for peace, as an opportunity to make peace. 12 years of war has delivered nothing but division and the destruction of the Syrian Arab Republic's proud history and rich culture. If anything good could come of this suffering, it must be peace.

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Over the past few days there has been renewed attention on the origins of the COVID-19 pandemic. As we have said before, if any country has information about the origins of the pandemic, it is essential for that information to be shared with WHO and the international scientific community, not so as to apportion blame but to advance our understanding of how this pandemic started so we can prevent, prepare for, and respond to future epidemics and pandemics.

I wish to be very clear that WHO has not abandoned any plans to identify the origins of the COVID-19 pandemic, contrary to recent media reports and comments by politicians. In 2021, WHO established the Scientific Advisory Group for the Origins of Novel Pathogens, or SAGO. In its report last year, SAGO identified key studies that must be done in China and elsewhere to

verify or eliminate the various hypotheses for the origins of the COVID-19 pandemic.

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WHO continues to call for China to be transparent in sharing data and to conduct the necessary investigations and share the results. To that effect, I have written to, and spoken with, high-level Chinese leaders on multiple occasions, as recently as just a few weeks ago. Until then, all hypotheses on the origins of the virus remain on the table.

At the same time, the continued politicisation of the origins research has turned what should be a purely scientific process into a geopolitical football, which only makes the task of identifying the origins more difficult, and that makes the world less safe.

Understanding the origins of the COVID-19 pandemic remains a scientific imperative, to inform measures to prevent future epidemics and pandemics, and a moral imperative for the sake of the millions of people and their families who have lost their lives to COVID-19 and those who continue to live with post-COVID-19 condition.

Today, WHO is launching a new policy on preventing and addressing all forms of sexual misconduct, including sexual exploitation, abuse and harassment. Following allegations of sexual misconduct by WHO employees during the 10th Ebola outbreak in the Democratic Republic of the Congo in 2020, I appointed an Independent Commission to investigate the allegations and to make recommendations on reforming...

Following allegations of sexual misconduct by WHO employees during the 10th Ebola outbreak in the Democratic Republic of the Congo in 2020, I appointed an Independent Commission to investigate the allegations and to make recommendations on reforming WHO's policies, procedures and practices.

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Since the Commission delivered its report in 2021, WHO has worked hard at implementing its recommendations. This new policy builds on our achievements so far and addresses gaps identified by reviews of the previous policy.

It puts victims and survivors at the centre of our approach, and applies to all WHO staff, collaborators and members of the public in places where WHO and our partners work. The new policy is an important step on our journey to becoming an organisation where zero tolerance is the reality and not just a slogan.

Finally, next Wednesday marks International Women's Day. Over the past 20 years, the world has made significant gains in the health of women and girls. Maternal mortality has decreased by one-third and yet 800 women still die each day due to preventable complications of pregnancy and childbirth. These risks are increased by teen pregnancy, which affects more than 20 million girls every year.

And while women make up 70% of the health workforce globally, on average they earn one-quarter less than their male colleagues and occupy only one in

four global health leadership roles. WHO is committed to addressing the root causes of disparities in women's and girl's health and to making the health sector a driving force for a healthier, safer, fairer world for all women and girls. Christian, back to you.

00:15:04

CL Thank you very much, Director-General. Now, we go over to the question and answer session. To get into the queue, please raise your hand with the Raise Your Hand icon. I can see many colleagues here watching already but we only have a few hands, so this is your chance to get a question in. Sometimes we don't get to all. Today, you have a chance. We'll start with Erin Prater, from Fortune magazine. Erin, please go ahead and unmute yourself.

EP Thank you so much for taking my question. I'm curious if 2.3.4.4b is the only clade of H5N1 with pandemic potential or is 2.3.2.1c also worrisome, or are there any others that are worrisome? Thank you.

CL Thank you very much, Erin. I believe we have Dr Wenqing Zhang with us, the Head of the Global Influenza Programme, and we'll go over to her for that.

WZ I hope can hear me. Okay, great. Thanks very much for your question. For H5 virus, there are many clades circulating. 2.3.4.4b or 2.3.2.1c are just two of many clades circulating, so with regards to pandemic potential all these clades present certain levels or potential to causing a public health emergency, i.e., an influenza pandemic. Although the current virus, like 2.3.4.4b is spreading, it is spreading in wild birds, in poultry into North America, as well as to South America.

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Also, there are many reports reported of infected mammals. And in the recent case in Cambodia, it's the 2.3.2.1c clade. But, overall, we need to keep alert to all these clades circulating and assess the risk. We don't know which clade will be jumping out to cause the next pandemic, so at the moment we need to keep all these under monitoring. Back to you.

CL Thank you very much, Dr Zhang. We have one which might go into the same direction. This is Sarah-Taïssir, from Politico. Sarah-Taïssir, go ahead and unmute yourself.

SB Hi. Thank you so much for taking my question. My question is regarding the pandemic preparedness vaccines. I'm just wondering if you could please explain which pandemic preparedness vaccines we have, how many candidate vaccine viruses we have, and what exactly would trigger the production of pandemic avian influenza vaccines. Thank you very much.

CL Thank you very much. This is also again for Dr Wenqing Zhang, Head of the Global Influenza Programme. Let's see if we can get to this not in a too lengthy form because there are many detailed questions in there. Dr Zhang, please.

WZ With regards to H5 vaccines, there are close to 20 vaccines licensed for pandemic use. These vaccines are licensed to targeting H5 but we don't

know which strain will cause the next pandemic, it could be H5 but it could be a different strain from those licensed strains.

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So, for this reason WHO is developing a bank of candidate vaccine viruses, so that if a next pandemic occurs, if the existing CVVs are close to the pandemic strain, the existing CVVs can be used, maybe to speed up the vaccine production.

With regards to what will trigger vaccine production, it will need to be based on the risk assessment and in the past four, five, six years, WHO has been looking into the trigger and having consultations with regulatory agencies, with manufacturers with regards at which point the production needs to be switched from the seasonal vaccine production to pandemic vaccine production with the goal to mitigate, basically to save more lives at the moment when perhaps seasonal virus is still circulating while in other parts of the world the pandemic virus is emerging.

CL Thank you very much, Dr Zhang. Dr Ana Maria Restrepo, anything for you to add? I know this was a bit of a surprise call. No? Then, we go to the next question. This is Robin Millard, from AFP. Robin, please go ahead and unmute.

RM Thank you. Three years of study must have been done now into SARS-CoV-2 and its nearest related coronaviruses, so how does this differ from its closest relatives and is there anything in that which could give us some clues as to how SARS-CoV-2 came about? Thank you.

CL Dr Van Kerkhove, please.

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MK Thanks for the question. It's a very good one and a very specific one. There is a lot of work that's ongoing looking at coronavirus circulation in animals. There are many susceptible species to SARS-CoV-2 infection and we look at those animals, but we also look at closely-related viruses and where they may have occurred.

There are a number of studies that have been published looking at the phylogenetics and looking at the closest related relatives to SARS-CoV-2, and those studies have been published. We could put in the chat the link to the closest related animals. But I think what I would also like to use this as an opportunity to pivot to is the fact that we don't completely have the answer to how this pandemic began and it remains absolutely critical that we continue to focus on this.

So, one of the lines is looking at the viruses, the coronaviruses and SARS coronaviruses that are circulating in animals, looking at how people come into contact with those animals, looking at how that virus can spread between animals and humans and between humans themselves, how those animals are raised, how they are traded, how they are sold.

And so, for WHO and our partners, it remains absolutely critical that we continue to focus on this and also to highlight that there are a number of studies that have been recommended and are repeatedly recommended by

WHO, by different mission groups, by the SAGO, that have yet to be completed, and until we have the answers to these questions, we can't move this forward.

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So, we will continue through all of our technical partnerships, all of our advisory groups, all of our networks, through diplomatic channels, as the DG has mentioned, to pursue this because studies need to be continued to be followed-up in China and elsewhere and the mission continues.

Our work continues on this space, looking at studies in humans, looking at studies in animals, looking at studies at the animal-human interface and also looking at potential breaches in biosafety and biosecurity for any of the labs that were working with coronaviruses, particularly where the first cases were detected in Wuhan, China, or elsewhere. And so that remains really fundamental.

And I would like to reiterate that any country, any agency, any institution, any research group that has further information about the origins of SARS-CoV-2 needs to share that information with the international community, with WHO, with SAGO, so that we can move the discussion further along in the scientific space.

CL Thank you very much. A very strong answer. I think we'll go to the next question. Did we have a colleague who wanted to add? No. Then, we'll go to the next one and that goes Yuri Akalev from RIA Novosti. Yuri, please go ahead and unmute.

YA Thank you for the briefing. Did the FBI share information with WHO after its accusations against China? And has the WHO asked this agency for clarification?

CL Thank you. Same direction. We go to Dr Van Kerkhove, please.

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MK We have made requests to senior mission officials here, in Geneva, from the US Mission, for requests for information from the latest report from the Department of Energy but also of the additional reports from different US agencies. We've also reached out to HHS to make those requests and we will be making formal requests to get that information.

As of right now, we don't have access to those reports or the data that is underlying how those reports were generated. Again, we reiterate that any agency that has information on this, it remains vital that that information is shared so that scientific debate, that this discussion can move forward. Without that we are not able to move forward in our understanding.

CL Thank you very much for this. I see we seem to be so clear today that nobody wants to raise their hands anymore, nobody needs any clarification. I do not see any more hands online. If it remains that way we go... We do have? Okay. Let me see who we have. Oh, very welcome. John Zarocostas, from The Lancet. John, please go ahead.

JZ Good afternoon. Just following-up on some of the questions mentioned earlier. Dr Tedros, are you concerned that in the middle of negotiating or revisiting the International Health Regulations and trying to

negotiate a historic pandemic treaty you have some major Member States not fully cooperating with WHO, despite your pleas? Thank you, sir.

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CL Dr Tedros.

TAG Thank you, John. I think if we take into consideration where we started, we have made progress. As you know, the Member States have agreed on having a legally-binding agreement, this is with the pandemic agreement. At the same time they're making progress on the IHR.

And we have time still. This is under negotiation and I hope by May 2024 we will get an outcome which will really help us to prevent, or an agreement which will help us to prevent the next pandemic or manage it as quickly as possible.

Maybe, to share with you one information. Some Member States ask for my opinion about some specific issues that they're negotiating about. Of course, I can have an opinion on any specific issue but my advice was that for the Member States to really make sure that we don't repeat the same mistake again, meaning to have really an honest commitment to learn lessons from this pandemic and to include everything that's needed to prevent the same mistake from happening.

I don't think we will forgive ourselves and I don't think our children or grandchildren will forgive us if we don't have a pandemic agreement which helps to address the mistakes we have made during this one. So, that's my advice. Call it pandemic agreement or accord, I think we have to make sure that whatever content there is has to address all the problems we have faced during this pandemic and help us not to make the same mistake again.

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So, if we see any issue that's raised during negotiation from this angle, from making sure that we will not repeat the same mistake again, and from an angle that we are prepared to learn honestly from this pandemic, I'm sure we will come up with a very balanced document that will help us, or balanced agreement that will help us to do better in the future.

So, still we have time and things are progressing well. Of course, there will be heated debates, disagreements, but at the end of the day I hope there will be a balancing act that will bring all Member States to a successful conclusion and have an agreement and IHR document that will help us to address all the challenges and mistakes we faced during this pandemic.

And thank you so much for that very important question.

Christian, back to you. I think we have already covered, and I would like to thank the members of the media for joining us today. See you next time.

CL Thank you very much, Dr Tedros. You will get the audio files, as usual, after the press briefing and, of course, the full transcript then tomorrow during the day. Then, before we close, one more thing. Happy birthday, Dr Tedros.

TAG Thank you.