

# Global Health Issues

## Virtual Press Conference 5 October 2022

### Speaker key:

MH	Dr Margaret Harris
TAG	Dr Tedros Adhanom Ghebreyesus
SS	Dr Soumya Swaminathan
RL	Dr Rosamund Lewis
SB	Dr Sylvie Briand
AM	Dr Abdi Mahamud
MK	Dr Maria Van Kerkhove
MD	Dr Mariângela Simão
PB	Dr Philippe Barboza
BG	Belisa Godinho
CP	Carmen Paun
CO	Christiane Oelrich
ME	Megha Kaveri
MB	Mary Ann Benitez
JZ	John Zarocostas
RM	Raghav Mahobe
SA	Simon Ateba

### 00:00:27

MH Hello, everybody. This is Margaret Harris in WHO Headquarters, Geneva, welcoming you today, October 5, to a media briefing on the many major global health issues that WHO is currently responding to. As always, we'll open with remarks by our WHO Director-General Dr Tedros Adhanom Ghebreyesus, after which we will open the floor to questions from media representatives.

Joining Dr Tedros in the room are, I'll go from left to right, Dr Maria Van Kerkhove, Technical Lead on COVID-19 and on Dr Tedros' right is Dr Sylvie Briand, Director, Epidemic and Pandemic Preparedness and Prevention, Dr

Abdi Mahamud, Acting Director, Alert and Response, and Dr Soumya Swaminathan, our WHO Chief Scientist.

### **00:01:17**

Online, we also have many experts, including Dr Mike Ryan, our Executive Director, World Health Emergencies, Dr Rick Brenna, our Regional Emergency Director for the Eastern Mediterranean Region, Dr Palitha Mahipala, our WHO Representative in Pakistan, and we have even more, a big range of subject-matter experts whom I will introduce to you as they answer your questions.

I have to apologise in advance. We do not have simultaneous translation today, as we have a number of major global meetings going on at the same time as this press conference and so it was not possible to arrange the simultaneous translation. I apologise for that. But now, without further ado, I will hand over to Dr Tedros. Dr Tedros, you have the floor.

TAG Thank you. Thank you, Margaret. Good morning, good afternoon and good evening. First to Uganda, where WHO is continuing to support the government to respond to an outbreak of Ebola disease in four districts. So far, 63 confirmed and probable cases have been reported, including 29 deaths. Ten health workers have been infected, and four have died. Four people have recovered and are receiving follow-up care.

WHO has released US\$2 million from our Contingency Fund for Emergencies, and we're working with our partners to support the Ministry of Health by sending additional specialists, supplies and resources. When there is a delay in detecting an Ebola outbreak it is normal for cases to increase steadily at the beginning and then decrease as life-saving interventions and outbreak control measures are implemented.

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The vaccines used successfully to curb recent Ebola outbreaks in the Democratic Republic of the Congo are not effective against the type of Ebola virus that is responsible for this outbreak in Uganda. However, several vaccines are in various stages of development against this virus, two of which could begin clinical trials in Uganda in the coming weeks, pending regulatory and ethics approvals from the Ugandan government.

Now to Pakistan. Although the waters have stopped rising, the danger is only increasing. More than 1,500 lives were lost in the floods but many more could be lost to disease in the coming weeks without a massive and urgent international response. WHO's Executive Director for Health Emergencies, Dr Mike Ryan, has just led a team to Pakistan to assess the needs.

Approximately 10% of all of Pakistan's health facilities have been damaged, leaving millions without access to health care. Stocks of essential medicines and medical supplies are limited or have been washed away, damaged roads and bridges are impeding access to services and supplies, and disease surveillance and referral mechanisms have been severely disrupted. There are now outbreaks of malaria, cholera and dengue, an increase in skin infections, and we estimate that more than 2,000 women are giving birth every day, most of them in unsafe conditions.

WHO's focus is on supporting people in four groups, those in camps, who we access easily but are a small percentage of the total need, those who are living along the roadside for hundreds of kilometres, those in areas cut off by flood waters, who are very difficult to access, and those in areas where the water is receding, and are returning home to destroyed villages and homes.

#### **00:05:47**

In August, WHO released US\$10 million from our Contingency Fund for Emergencies but this massive and unprecedented disaster needs a massive and unprecedented response. Today, we have issued an appeal for US\$81.5 million to support WHO's work to support the delivery of immunisation and other life-saving health services, to address severe acute malnutrition, to enhance disease surveillance and to strengthen water and sanitation, and we urge our donors and partners to support this effort. In the words of the United Nations Secretary-General Antonio Guterres, this is not about generosity, this is about justice.

Now, to COVID-19. Several countries in Europe are now reporting an increase in COVID-19 cases, hospitalisations and deaths. This is to be expected as the weather cools and people spend more time together inside and most countries no longer have measures in place to limit the spread of the virus. We expect reported cases of COVID-19 to increase but the deaths don't have to, given we have vaccines and therapeutics that can save lives.

Omicron remains the dominant variant globally, and WHO and our partners are tracking more than 300 subvariants but surveillance, testing and sequencing remain weak globally, which makes tracking this virus like chasing shadows. So, we continue to call on all countries to increase surveillance, testing and sequencing, and to ensure the most at-risk groups are vaccinated.

At the same time, the Northern hemisphere influenza season is starting. Measures introduced to curb the spread of COVID-19 during the pandemic also helped to reduce the burden of flu but, with most of those measures lifted, flu is back and should not be taken lightly. Flu vaccines are safe and effective in reducing severe disease and death, especially among the most at-risk groups, so please get your flu vaccine.

#### **00:08:33**

Another disease making an unwelcome comeback is cholera. After years of declining cases globally, we have seen a worrying upsurge of cholera outbreaks around the globe over the past year. In the first nine months of this year alone, 27 countries have reported cholera outbreaks. Not only are we seeing more outbreaks but more deadly outbreaks. The data we have, which are limited, show the average case fatality rate so far this year is almost three times the rate of the past five years. In Syria, more than 10,000 suspected cases of cholera have been reported just in the past six weeks.

And in Haiti, after more than three years with no cases of cholera, two cases have been officially reported this week in the capital Port-au-Prince, with 20 suspected cases and seven deaths under investigation in other areas. It's likely the actual number of cases is significantly higher. This outbreak is a particular setback as Haiti was preparing to be certified as cholera-free later this year.

Although cholera can kill within hours, it can be prevented with vaccines and access to safe water and sanitation, and can be treated easily with oral rehydration or antibiotics for more severe cases but the reality is that many people don't have access to these simple interventions.

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In 2013, WHO and our partners created an international stockpile of cholera vaccines which last year shipped 27 million doses but, with an increasing number of outbreaks, supply cannot keep up with demand. We urge the world's leading vaccine manufacturers to talk to us about how we can increase production.

Cholera thrives on poverty and conflict but is now being turbocharged by climate change. Extreme climate events like floods, cyclones and droughts further reduce access to clean water and create the ideal environment for cholera to spread. Cholera is deadly but it's also preventable and treatable. With the right planning and action, we can reverse this trend.

Finally, WHO has today issued a medical product alert for four contaminated medicines identified in The Gambia that have been potentially linked with acute kidney injuries and 66 deaths among children. The loss of these young lives is beyond heartbreaking for their families.

The four medicines are cough and cold syrups produced by Maiden Pharmaceuticals Limited, in India. WHO is conducting further investigation with the company and regulatory authorities in India. While the contaminated products have so far only been detected in The Gambia, they may have been distributed to other countries. WHO recommends all countries detect and remove these products from circulation to prevent further harm to patients.

Ebola in Uganda, multiple outbreaks in Pakistan, cholera around the world, the ongoing COVID-19 pandemic, the global monkeypox outbreak, the annual threat of influenza, and contaminated medicines all illustrate why it's so urgent that all countries, individually and as a global community, invest in strengthening their defences against outbreaks that can devastate families and communities, and cripple societies and economies.

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In particular, it shows why cost-effective investments in disease surveillance and primary health care are so important. Emergencies are an unfortunate fact of life. We might be able to prevent some but we can't prevent them all. But by investing in strong health systems at the local level, we can mitigate the impact emergencies have and save many lives. Margaret, back to you.

MH Thank you very much, Dr Tedros. Now, we'll open questions to the media. As you know, we need you to raise your hand on the Zoom. We also need you to indicate what your outlet is on the Zoom. We can't take a question from you unless we are very confident you are actually media. Having said that, we've got several questions already and the first goes to Belisa Godinho, from W Magazine, Portugal. Belisa, I know you've submitted two questions but please stick to one question, and I ask that of all journalists, one question at a time. So, Belisa, please go ahead.

BG Thank you. Thank you very much. The W Magazine media issue is about global health and climate. First, I would like to know specifically if and how will the virtual marathon for the design of vaccines on sustainability and the environment be implemented. Thank you.

#### 00:15:25

MH Thank you, Belisa. That's a very important question. Dr Soumya Swaminathan, our Chief Scientist, will answer.

SS Thank you for that question and, if I understand it correctly, you're asking about how do we prepare in the future for potential outbreaks that will arise, that we expect will come because of the close links between wild animals and the destruction of our forests and environmental hazards.

We've seen the risk of pandemics continue to increase and spillover events as well. One of the things that we should be doing and we are doing is trying to anticipate where these risks can come from and identify mainly the viral families where we think that a spillover from animals to humans can happen and that can potentially result in epidemics or pandemics.

There are about 25 or so viral families where such a thing could happen. In the past, we've had the R&D Blueprint for Epidemics identify priority pathogens, one of which was a disease X, which SARS-CoV-2 turned out to be, and that was very helpful. The work that the R&D Blueprint has done over the last five years, since it was set up, helped us to prepare very quickly when we had the beginning of the SARS-CoV-2 and then we could move rapidly into developing the countermeasures.

Similar work now needs to be done and the other organisation that's involved in this is CEPI, which is the Coalition for Epidemic Preparedness Innovations, which is investing in platform technologies, mRNA but also other platforms, viral vectors and all the other new platforms that we have in order to prepare what are called prototype vaccines.

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So, you pick one virus from a particular viral family and in fact this helped us because there were prototype vaccine candidates that had been developed for SARS-1 and for MERS and these could be quickly repurposed to SARS-2. Potentially, if you had these type or prototype vaccines that had been developed for different virus families you could, as soon as you had the new genetic sequence of the outbreak pathogen, could use that platform and switch over very quickly to a very specific vaccine.

That is the plan and WHO's role here is to develop this list of priority viral families, as I said, about 25, but also to identify priority pathogens or prototype pathogens against which vaccines can be developed. And I'm sure that not just CEPI but many agencies and government agencies that have been set up now, like HERA in Europe, and BARDA and DARPA and the NIH in the US, and many others around the world will be investing in this and the whole idea is to be as prepared as possible against potential threats.

We're also seeing now, the DG just mentioned the number of outbreaks and the fact that we do not have tools against diseases like this Sudan Ebola virus even though we've had outbreaks in the past where we don't have enough

stocks of cholera vaccines and so on. So, I think that this whole area of R&D, which is directed towards public health, is going to be increasingly important. Thank you.

#### 00:19:02

MH Thank you very much, Dr Swaminathan. The next question goes to Carmen Paun, of Politico. Carmen, could you unmute yourself and ask your question.

CP Thank you so much for giving me the floor. Just on monkeypox, to my knowledge the countries that have been reporting monkeypox outbreaks for a long time still haven't secured access to the vaccine and the therapeutic that is used against it. But I was wondering if you see any positive impact of this global outbreak on the countries that have been reporting cases for a long time. Is it increased awareness of the virus, is it more investment in research or so far there are only negative consequences? Thank you.

MH Thank you very much, Carmen. Dr Rosamund Lewis has joined us in the room just in time. Over to you, Dr Lewis. No, it's not for you? Oh, sorry, Carmen, Dr Lewis was just coming in. Could you kindly repeat the question?

CP Sure. Very briefly, I was wondering whether she sees any potential positive impact of the global monkeypox outbreaks on the countries that have been reporting outbreaks for a long time. Does she see any increased investment in research? Obviously, there's more awareness. I was wondering if potentially, on the long-term, that could have any positive impact on the countries that have had to deal with the virus for a long time.

RL Thank you very much for that question. The countries in the African region are very much a part of the global response here, so we are working together with them, along with all other countries and all other regions. They are engaged in improving their surveillance. They're engaged in improving detection. They have access to 38,000 test kits that have been provided to the countries for enhancing PCR and they are also engaged in trainings for clinical care and studies, studies on vaccines and studies on therapeutics.

#### 00:21:14

So, we are very hopeful that this will increase the capacity throughout the region and also you've heard that the Strategic Preparedness and Response Plan is being released along with an appeal that we have, so that we can engage even further with the most affected countries. Thank you.

MH Thank you. Dr Briand will add some more on this issue.

SB Thanks a lot for this question. You highlighted this issue of access, inequitable access, and indeed this has been one of our main concerns at the start of this outbreak because there were products available but not everywhere in the world. So, WHO has been working very closely, first with countries who have already access to vaccines and will receive some donation of those vaccines.

We are working out a plan for allocating those vaccines but, of course, this is not an issue that can be dealt from one day to another because there are a number of things that we need to sort out, such as the regulatory aspect and



the distribution of doses. We have also received donations from manufacturers and in particular for treatment, and so once those donation agreements are finalised we will be also in a position to allocate those life-saving interventions to countries with more difficulties to access those things.

#### **00:22:50**

So, it's work in progress. It's not as fast as we would like it to be but it's good lessons learned as well for everybody to see that when we have a disease that we didn't anticipate really enough in advance, that we may face outbreaks in multiple counties, we need to have in place a more global mechanism to ensure better access to life-saving intervention. Thank you.

MH Thank you very much, Dr Briand. I now have a written question from Helen Branswell, STAT magazine. She's on a plane right now so can't actually ask her question on person. But her question is she's looking for an update on the vaccine studies, trials, where we are with assessing the vaccines for Ebola Sudan virus in Uganda. I understand Dr Abdi will answer this question first and then Dr Soumya will add as well.

AM Let me turn first to Soumya. I think we've been working very closely with Ana Maria and Soumya. Please.

SS I think, again, our R&D Blueprint team, led by Ana Maria Henao, has been working very, very closely with the Ugandan Ministry of Health but also with other partners, including CEPI and with the manufacturers. There are about six vaccine candidates available for the Sudan Ebola virus, which are mostly in very early stages of development, but three of them have some human data, some immunogenicity and safety data, and so they can actually proceed to be used in the field in a ring vaccination campaign, similar to what was done in the Ebola outbreak in DRC a couple of years ago.

#### **00:24:55**

It's a chimpanzee adenovirus. There are two different candidates, one from the University of Oxford and one from the Sabin Vaccine Institute. There are very limited doses available, unfortunately, of both of them. There is raw material, so there has to be some fill and finish to make the product ready and at the same time, of course, a protocol has already been developed, submitted to the Ethics Review Committee. The principal investigator has been identified, funding is being mobilised, and so all the preparations are ongoing.

Now, which vaccine, which of these two will actually go into the trial may depend on which one actually has doses to deployer sooner. It would be good, of course, to test as many vaccines as possible but at least start with one and then there may need to be a rolling intake. We are hoping that we could get this off the ground as quickly as possible but realistically it may take another four to six weeks and at the same time there's also a plan being made for testing of therapeutics.

As you know, there were several therapeutics tested again at the DRC during the last Ebola outbreak, one monoclonal antibody and remdesivir likely to be in a clinical trial that would test each one of them individually against a

combination, but the protocol is still being developed and again we're working with partners to do that. Thanks. Abdi, you wanted to add anything to that?

#### 00:26:24

AM Just appreciation of the excellent work and collaboration with the R&D and here, in terms of the collaboration, we have a SAGE meeting on Thursday that will also discuss some of the plenary, and then the approval and the logistic support. Thanks.

MH Thank you both for those answers. Now, we have a question from Christiane Oelrich, from dpw. Christiane, please ask your question. dpa, I apologise.

CO Thank you, Margaret. My question is on corona. There has been some concern raised in Germany and other European countries about the sublineage BQ.1.1. I wonder what your take on this is. That's basically it.

MH Thank you. I think Dr Maria Van Kerkhove is ready to answer that one.

MK Thanks very much for the question. As the DG said in his speech today, there are more than 300 sublineages of Omicron that we're tracking right now and there are several that are on our radar. It sounds a little bit like an alphabet soup with all of these subvariants that we're tracking but the bottom line is that this virus continues to evolve.

It's circulating at an incredibly intense level around the world right now. Among the Omicron sublineages, BA.5 is dominant. About 80% of the sequences that are available are BA.5 and its subvariant but surveillance has changed drastically in the last several months and the numbers of sequences that the world and our expert networks are evaluating has dropped by more than 90% since the start of the year.

That limits our ability to really track each of these and exactly the one that you've mentioned today. We have a number of subvariants of Omicron that are on our radar because what we're looking at is we will continue to see waves of infection. This is for sure going into the future because we will be living with this virus but we have a lot of tools that can mitigate their impact.

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We have diagnostics that can get patients into the clinical care pathway using antivirals and using different therapeutics to prevent severe disease, to prevent death. We have vaccines that continue to be effective against preventing severe disease and death. So, it is absolutely critical that we use these tools.

If we look at all countries and particularly in the Northern Hemisphere right now, we are starting to see an increase in case detection and in some countries we're starting to see increases in hospitalisation, increases in admission to ICU and increases in deaths and this is really due to incomplete vaccination coverage, inappropriate or ineffective use of available tools like antivirals. They're being used among the populations that need access to them.

We're concerned and in the Northern Hemisphere we're entering autumn and the winter months, so we will see co-circulation of other viruses like influenza,



also mentioned by the DG today. So, we need health systems to be prepared. We need surveillance systems to be able to detect the known variants and subvariants that are circulating and we need to be able to detect new ones that are out there. But we need strong health systems to be able to deal with patients and provide appropriate clinical care regardless of where they show up within the health care system.

#### **00:29:41**

And if you hear anything, please ensure that you get vaccinated. In all countries we are missing people who are at high risk and the highest risk of developing severe disease, either because they have not received a single dose of vaccine or they haven't received the full course of dosings that are recommended for them. So, please look at your national guidance, follow national guidance and receive the recommended doses in your area.

But the virus is circulating and there's much more that we need to do to reduce transmission while living our lives safely. Public health measures play a key role, wearing a mask when you're around others, when you're indoor improving ventilation, making sure we have good surveillance and we use the appropriate therapeutics, diagnostics and vaccines to save lives now.

MH Thank you very much, Dr Van Kerkhove. The next question goes to Megha, from Health Policy Watch. Megha, please unmute yourself and ask your question.

ME Thank you so much. My question is just could you please provide an update on what the status of work is at the mRNA hub in Africa? Thank you.

MH Dr Soumya Swaminathan will answer that question.

SS Thank you. Thank you very much for that question. I'll try to provide a brief update. As you know, the mRNA hub in South Africa is based at this company called Afrigen but there are a number of partners supporting, including the Ministry of Science and Innovation, as well as the Medical Research Council and then Biovac is the other company to which the transfer will take place.

#### **00:31:19**

At this point we actually have an mRNA vaccine candidate that has been developed by scientists in South Africa using publicly available information. Now this, because it's a newly-developed vaccine, needs to go through all the phases of testing that a vaccine normally would.

Right now it is going to go into animal studies, hopefully this month, in October, for all the toxicity studies and so on, and then the technology transfer has to happen and then the GMP doses have to be produced so that it could then go into human clinical trials, which will likely start perhaps towards the end of 2023. And then there's a timeline for going into Phase 2 and 3 trials.

Meanwhile, of course, there is the technology transfer, which has also started happening since the basic methodology and the SOPs for how to develop a vaccine have already been done, even though it's yet to be proven efficacious and safe. The spokes, and as you know, we have 15 spokes around the world

in different regions of the world. Teams from those companies have already started coming to South Africa for training, for the technology transfer.

### 00:32:37

They're now taking that technology back into their own companies and their countries and beginning work, sometimes to use the technology for other products, for other vaccines. And different spokes are now having discussions about which other diseases they could target and they're thinking about diseases like tuberculosis and malaria but also about chikungunya and dengue and other infectious diseases.

At the same time, there are two other workstreams which have started. One is the Biomanufacturing Training Initiative with the hub in South Korea. So, we'll have the second batch of trainees going there in October and we're working closely with the WHO Academy team to really build a curriculum for manufacturing training in biologics.

Then, the other workstream is led by our regulatory colleagues, Dr Simão, Dr Rogério Gaspar, and they are actually now building the regulatory capacity of countries because for countries to be successful producers and exporters of vaccines and health products you need a strong regulatory system. That work is also proceeding. So, all of these parallel activities.

We did start this with a longer-term view really, beyond COVID. So, the idea was not to come up necessarily with a vaccine for COVID, though that would be the proof of principle but it's going to take time. So, the idea is to build this network, build the capacity, put the technology in the hands of scientists in these companies who will then make products that are needed for their own populations. Thanks. I hope that answered the question.

MH Thank you, Dr Swaminathan. Dr Mariângela Simão would like to add a few points, as you mentioned, about the regulatory aspects. Dr Simão, please. Over to you.

### 00:34:27

MS Thank you. Thank you for the question. Actually, I want to share good news because this week we finalised the formal assessment of the South African Regulatory Authority, which is now considered by WHO as a functional Maturity Level 3 regulatory authority.

Let me say that the Government of South Africa has invested a lot of effort and training of personnel to be able to achieve WHO standards for a functional regulatory authority. Why is it important? Because South Africa hosting the hub, it needs a strong regulatory authority to oversee the production of vaccines in the country. So, I just wanted to share this news. Thank you.

MH Thank you, Dr Simão and Dr Swaminathan. The next question goes to somebody who has been waiting up very late at night, Mary Ann Benitez, in Hong Kong, from the Hong Kong Standard. Mary Ann, please unmute yourself and ask your question.

MB I would like to ask, because doctors and also the CHP... Can you hear me?

MH Very well, Mary Ann. Please, go ahead.

MB They've been urging people to get COVID-19 and flu jabs in one go, warning of a possible seasonal, a double whammy of COVID and flu because there have been milder flu winter peaks in the past three years amid the pandemic. So, what's the WHO decision also? Is there a crystal ball that people should be overly worried of, as I said, a double whammy of flu and COVID at the same time? Thank you.

**00:36:16**

MH That seems to be several questions. You're talking about getting the flu jab at the same time but also about co-circulation. So, we'll start with Dr Maria Van Kerkhove.

MK Thanks. I'll start and I'm sure others will want to come in. I think that there's a couple of points within your question. One is that we are seeing circulation of many viruses around the world. The world has opened up. People have worked very hard to try to bring the emergency of COVID-19 under control in their countries. We're not quite there yet at a global level but, as the world is opening up and people are mixing again, we're starting to see circulation of other viruses.

In the South Hemisphere, we saw circulation of influenza as well as SARS-CoV-2, the virus that causes COVID-19. We expect to see that in the Northern Hemisphere as well. So, it is really important that we put measures in place, we use the measures that are in place to reduce the spread and to protect people who are most vulnerable for developing severe disease, and one of those measures is vaccination.

So, it is recommended that you receive COVID-19 vaccines according to the recommended dose, based on your age and your underlying conditions but the same thing with influenza as well. Maybe Sylvie would like to come in on this because she leads the global influenza work at WHO and it's really important that the flu vaccine, there's a good uptake of flu vaccine. But there are a lot of measures that are in place that can minimise the risk for both COVID-19 and for influenza. We just need to use those appropriately in all countries.

**00:37:41**

SB If I can add to what Maria has said, COVID and flu are both respiratory viruses and so some very simple precautionary measures such as washing hands, wearing a mask in crowded spaces, or wearing a mask if you have respiratory symptoms so that you don't contaminate others, they work for both diseases.

So, it's very important to have those simple measures in place at an individual level but also making sure that the community is protected. As Maria said, we have tools now. We have vaccines for COVID and flu, and so these are really important measures that can also help to protect vulnerable populations.

WHO, two weeks ago, has issued a recommendation for the flu vaccine. Now, we are planning for the seasonal epidemics in the Southern Hemisphere next year but earlier, in February 2022, we had issued a recommendation for the flu vaccine for this year. So, that's the vaccine. For flu, at least, it is updated

twice a year, so that it can match the circulating viruses and protect better people during the season. Thank you.

**00:39:04**

MH Thank you very much, both Dr Van Kerkhove and Dr Briand. The next question goes to Raghav. No, I apologise, it goes to John Zarocostas. John, could you unmute yourself and ask your question.

JZ Good afternoon, Margaret. My question is to all the panelists and, in particular, Dr Tedros. The WTO negotiations face a December 16 deadline to try and expand the waiver from IP for therapeutics and diagnostics. They achieved the vaccine in June. How critical is that they complete the circle here?

MH Apologies, John. Mariângela has just had to leave, so we won't be able to answer that question, unless Dr Tedros... Dr Tedros would like to answer.

TAG Thank you, John. First of all, we have to appreciate the progress made by WTO and its members. We're very glad that during their Ministerial Meeting they have made a decision. And on the deadline, we still believe that it's critical because this pandemic has been unprecedented, and I hope the Member States of WTO will take this forward and we will have a result. Thank you.

MH Thanks very much Dr Tedros. Now, we will go to Raghav, of Reuters. Raghav, please unmute yourself and ask your question.

RM Hi, Margaret. Can you please help us understand what has been your assessment of the reasons behind the increased cholera outbreak globally, especially in Haiti, as the last case was reported more than three years ago. So, what has changed now and how is WHO helping with it?

MH We'll start with Dr Philippe Barboza, our focal point on cholera, Philippe, over to you.

**00:41:32**

PB Can you please repeat the question, please?

RM Yes, sure.

MH Yes. Go ahead.

RM Can you help us understand what has been your assessment of the results behind the increased cholera outbreaks globally and especially in Haiti. There were no cases for more than three years, so what has changed now and how is WHO helping with it?

PB Thank you very much for the question. For the global increases in cholera outbreaks it's a multifactoral aspect. There are the usual conflicts, humanitarian crises, poverty and, really, habitability that are still very much prevalent, so this has not significantly changed.

What has dramatically changed is the impact of climate change. Many countries have been affected by major climate change-related effects like cyclones, droughts, very large monsoons, etc. This has really fuelled the

outbreak beyond what is normally seen and observed during prior years here. The concern is that this is going to be increasing in the years to come. So, at this point, the climate change is a key new factor that needs to be taken into consideration.

#### **00:43:05**

For Haiti, as you mentioned, it has been more than three years without laboratory cases being confirmed in Haiti with a good surveillance system implemented throughout. So, the question of why are we seeing, now, a new outbreak is still not clear.

The reason for that is we need to have much more analysis in terms of genus, makeup of the strain to understand what this was. This is being worked out. As you know the situation in Haiti is extremely complex. Samples will be sent abroad for further analysis and based on the result of this analysis we will be understand better what is the origin. But, for the time being, the focus is really on the response and providing as much as possible support to the national authority and the Haitian population, but information will come, hopefully shortly. Over.

MH Thank you, Dr Barboza. I'm just looking in the room and Dr Mahamud has a little to add.

AM Dr Philippe has covered it extensively but the intersection of climate crisis, conflict and the socioeconomic situation where we're seeing the cholera pandemic even getting resurgence. So, it is the pandemic. We've been all debating, now COVID is over. We're still in the cholera pandemic and what's really required is the provision of safe water and sanitation and the investment required there that's neglected.

The most vulnerable of the vulnerable, whether it is in Pakistan or Horn of Africa, Sahel, these are the communities suffering the injustice of the climate crisis. So, the mix of the two, climate crisis, conflict and the worsening insecurity, food insecurity and then the preventive measures that have been lacking, I think we may see more and more situations worsening. So, hence, a call from the DG to support the global initiative.

#### **00:45:13**

MH Dr Briand will also make some points.

SB I fully agree with what Philippe and Abdi have said. The increased transmission is certainly linked to multiple factors and one of them is really the lack of access to water and sanitation, but we see when there is an increase in mortality it is often due to the lack of access to health care facilities and the capacity to take care of the patient in the acute phase of cholera.

We can save many, many lives by just providing to the people with cholera cases, proper rehydration at the right time and when those people cannot have those services and cannot access safe water and also safe rehydration at the right time, then we see an increase in deaths due to cholera.

MH Thank you very much for all those answers. We're coming up to the hour, so we've only got time for one more question. I apologise. I know there a

lot of you online. If you've got questions that haven't been answered, please send them to [mediainquiries@who.int](mailto:mediainquiries@who.int). Now, the last is one of our regulars, Simon Ateba, from Today News Africa. Simon, please unmute yourself and ask your question.

**00:46:40**

SA Thank you, Margaret, for taking my question. This is Simon Ateba with Today News Africa, in Washington. I joined a bit late today, so I don't know if someone/anyone has asked this question. To Dr Tedros first, could you please give us an update on the situation in Ethiopia's Tigray Region, especially in terms of access, the blockade and medicine?

Then, to Dr Maria Van Kerkhove. As you know, in five days, especially next week, the Managing Director of the IMF, Ms Kristalina Georgieva, and the President of the World Bank, David Malpass, will be welcoming the world again in Washington DC for the first time since 2019 for their annual meetings.

One of their requirements is that everyone should show proof of vaccination. Can you give us some broad recommendation for such big gatherings like the IMF and World Bank, and is it still your recommendation that everyone should be vaccinated for such gatherings?

MH Thanks, Simon. Maria Van Kerkhove has had to leave, so we'll leave your second question but we'll go ahead with the first question.

TAG Thank you. Thank you, Simon. The situation in Tigray, Ethiopia, has actually worsened. You asked if there is any improvement in food or in medical deliveries. For the more than six million people in Tigray, no access to food and no access to medicine. We're not able to send medicine and, on top of that, there is no access to basic services like banking, telecom. Some people have money in the bank but all six million people are prevented from accessing their bank account, so they cannot access their money and, as a result, they are being starved.

**00:48:52**

I've said it many times, this is the worst humanitarian crisis we are seeing now and this is done systematically by the Ethiopian and Eritrean governments, the siege that has been enforced for more than 23 months now. So, we urge the Eritrean and Ethiopian forces to end the war because they can unilaterally end this war. They can end the siege and they can give peace a chance because this conflict should be resolved peacefully. But whatever conflict there is, punishing civilians collectively, six million, is against the international law and it's a crime.

So, there is no change. It has actually worsened but not only that, maybe you're following the news, there is daily bombing, including using drones, civilians being attacked in Tigray. The recent one was yesterday. We got the news that more 60 civilians were killed and this is a repeated drone attack and air strikes that are killing civilians. And since there is no medicine, in addition to those who are dying, there are many injuries that cannot be saved because there is no medicine. So, people are dying because of even minor injuries because of lack of medicine.



This is happening on our watch, more than 23 months now and more than six million people under siege and being collectively punished, and I urge the international community to pay attention and resolve this problem. This is in addition to the call I made to the Eritrean and Ethiopian governments to end the war, to end the siege and choose peace.

**00:51:33**

I repeat again, they can stop unilaterally, the war. You remember about the invasion of Ukraine by Russia, and we urge Russia to end the war because we believe that that war can also be stopped unilaterally if Russia chooses to end. And the same thing, if Ethiopia and Eritrea choose to end this peacefully, they can end it, and that's what we urge.

But, Simon, as we speak the humanitarian condition has worsened. As if 23 months of siege is not enough, now there is a major attack by both Eritrean and Ethiopian forces on Tigray. Thank you. Thank you for that question and back to you, Margaret.

MH      Thank you, Dr Tedros. We've reached the hour and we'll have to wrap. I apologise again to all those people who are online. I'd also like to let you know, look in your inboxes. You will see a release on the good news about the South African regulator. We'll see you next week but over to Dr Tedros for any final remarks.

TAG      Thank you again colleagues from the press for joining us and see you next time.

**00:53:00**