

UNGA 78 Preview + Global Health Issues

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Speaker key:

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JS	Dr Jérôme Salomon
TK	Dr Tereza Kasaeva
JH	Dr Joachim Hombach
MK	Dr Maria Van Kerkhove
SB	Dr Sylvie Briand
BG	Belisa Godinho
EF	Elaine Fletcher
HC	Helen Collis

00:01:32

TJ Hello to everyone from WHO headquarters in Geneva, Switzerland. My name is Tarik and welcome to our regular WHO press briefing on global health issues with a specific note today about the upcoming UN General Assembly meeting in New York, where we will have some health-related activities, and we will hear more about that during this press briefing.

As always, we will start by introducing our speakers today. We have Dr Tedros, WHO Director-General. Also with us today is Dr Bruce Aylward, Assistant Director-General for Universal Health Coverage, Life Course. With us is also Dr Jérôme Salomon, Assistant Director-General for Universal Health Coverage, Communicable and Noncommunicable Diseases.

Dr Maria Van Kerkhove is Technical Lead on COVID-19 and is also with us in the room. With us is also Dr Tereza Kasaeva, she's WHO Director of our Global

Tuberculosis Programme, and also Dr Sylvie Briand, Director for Epidemic and Pandemic Preparedness and Prevention.

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We may have a couple of other colleagues joining here, in the room, and we have a number of WHO experts online who may be asked to answer your questions. Reporters online can already press the button, Raise Hand, and in that way get into the queue to ask questions. With this, I'll give the floor to Dr Tedros for opening remarks.

TAG Thank you. Thank you, Tarik. Good morning, good afternoon and good evening. Late on Sunday, tropical storm Daniel hit the eastern coast of Libya, bringing strong winds, heavy rain, the collapse of two dams and devastating floods. The area affected is home to over 1.5 million people.

The true toll of this disaster is still emerging but local officials have reported over 5,000 deaths and thousands more are still missing. Over 35,000 are displaced and homeless. This is a calamity of epic proportions.

Even while the death toll is increasing, the health needs of the survivors are becoming more urgent. WHO is working with the Ministry of Health and partners to rush emergency relief to the affected areas.

WHO is releasing US\$2.0 million from our Contingency Fund for Emergencies to support our response. We're deploying contingency supplies that were already in the country, and 28 metric tonnes of trauma, surgical and emergency supplies are due to arrive tomorrow from our logistics hub in Dubai.

WHO has also activated its network of emergency medical teams. Eight countries and organisations have offered their assistance and a team from France has already deployed its field hospital in the affected area.

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The floods in Libya are the second devastating disaster in a week to affect North Africa. The earthquake in Morocco has killed almost 3,000 people and injured many thousands. These numbers will continue to rise in the coming days. Entire families are buried under the rubble, others are homeless, and some children lost both their parents.

Our information is that most roads have now been cleared, and search and rescue teams have been able to access the majority of affected areas. The Moroccan government is leading the response. WHO and our UN partners stand ready to scale up our response to provide supplies and technical assistance as needed.

Last weekend, I had the honour of attending the G20 Leaders' Summit in New Delhi, India. Representing the world's largest economies, the G20 plays a critical role in global development and global health.

I welcome the Leaders' Declaration, which highlighted a range of critical health issues. G20 leaders reinforced their commitment to achieving universal health coverage and to adopting a One Health approach, recognising that the health of people and planet are inseparable.

They also recognised the role of traditional medicine and welcomed the establishment of the WHO Global Initiative for Digital Health. Critically, G20 leaders reiterated their commitment to strengthening the global architecture for health emergency preparedness and response, with a central role for WHO.

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Now, to next week's United Nations General Assembly, when leaders from all countries will come together to discuss the most pressing challenges we face as a world. For the first time, the General Assembly will feature three High-Level Meetings on health issues, demonstrating how important health is to our world, today and for the future.

The first High-level meeting, next Wednesday, is on pandemic prevention, preparedness and response. The outcome will be a political declaration that aims at mobilising political will and for strengthening the governance, financing and systems for global health security.

The declaration will support the ongoing Member State negotiations on the pandemic agreement and the amendment of the IHR 2005. If COVID-19 taught us nothing else, it's that when health is at risk, everything is at risk.

The pandemic showed that health is essential to development, social and economic prosperity and national security. It demonstrates the importance of strong leadership and collaboration based on the best science. And it demonstrated the importance of equity. The world must learn these lessons, and learn them fast. COVID-19 is still with us and the next pandemic is not a question of if but when.

The second High-Level Meeting, on Thursday next week, will be on universal health coverage, which all countries have committed to achieving by 2030 in the Sustainable Development Goals. The previous High-Level Meeting on universal health coverage, or UHC, was held in 2019, just a few months before the COVID-19 pandemic erupted.

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Even before COVID-19, progress towards UHC was stagnating. The pandemic set countries even further back in their journey towards UHC, but it also showed why it is so important. Universal health coverage means that all people in a population have equitable access to the essential health services they need without facing financial hardship.

The latest data, to be published next week, show that the world is alarmingly off track. Huge numbers of people still cannot access essential health services, are impoverished by doing so, or both. WHO is calling on all countries to do three things.

First, to protect and expand investments in health, to reorient their health systems towards a primary health care approach, to promote health, prevent disease, provide the services people need, and empower them to take charge of their own health. We understand that budgets are squeezed but investments in primary health care are the most cost effective because they can help to prevent or delay the need for more costly secondary and tertiary care.

Second, we are calling on countries to take ambitious action to protect the poorest and most vulnerable from catastrophic health costs. And third, to urgently work towards doubling the health and care workforce, especially at the community level, which is the backbone of every health system.

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The third High-Level Meeting, on Friday next week, is on tuberculosis. In 2021, TB killed 1.6 million people or about 4,000 a day, and yet this is a disease that is preventable and curable. Since the year 2000, global efforts to combat TB have saved more than 74 million lives. However, the COVID-19 pandemic, coupled with conflicts and inequities around the world, have reversed years of progress.

WHO is calling on world leaders to commit to concrete targets for the next five years. First, to reach 90% of people with TB prevention and care. Second, to use the WHO-recommended rapid test as the first method of diagnosis. Third, to provide social benefits packages to all people with TB so they don't endure financial hardship. And fourth, to license at least one new TB vaccine.

To accomplish these goals, we need to close the funding gaps for TB care and invest in research and innovation. At the same time, we need to address the drivers of TB, poverty, malnutrition, diabetes, HIV, tobacco and alcohol use, poor living and working conditions, stigma and discrimination, and more.

These three issues, tuberculosis, universal health coverage and pandemic prevention, preparedness and response, are all closely linked. In WHO's 75th year, we are calling on all countries to fulfil the commitment they made when they founded us in 1948 to health as a fundamental human right and the foundation of peace and security. Tarik, back to you.

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TJ Thank you, Dr Tedros, for your opening remarks. We have just been joined by the WHO Envoy for Multilateral Affairs, Stéphanie Seydoux. Welcome. Now, we will open the floor to questions. Please click the icon, Raise Hand, and, once we call on you, just unmute yourself. We will start with Belisa Godinho, from W Magazine in Portugal. Belisa.

BG Hello. I'm Belisa Godinho, from W Magazine in Portugal. My question is regarding the UN General Assembly and the WHO plan to reinvigorate SDGs, Sustainable Development Goals, in global health. What type of agreement is being developed to be implemented by the world leaders? Thank you.

TJ Thank you very much, Belisa. We have Dr Aylward and Dr Salomon. Maybe Dr Aylward can start.

BA Thank you very much, Tarik. Belisa, thank you very much for the question because it really puts an emphasis on the importance of next week when the leaders of the entire world will come together for the first time in the post-COVID era – well, we're not post-COVID, as you well know, we're still in COVID but let's say post-pandemic period – and look at what went wrong, what needs to go right going forward.

And what they're really putting the emphasis on is the fundamental need for universal health coverage to make us more resilient as communities, as

societies, as countries, to threats such as pandemics going forward, but as well as others.

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So, what the leaders have been working toward is a declaration that looks back and takes stock of where we are in terms of universal health coverage, and it states very clearly we are at risk of being no closer in 2030 than we are today to this goal, which means no safer as a world in many ways unless we can accelerate progress.

And they've really been focusing on three key things to achieve that. The first, as the Director-General laid out, is adapting the approach and really focusing on what's called, in some cases we talk about radically reorienting their health systems toward a primary health care approach which really focuses on equity, getting to everyone, cost effectiveness with the right interventions in the right order and in an efficient manner that includes the communities themselves. So, the first big thing they're looking at is the approach.

The second thing they're recognising is the money just isn't there to do that. We have got to invest at a whole different level in health to achieve universal health coverage. So, that's the second big emphasis, to fund the systems and also to protect people from catastrophic financial expenditures.

And the third thing they're recognising and looking at how do we tackle is the whole issue of ensuring we have the people on the ground that can do this, the workforce. That's the third big piece of the pie, so to speak.

All of that then comes together to look at how we address better, issues, whether it's HIV, TB, maternal mortality, the risk of women dying in pregnancy or delivery obviously, and other health, challenges through stronger health systems.

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So, these are super important deliberations coming up. The most important thing to achieving universal health coverage, frankly, is the political decision to do so, and that's why the solution will not be what happens next week in UNGA but it will be a critical piece of getting started on an accelerated path to solving the problem of ensuring everyone, everywhere can have access to the services they need for the physical and mental health and social well-being.

TJ Thank you very much, Dr Aylward. Dr Salomon, would you like to add?

JS Yes. Thank you. Thank you very much for the question. About tuberculosis, as already said by our DG, Dr Tedros, tuberculosis remains among the world's top infectious killers. The theme of the meeting is advancing science, finance and innovation and their benefits to urgently end the global tuberculosis epidemic, in particular by ensuring equitable access to prevention, testing, treatment and care.

The prioritisation of TB in the agenda of heads of state and other leaders provides strong impetus to step up progress in countries against this ancient disease. Universal access to TB prevention and care as part of the universal health coverage agenda, multisectoral actions to address drivers and determinants of TB epidemic as part of a sustainable agenda, strengthening

essential TB services as part of the pandemic preparedness, prevention and response agenda, and advancing research and innovation are the key priorities to drive the end TB agenda forward.

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WHO will release a status update on 22 September with an overview of progress made between 2018 and 2022 to reach the targets on prevention, care and financing committed by world leaders in the political declaration of the UN High-Level Meeting on TB.

So, to conclude we, at WHO, are urging countries to ensure highest level participation of governments in the upcoming UN High-Level Meeting on TB, along with key civil society partners, and for commitments to redouble efforts to ensure all people with TB access quality prevention and care in line with WHO's drive towards achieving universal health coverage. Thank you.

TJ Thank you, Dr Salomon. And as we have Dr Kasaeva, who is Director of our WHO Global TB Programme, maybe Dr Kasaeva would like to add something.

TK This is the second High-Level Meeting at the UN General Assembly with a focus on TB and it's great to see TB as an equally important topic with two other big topics, universal health coverage and pandemic prevention, preparedness and response.

It's a second chance and we've clearly seen that after the first High-Level Meeting there's been a real focus and strong focus on TB that galvanised all the processes and progress. But unfortunately, due to COVID-19, as the Director-General highlighted and others, the recent progress was pushed back.

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We expect real commitments put into concrete actions because it is absolutely unacceptable in the 21st century that we have huge gaps in access for the preventable and curable disease. We have clear, strong strategies. We have WHO flagship initiatives with concrete targets, much better tools, shorter, more effective treatment options and even vaccines in the pipeline. We have no excuses. We just need political will and prioritisation.

TJ Thank you, Dr Kasaeva. Dr Tedros.

TAG Thank you. As colleagues said, the TB and HIV High-Level Meeting is actually for a second time, while pandemic prevention, preparedness and response is for the first time. And the political declaration during the UN General Assembly next week will help us to mobilise the political will to strengthen financing, governance and systems.

So, that's what we expect because before the next pandemic comes we need to really address those issues that can help us either to prevent the next one or early detect and manage any outbreak.

The other benefit of the political declaration will be to give some momentum to the negotiations on the pandemic agreement and, of course, the IHR amendment, and we look forward to the debate during the General Assembly but, as WHO, we're satisfied that during this UN General Assembly health has

been positioned at the centre, and three high-level meetings in one assembly is very, very significant.

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And we hope the world is learning its lessons from this pandemic, about the centrality of health and also health as a fundamental human right. When health is at risk, as we always say, everything is at risk and we have seen it during this pandemic, how it affected all walks of our life. So, thank you for that question, it's very important one. Tarik, back to you.

TJ Thank you, all. Next question is Health Policy Watch, Elaine Fletcher. Elaine.

EF Hi. Thank you for taking my question. You mentioned the concrete targets that are incorporated into the TB declaration. In terms of the UHC Declaration, you mentioned some very broad, important commitments that you'd like to see countries make. Can you point to any language in the declaration, the draft, that actually commits countries or targets that we can focus on, highlight as measurable concrete goals to work towards?

TJ Thank you. Dr Aylward.

BA Thank you very much, Elaine, because the point you emphasise is to crucial. It's great to have lots of great language and words of commitment but what can we actually measure as we go forward?

There's two concrete commitments that really anchor the UHC Declaration and, frankly, the Sustainable Development Goals as well. The first is to ensure all people, everywhere, have access to a basic or essential package of services.

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Number one is what we call a service delivery aspect of it, and that is all people, everywhere, so it's an equity goal. It's a big, very, very ambitious goal. And the second is in terms of protecting them from the financial consequences of trying to access those services because, right now, we're still working out the numbers but an extraordinary proportion of the world's population face substantial financial hardship or are even impoverished in trying to access health coverage.

So, the second goal is to reverse a trend which has been going in the wrong direction in terms of the proportion of people affected or suffering financial hardship in accessing care. Those are the two crucial things, that everyone has access to the basic package and that they have financial protection, especially the most vulnerable in accessing those.

And achieving those is tough. As the Director-General said, it's a big political decision because it's a big financial commitment and it's a big commitment in terms of human resources and approaches to be able to do that.

So, Elaine, those would be the two concrete ones and then, as you go through the document or the draft declaration, you will see that there are a lot of reaffirmations of existing targets on specific diseases and, let's say, mortality rates and things like that, but those are two that really matter.

The last thing in just highlighting that, Elaine, what I'd like to highlight as well is that on Monday we will have a specific press conference to release what we're calling the Global Monitoring Report, which is basically that scorecard, to say how well has the world done against those two big indicators, which will baseline that commitment next week that comes out of the declaration and the UNGA deliberations as we look forward to 2030.

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TJ Thank you, Dr Aylward. I'm just looking if there is anyone who would like to add something. If not, we have received a question yesterday from NPR Radio on COVID boosters and WHO advice. We have online Dr Joachim Hombach, who is from the Secretariat of our Strategic Advisory Group of Experts on Immunisation. Dr Hombach, if you can give us the latest on COVID vaccines and the SAGE work.

JH Thanks very much. We have, of course, seen that the first monovalent XBB vaccines have been licenced in the United States, in the European Union. We hope in more countries. We also hope that more vaccines, there's more in the pipeline and more vaccines will follow.

Obviously, recommendations are now being issued on the use of these vaccines, so there have been recommendations issued in the United States. We will bringing this topic also to our advisory group, SAGE, that is actually meeting in ten days. So, will be discussing the use of the XBB monovalent vaccine. We'll also be looking at the so-called simplified pathology or the simplified schedule of these vaccines as well as couple of other things.

What I can say already at that point in time is that while there is a clear rationale for these XBB monovalent vaccines and our advisory group, TAG-CO-VAC, has elaborated on this earlier this year, we still note that the vaccines that are based on the ancestral strain of the bivalent vaccine still do a good job in relation to protection of severe disease and death. And I need to remind you that you that this is the principal objective of vaccination against COVID-19.

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I don't want to pre-empt what the advisory group will be telling us but one message is clear already at this point in time. You should not be delaying vaccination if you are part of a risk group that requires vaccination while waiting for the monovalent vaccine. So, I think this is a very important message.

We will provide more detail on this and we are looking forward also to have more data on this and XBB monovalent vaccines but we will provide more detailed information on this. We are also looking again at our priority groups but we will certainly be reinforcing the message to vaccinate those populations and to revaccinate, boost those populations that are at highest risk of severe disease and death.

The specificities of the boosters or the terminology that is now preferentially being used in some countries and which we are also looking at, the concept of the additional dose is something that we also be looking at. An annual vaccination spacing seems reasonable at a point in time, however not to pre-

empt that we are going into an annual seasonal revaccination scheme. This is too early to be said but it is a short to mid-term working assumption which, again, we will discussing further with SAGE.

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So, I think this is in a nutshell where we are but the message is very clear. Vaccination with any of the available COVID-19 vaccines if individuals are at risk of severe disease and death should not be delayed while these new vaccines are coming down the road. Thank you.

TJ Many thanks, Dr Hombach. Dr Van Kerkhove, would you like to add something?

MK Yes. Thanks very much. Thanks, Joachim, for this overview but I wanted to do was put in context why Joachim's message and DG's repeated message of vaccination is so critically important for COVID is because the virus is circulating.

And the virus is still here, the threat is still here as the DG has said. We do continue to see some worrying trends with COVID. While surveillance is declining, reporting is declining, there are a number of countries that are reporting increases in case detection.

More worrisome is that we're seeing a number of countries across the Americas, across Europe that are reporting increases in hospitalisations, increases in ICU admissions, and vaccination, in addition to early diagnosis and early clinical care, prevents severe disease and death. So, that message of don't wait, especially if you're in an at-risk group, remains vitally important to save people's lives now. That is just one thing I wanted to put in context.

The latest data that we actually have from our Member States looking at coverage in older adult groups across WHO Member States, we don't have data from all countries but the primary series coverage at a global level is around 82% of older age groups have completed primary series and the booster dosage is around 58%.

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But it's only 8% in Africa, it's 27% in our Eastern Mediterranean Region, 30% in our South-East Asia Region, 67% in the Americas, 68% in Europe, 75% in our Western Pacific Region. So, there's a large gap in terms of that booster coverage and that's the critical age groups that need those vaccinations to prevent severe disease and death.

The virus is evolving, the virus is changing. We're continuing our monitoring of the variants that are in circulation, the variants of interest. EG.5 is around 39% of the global sequences right now. BA.2.86, which is a variant under monitoring is still low numbers. We have around 100 case detections from 15 countries.

And so we're constantly monitoring this and this is why surveillance remains important, the usage of vaccination to prevent severe disease, but also using our other tools, diagnostics, therapeutics, using masks when you're around others, improving ventilation, etc. So, that comprehensive package, that approach remains important for COVID.

TJ Thank you, Dr Van Kerkhove. I think we have Helen Collis, from Politico online. Helen.

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HC Thank you very much for taking my question. It was just a follow-up question, really, on the COVID vaccines. We were told a lot during the pandemic that it was important to have a wide variety of vaccines in different technologies, in different targets. Is that still the case today? I just wanted to get your comments. I know that in the EU they have the Pfizer-BioNTech vaccine that has been procured for the bloc and that seems to be the one that's dominant there. Thank you.

TJ Thank you, Helen. Maybe Dr Hombach can come in here.

JH I think your observation that we have particularly mRNA vaccines moving forward is correct and this has obviously to do with the fact that with that technology strain adaptation is the fastest. We would very much welcome to have more platforms out there. As I said earlier, there are other vaccines that are in development, subunit vaccines. There's also inactivated vaccines.

We hope there will be more products coming onto the market from the perspective of supply security, from the perspective of different handling, in terms of logistics and programmatic ease of using these products. So, we definitely very much encourage that more products based on different platforms come forward and we are confident that this is happening.

TJ Thank you. Dr Aylward.

BA I just want to thank Helen for that point because it is an extremely important one. Our goal in COVID vaccination is to ensure that everyone, everywhere has access to products and what was seen in the pandemic and is still very clear is every one of these products have different characteristics, as Joachim just mentioned, and across the products we have a mix that work in terms of cost, efficacy and programmatic ease of use.

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While for industrialised countries a vaccine that requires an ultra-cold chain and has other elements to it, that may be the best fit, that may not be the best fit for the vast majority of the unvaccinated in the world, where we need products that fit within their existing health systems, within their existing immunisation systems, etc. And often that may be a product on another platform, such as a subunit vaccine, as Joachim mentioned.

So, again, we always have to bear in mind in our efforts to get to equity in health, that it doesn't start just with getting more an individual product out there. We've got to go right up and look at the characteristics of the products that we're developing and making sure that they are optimised for the populations that are going to need them globally. And often, and what we've found with this one, again, is that it's going to require different platforms, let's say.

The other thing and I believe, Maria, you emphasised this earlier as did Joachim as well, is the key here is getting enough doses into people. That is the key to efficacy, not necessarily which vaccine exactly is being used. If we

get that priming set of doses in, the booster doses in, we're seeing high efficacy with all products in terms of protection against death and severe disease.

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So, again, a really, really important question that you raise and the last thing you would want to do is start putting all your eggs in a single basket, whether it's a technology or product, because it is not the solution to getting to equitable access on the products and it would not be the solution for the future either.

As Joachim mentioned, every one of these products has their advantages and their disadvantages and one of the great things about mRNA vaccines is just how fast you can adapt them to evolving situations. But, even that said, we're still finding some of those original products remain quite robust. How much do you actually need to tailor as you go forward? Important thing and others have emphasised it on this platform before is the best vaccine is the one that you can get the soonest.

TJ Thank you, Dr Aylward. Dr Briand, would you like to add something?

SB Yes. Just also to complement what Bruce has said. I think what is really important when you have diverse platforms is that also you can diversify the geographic production. It allows also for more equity and so that's why we promote, really, this diversification because it will ensure more equity and more security as well. Thank you.

TJ Thank you very much, Dr Briand, and thanks to all of our speakers and to our reporters online. We will be sending an audio and video file a little bit later and the transcript will be available tomorrow. For any other questions, please don't hesitate to send an email to media@who.int. I now give the floor to Dr Tedos for his closing remarks.

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TAG Thank you, Tarik. Thank you to all members of media for joining us today and for your interest in WHO's work, and for being with us for many years now since the pandemic especially. So, thank you so much.

I just wanted to say a few words also as an Ethiopian. This past Tuesday marked Ethiopian New Year, so I would like to wish all Ethiopians a very happy New Year and may this New Year bring peace and reconciliation in our country. By the way, to the members of the media, according to the Ethiopian calendar it's now 2016 and September, so you're seven years younger. It's very unique. Thank you and all the best.