

# Global Health Issues

## Virtual Press Conference

**26 July 2023**

### Speaker key:

TJ	Tarik Jasarevic
TAG	Dr Tedros Adhanom Ghebreyesus
JD	Dr James Downing
BH	Dr Benedikt Huttner
WZ	Dr Wenqing Zhang
MK	Dr Maria Van Kerkhove
MN	Dr Maria Neira
JR	Jennifer Rigby
AF	Ashleigh Furlong
AT	Alex Tin
BG	Belisa Godinho
AB	Ashvin Barshinge

**00:00:57**

TJ Hello to everyone. Today is July 26th. Hello from WHO headquarters here, in Geneva. My name is Tarik. I'm welcoming you to our regular WHO press briefing on global health issues.

Here, in the room with us, we have our Director-General, Dr Tedros, also Dr Maria Van Kerkhove, who is a Technical Lead for COVID-19, and we also have Dr Benedikt Huttner, who is Secretary of the Expert Committee on Selection and Use of Essential Medicines. We have a number of WHO experts online who may be called upon to answer questions if need be. We also have a special guest today that Dr Tedros will introduce in his opening remarks.

For journalists who are online and wish to ask a question, please click the icon Raise Hand and, once the time comes, unmute yourself. With this, I'll give the floor to Dr Tedros for his opening remarks and for the introduction of our special guest. Dr Tedros.

TAG Thank you. Thank you, Tarik. Good morning, good afternoon and good evening. Every year, an estimated 350,000 children are diagnosed with cancer in low and middle-income countries. Many of them cannot access the treatment they need.

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Only 25% of low-income countries cover childhood cancer medicines in their health benefit packages. This subjects children and families to significant suffering and financial hardship or puts them at risk of receiving substandard and falsified medicines. As a result, survival of children in these countries is less than 30%, compared with more than 90% for children in high-income countries.

In September 2018, WHO launched the Global Initiative for Childhood Cancer, enabled by a contribution of US\$15 million from St Jude Children's Research Hospital in the United States. The initiative aims to reach survival rates of at least 60% in low and middle-income countries by 2030, focusing on six cancers that are highly curable and represent more than half of all childhood cancers.

Thanks to our strong partnership with St Jude, the initiative is now active in more than 70 countries. So far, more than 20 of these countries have developed cancer strategies prioritising children and several have passed new legislation to include childhood cancer in their essential health benefit packages.

Building on our partnership, in December 2021 WHO and St Jude announced the Global Platform for Access to Childhood Cancer Medicines with the goal of providing universal, sustained access to quality-assured, essential cancer medicine for all children in low and middle-income countries, free of charge.

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St Jude has generously committed US\$200 million over six years to finance the platform. So far, six countries have been engaged and purchase orders are being prepared to deliver products within the next six months. We aim to reach 120,000 children by 2027.

To say more, it's now my honour to welcome the President and Chief Executive Officer of St Jude Children's Research Hospital, Dr Jim Downing. Dr Downing, thank you so much for your leadership and partnership, and for joining us today. You have the floor.

JD Thank you very much, Dr Tedros, for inviting me to participate in this and thank you for your partnership. We're here celebrating our fifth anniversary of St Jude Children's Research Hospital being a collaborating centre with the WHO for childhood cancer and also our fifth anniversary of the Global Initiative for Childhood Cancer.

You laid out what the problem is that we're addressing. In developed countries we have made incredible progress against paediatric cancer with cure rates approaching 90% for many of the more common paediatric cancers, yet the rest of the world has been left behind.

The cure rates are woefully less in most of the low and middle-income countries and in fact probably the biggest disparity in health care is cancer survival rates for children. A major determinant of whether you'll live or die from the diagnosis of a childhood cancer is where you live in the world.

### **00:06:23**

So, we saw this as a problem that St Jude Children's Research Hospital must address and we are just so proud of being in partnership with the World Health Organization on this. In the Global Initiative for Childhood Cancer tremendous progress has been made.

70-plus countries are now participating. We've developed many technical packages to support those countries from assessing their health care systems, helping them incorporate childhood cancer therapies into their overall global cancer initiative within the country and have also developed standards of practice for treating childhood cancers.

Our goal, as Dr Tedros said, is to raise those cure rates from where they are today, in some countries less than 30%, to bring those up to 60% by 2030. Great progress has been made. We have trained and set up educational systems for clinicians, for nurses, for hospital administrators.

We've brought those countries together so they are working with each other and I would like to say that, in reality, developed countries will learn more from the low and middle-income countries than they will learn from us. There are many things we will learn from the way they practice medicine, from the way they are able to treat childhood cancer that will reflect back on developed countries.

As we approach that problem and as we were moving forward, we did see that one of the major obstacles is access to cancer therapies. In many countries they have inconsistent supply of those drugs and over 40-60% of the children being treated for cancer will have disruption in their access to the chemotherapy that they need to have a chance to be cured of that disease, and that interruption of drugs decreases their chance of cure.

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In other countries, the quality of the drugs is not up to standards and so they're giving inferior drugs that are leading to inferior treatment. So, we felt that together, St Jude and the World Health Organization, can address this problem. Perhaps, we can develop a system that will allow this problem to be addressed at a global level.

So, we've committed \$200 million over the next five years of funding from St Jude Children's Research Hospital to be in partnership with the World Health Organization to develop this global platform for access to childhood cancer medicines. UNICEF will be a collaborating partner in this and other institutions and agencies will participate.

But as we move this forward, the idea is that we will set up a secretariat at the World Health Organization, that it will manage this, that we will have a procurement agency that will then contract with generic drug producers to produce those drugs. We will know exactly what is needed.

We will know the market size because of the analytics that we have developed and then we will be able to ship those drugs into those countries, and we know their capacity to use those drugs effectively to treat children with cancer because they're part of the St Jude Global Alliance and we have spent energy and time training them and putting forward to them the exact protocols they should be using to treat those children.

#### **00:09:47**

Once in country, we will then be able monitor the use of those and so we will start out small. We have selected an initial six countries to participate in the global platform. We had a working meeting here at the St Jude campus in April where WHO representatives came, a representative from UNICEF, the Ministry of Health from each of those six countries and health care providers from those countries.

Through a co-development process we're developing how that last mile will work within each country, how once received the drugs will be distributed to the hospitals where children with cancer are treated, and how we will monitor the use of those drugs and the effectiveness of those drugs in advancing cure rates within those countries. From the initial six, it will grow to 50 countries and it will grow to us being able to impact over 150,000 children over that five-year period by providing them access to those drugs at no cost.

This programme, as Dr Tedros said, was announced in December 2021. It has been moving forward and we will, in the next six months, be delivering those initial shipments of drugs into those six countries pilot countries and starting the process of selecting the next series of countries that will participate in the programme.

This programme will be funded by St Jude over its initial five years but we will then open it up to additional funding and expand it beyond those 50 countries so that every low and middle-income country will have access to this programme and can access these drugs to be able to treat children with cancer.

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As we look at the landscape of paediatric cancer, another obstacle to advancing those cure rates to 60% is diagnostics, and so here at St Jude Children's Research Hospital in our St Jude global programme we are beginning an initiative to really address how can we advance diagnostics at a global scale so that children can be diagnosed of their cancer. You must first be diagnosed to have any chance for cure.

When we look at those 350,000 children that develop cancer around the world, less than half actually have a diagnosis of cancer. The other half die never having a diagnosis of cancer. So, diagnostics is another obstacle that we at St Jude will be addressing and will be working as we move forward with WHO and with other partners to implement a diagnostic platform.

So, it is a celebration of sorts. We've accomplished five years of progress in training workforce and building capacity around the globe through centres of excellence and through networks within regional collaboratives, but we have obstacles ahead of us and we look forward to working with the WHO and to

continue to advance the ability to cure children with cancer no matter where they live in the world.

#### **00:12:42**

So, thank you, Dr Tedros, for your partnership and we really look forward to continuing to make progress to advance those cures so that one day, no matter where you live, you'll have access to quality care and have that chance to be cured of childhood cancer if you have that diagnosis. So, thank you again for inviting me and I'll be happy to answer any questions that you may have.

**TAG** Thank you. Thank you so much, Dr Downing. Once again, we very much appreciate your support and leadership in our shared commitment to seeing all children benefit from the life-saving power of cancer medicines. Please accept my respect and appreciation.

Cancer medicines are among those that have been added to the latest version of the WHO Essential Medicines List and the Essential Medicines List for Children, which have been published today. The new lists also include important new medicines for the treatment of multiple sclerosis, infectious diseases and cardiovascular conditions, among others.

These treatments could have a very large public health impact globally, without jeopardising the health budgets of low and middle-income countries. The recommended changes bring the number of medicines on the Essential Medicines List to 502, and 361 for the Essential Medicines List for Children.

For over 40 years, countries all over the world have relied on the WHO Essential Medicines List as a definitive, evidence-based guide to the most important medicines for delivering the biggest health impact. Rising prices and supply chain disruptions mean that all countries now face increasing problems in ensuring consistent and equitable access to many quality-assured essential medicines. WHO is committed to supporting all countries to overcome these obstacles to increase equitable access to essential medicines.

#### **00:15:00**

Extreme heat is continuing to threaten health across the northern hemisphere. High temperatures and other conditions have also sparked wildfires in Algeria, Greece, Italy and Tunisia, with more than 40 people dead and thousands evacuated.

According to a report published last month by the World Meteorological Organization, Europe is the world's fastest warming region and a new study published this month estimates that more than 61,000 people died from heat-related causes in 35 European countries during last year's northern hemisphere summer, the hottest on record.

We are also concerned about the impact of extreme weather on the health of people who are displaced or living in conflict-affected or vulnerable settings, where there is limited or no access to safe water and sanitation, lack of cooling and shortage of medical supplies. In north-west Syria, for example, 40 fires were reported in just three days this month, damaging homes and tents

and putting the lives of families at risk of heat-related illnesses and disease outbreaks.

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Heat stress, when the body cannot cool itself, can trigger exhaustion or heat stroke and exacerbate conditions such as cardiovascular, respiratory and kidney diseases, as well as mental health problems. Older people, infants, those who work outdoors and those who are chronically ill are especially vulnerable.

The adverse health effects of hot weather are preventable through common-sense precautions such as staying inside during the hottest time of the day if possible and staying hydrated. Governments can also help by having in place early-warning and response systems, strategies for the general population and vulnerable groups, and effective communication plans.

While adapting and responding to heat waves and other extreme weather, we need to tackle and mitigate the causes if we want to protect our health, our ecosystems and our economies. These heat waves and wildfires are another reminder of the urgent need to reduce greenhouse gas emissions, and protect the planet on which all life depends.

This week, the International AIDS Society held its biennial scientific conference in Brisbane, Australia. New guidance from WHO, along with a review published in *The Lancet*, highlight the role of HIV viral suppression in improving health and halting onward transmission. Based on the evidence, the new WHO guidance outlines three levels of viral load. First, people with undetectable viral load, with no measurable virus in their blood, have zero risk of transmission to their sexual partners.

Second, those with suppressed viral load, defined as less than 1,000 copies of virus per millilitre of blood, have nearly zero or negligible risk of transmission. And third, those with unsuppressed viral load of more than 1,000 copies per millilitre are at increased risk of falling ill and/or passing the virus to their sexual partners or children.

### **00:19:04**

Globally, more than 70% of all people living with HIV have undetectable or suppressed viral loads thanks to antiretroviral treatment, meaning they have a zero or negligible risk of transmitting HIV to their sexual partners. The aim for all countries, therefore, should be to scale up testing and treatment to identify all those living with HIV, to support them to move towards suppressed and undetectable viral loads. If we do that, we can realise the target in the Sustainable Development Goals of ending AIDS as a public health threat by 2030.

Finally, this Friday, 28th July, is World Hepatitis Day. Every year, viral hepatitis kills more than one million people and more than three million are newly infected. We know these numbers are underestimates. Millions of people around the world have undiagnosed and untreated hepatitis. Too often, the disease goes undetected until symptoms become serious.

We now have better tools than ever to prevent, diagnose and treat hepatitis. Around the world, WHO is supporting countries to expand the use of those

tools to eliminate hepatitis and save lives. We're committed to working with all countries and all partners to realise our shared vision of eliminating viral hepatitis by 2030. Tarik, back to you.

#### 00:21:05

TJ Many thanks, Dr Tedros, for these opening remarks and also a big thanks to Dr Downing for his important messages. I hope Dr Downing can stay with us for any eventual questions. We will go immediately to our first question. It's Jennifer Rigby, from Reuters. Jen, please unmute yourself.

JR Hello. Thank you for this. I just wanted to ask a question about the Essential Medicines List. I know that obesity drugs were being considered and ultimately not recommended for the list and I just wondered if Dr Huttner could talk about the thinking behind that.

TJ Thank you, Jen. I think Dr Huttner can help to answer this question.

BH Thank you very much. The Expert Committee felt that there were not enough long-term safety data and that there were some uncertainties also on how long to use these treatments because often when you stop the treatment there's a rebound also in weight gain.

So, while these medicines may be reconsidered in the future, it was felt that right now the evidence is not much here enough to add them to the list. In addition, they probably also should be considered for a diabetes additional indication. Thank you.

TJ Thank you very much, Dr Huttner. I hope this answers your question, Jen. Now, we will go to Ashleigh Furlong, from Politico. Ashleigh, please go ahead.

AF Thanks for taking my question. It's also about the Essential Medicines List. The report says that the WHO should continue to work on strategies to address the issue of high prices of cancer medicines. I wanted to know how significant a limiting factor price was this year in keeping medicines, including cancer drugs off the list. I know we're seeing more and more really expensive drugs coming to market and I wanted to know if this is making it much harder to put together this list. Thank you.

#### 00:23:08

BH Thank you very much. This a very complex question and it was a problem already during previous expert committees. 20 years ago it was decided that the absolute cost of medicines should not be considered a reason to exclude a medicine if other criteria are fulfilled, and that was in the context of the HIV pandemic and the antiretroviral medicines, which in the meantime have become much, much more affordable.

With the cancer medicines, we are facing now an issue where we have a very high burden of disease and very expensive, highly priced medicines. This continues to be an issue and, indeed, for some of the medicines this was one of the factors leading the Expert Committee not to recommend them currently.

There is actually going to be also an advisory group advising WHO on how to deal with the issue of highly priced medicines. So, this is something that needs to be addressed in the future and is a recurring problem. Thank you.



TJ Thank you. Maybe Dr Downing would like to add something on this question in case.

#### 00:24:24

JD It is a very complex issue and many of the newer drugs and biologics are incredibly expensive in paediatric cancer and many adult cancers. There still is the opportunity for cure using old drugs. Many of them are generic and were created decades ago.

And so the 35 drugs that are on our Essential Medicine List for treating paediatric cancer, most of those are generic drugs and are able to be produced by generic drug producers and can be bought at very low prices. We feel those are going to be effective means for treating and curing children with cancer and raising those cure rates to 60% and the side effects of those are manageable and will give very good quality of life to those children that survive.

As we move beyond this, though, in the future we're going to have to work to get those prices down, there's just no other way around it, and work with those manufacturers and do the kinds of studies that need to be done to show that these are effective, that the prices can come down and that they are going to be an effective expenditure of money by countries to allow the cure of those children and adults with cancer.

We're starting to do pilot studies along that thought line for gene therapy, for leading diatheses using products that we've developed here and doing feasibility studies in low and middle-income countries. I think these drugs are going to part of the treatment of the future and it is on us to make sure that patients have access to this. That is going to require getting the cost down and doing the kinds of study that show they are an effective expenditure of dollars to advance the cures for children and adults with cancer.

#### 00:26:16

TJ Thank you very much, Dr Downing and Dr Huttner, for this answer. I hope that answers the question. The next question comes from Alex Tin, from CBS News. Alex.

AT Hi. Thanks for taking my question. On seasonal influenza, can you share an update with us on whether we should expect an earlier or more severe influenza season in the northern hemisphere based on what has been seen so far in the southern hemisphere? Then, separately on COVID-19, can you comment on the growth advantage and symptomatology of the EG.5 variant relative to what else is circulating? Thank you.

TJ Thank you very much, Alex. There are two questions there. Maybe we start with influenza. We have Dr Wenqing Zhang online, who is Director of the Influenza Programme. Dr Zhang, would you like to take the first question?

WZ Sure. Thank you. Thanks for your question. Seasonal influenza at the moment is pretty low and it is really too early to predict the upcoming northern hemisphere, whether it will be earlier or it will be late, neither we can predict how severe it could be.



However, if we look back to the past two seasons, we've seen that seasonal influenza is returning back to its usual season, i.e., in the winter season and the vaccines, vaccine viruses, vaccine composition will also be revealed in the upcoming September for the southern hemisphere next year.

#### **00:28:00**

So, just to summarise that the WHO, through its global system, the Global Influenza Surveillance and Response System, is closely monitoring those and it is too early to say what the next season will be like. Back to you, Tarik.

TJ Thank you very much, Dr Zhang. Dr Van Kerkhove.

MK Thanks for the question. The variant that you mentioned, the EG.5, is one of the variants under monitoring that we have, first detected in February of this year and in circulation.

It is one of the ones that we see. It's an XBB.1.9.2 sublineage, so it is part of Omicron and has some additional mutations. And, of course, all of the variants that we are detecting that are sublineages of Omicron have an increased growth rate and it raises the point that this virus continues to circulate and it continues to change.

If you look at our latest dashboard that we have, looking at the global circulation of COVID-19, this is in the context of declining surveillance and declining reporting but this virus is circulating in every country and it is circulating pretty much unchecked.

We aren't seeing the same level of impact in terms of hospitalisations and deaths because people are protected largely from vaccination but also from past infection, so we have some immunity that has been built up. But the virus will still circulate and it will still infect individuals, and so it is really critical that countries continue to keep up their surveillance and most importantly really continue to report to WHO weekly hospitalisation rates, ICU rates and death rates, so that we can track the trends.

#### **00:29:38**

But just as critical as monitoring the impact, we have to continue to sequence. We need to be able to monitor the variants of interest, of which we have two, and the variants under monitoring, and all of these are listed on our website. This is changing, it's dynamic because the virus, itself, is circulating and the more it circulates the more opportunity that it has to change.

What our worry is, is that we could potentially see new variants that could be more severe and that's something we have to keep an eye out for because we need to be keeping people well protected. With good surveillance, with good clinical care, with high levels of boosting of vaccination among people who are most at risk we can keep that impact low.

But make no mistake, the virus has not gone away. While the emergency of COVID has been lifted and we're no longer in a crisis phase, the threat of COVID is not gone. So, keeping up with surveillance and sequencing remains absolutely critical for us to be able to monitor the known variants that are in circulation and to detect any new ones, to work with our Technical Advisory

Group for Virus Evolution, to assess each one of these and to determine whether or not any changes need to be made in our interventions.

TJ Thank you very much, Dr Zhang and Dr Van Kerkhove. The next question is Belisa Godinho, from W Magazine, Portugal. Belisa.

**00:31:02**

BG Thank you for taking my question. Information was sent to W Magazine about Pope Francis meeting with Dr Tedros. Any special reason? At this time Portugal is preparing to receive the Pope on the Youth Day. What advice does WHO have for this six-day global event in summer? Thank you.

TAG Thank you. Yes, I had the honour to meet the Holy Father and this is not the first time actually. We met in 2018 and we had a follow-up of that discussion also from 2018. We partner with the church on many health issues and one of which is our common position on universal health coverage, especially increasing access to vulnerable groups.

I have thanked him for all his support in the past five years, especially advocating for universal health coverage, Health For All. The other issue we discuss with His Holiness is about the COVID pandemic and what the situation is now and also asking for his continued support because we have been partnering on that as well.

He agreed to continue to support, to advocate for the world to strengthen its emergency preparedness. Also, we discussed about the current negotiation on the pandemic accord, which we call a generational agreement, which is going to help us to prepare the world. Member States are negotiating that accord and we hope it will be agreed next year, May 2024, and I hope he will also support us on that.

So, it was a great visit and I thanked him also for the gift he gave us. I think the gift he gave to WHO is something that symbolises, using his own words, the service of WHO, that's love and help. Love and help is the essence of our organisation and we're very appreciative that His Holiness recognised the work of the WHO. These are some of the main issues among others and thank you for that very important question. Thank you.

**00:34:08**

TJ Thank you, Dr Tedros. We will now go to Ashvin Barshinge, from Observer Times, India. Ashvin, please unmute yourself.

AB Thank you for considering my question. My question is WHO has the global action plan for refugee migrants but what is the global action plan for climate change induced displacement, since climate change induced displacement doesn't have legal definition internationally?

TJ Thank you very much, Ashvin. I will ask Dr Maria Neira, who is online, to try to answer this question.

MN Thank you very much for the question. You are right, those refugees in displaced populations are part of the most vulnerable groups and there is not a formal definition for climate change displaced refugees. We work very much with the UNHCR, the High Commissioner for Refugees, who is looking at what are the different modalities and, of course, making sure that they are included

in their humanitarian assistance plans the possibility of having internal displacement due to the fact that the population has been affected by extreme weather events or crises related to global warming.

**00:35:43**

So, we established this collaboration, the same with the human rights groups, where they are looking at different definitions and where this issue of climatic refugees is still under discussion. We hope that soon there will be some conclusions on that and making sure that we take care of this especially vulnerable population.

But, again, the best way to protect this population will be to have a very strong agreement at the COP28 to reduce emissions and tackling the causes of climate change to make sure that then the phenomenon will be tackled at the root causes and we will start to reduce emissions and, by doing so, we will protect as well the population from what they are already suffering and the massive displacement that we see related to the climatological conditions and the consequences of the climate change. Over. Thank you.

TJ Thank you very much, Dr Maria Neira, for this. I think there is one follow-up question from Ashleigh, from Politico. Just to let everyone know that Dr Downing had to leave, so he is no longer on this call. Ashleigh, please go ahead.

AF Thanks. Just a quick follow-up in response to my question. The advisory group was mentioned that is advising on pricing these medicines on the Essential Medicines List. I just wanted to know if there is any update on the work of that group. I know it was called for in 2021 and I just wanted to hear if there has been any meetings or any update on the work of that group. Thank you.

BH Thank you very much. No, the group is going to start working but it hasn't yet started. Thank you.

**00:37:42**

TJ Thank you very much, Dr Huttner. I can see that we have no other questions online at this point, so I'll give the floor to Dr Tedros for his closing remarks.

TAG Thank you. Thank you to all members of the press for joining us today. I wish you also happy holidays during this summertime and see you next time.