COVID-19

Virtual Press Conference
21 December 2022

Speaker key:

MH	Dr Margaret Harris
TG	Dr Tedros Adhanom Ghebreyesus
AB	Antonio Broto
DM	Donato Mancini
MR	Dr Michael Ryan
KO	Dr Katherine O'Brien
CP	Carmen Paun
RG	Dr Rogério Gaspar
AD	Aaron D'Andrea
PM	Pooja Makkar
MK	Dr Maria Van Kerkhove
AT	Adam Taylor
PP	Priti Patnaik

00:00:52

MH Hello, everybody. This is Margaret Harris in WHO headquarters, Geneva, welcoming you to our global press briefing on current health issues and also thanking you for your patience. I apologise for the late start today, the 21st December 2022, which is the shortest day of the year here in the Northern Hemisphere. But I doubt that this briefing, planned to be our last press briefing for 2022, will be the shortest that we've seen. I doubt that very much. As usual, we will start with opening remarks from our Director-General, Dr Tedros Adhanom Ghebreyesus. After that, I will then open the floor to questions and our usual panel of technical experts will be both in the room and online to answer your questions.

00:01:39

In the room we have, to Dr Tedros's right, Dr Michael Ryan, Executive Director of our Health Emergencies Programme, Dr Kate O'Brien, Director of Immunization, Vaccines, and Biologicals, Dr Rogério Gaspar, Director,

Regulation and Prequalification, and to Dr Tedros's left we have Dr Ana Maria Henao-Restrepo, our Lead for the Research and Development Blueprint for Epidemics.

We also have our usual large panel of experts online, as I mentioned. We'll call upon them whenever the question requires it. As always, we have full simultaneous translation services in six UN languages. Thank you once again, interpreters, for all your work today and all your work throughout what has been a very intense year.

But now, without further ado, we will go to Dr Tedros for his opening remarks. Dr Tedros, you have the floor.

00:02:38

TG Thank you. Thank you, Margaret. Good morning, good afternoon, and good evening. 2022 has been another very challenging year for the health of the world's people, the third year of the COVID-19 pandemic, a global outbreak of Mpox, an Ebola outbreak in Uganda, wars in Ethiopia and Ukraine, cholera outbreaks in multiple countries, drought and flooding in the Greater Horn of Africa and the Sahel, flooding in Pakistan, and numerous other health emergencies. That's not to mention the multiple other threats to health that people face year in, year out in the air they breathe, the products they consume, the conditions in which they live and work, and in their lack of access to essential health services.

Yet, as 2022 draws to a close, we still have many reasons for hope. The COVID-19 pandemic has declined significantly this year, the global monkeypox outbreak is waning, and there have been no cases of Ebola in Uganda for more than three weeks. We're hopeful that each of these emergencies will be declared over at different points next year. Certainly we are in a much better place with the pandemic than we were a year ago when we were in the early stages of the Omicron wave with rapidly increasing cases and deaths. But since the peak at the end of January, the number of weekly reported COVID-19 deaths has dropped almost 90%.

However, there are still too many uncertainties and gaps for us to say the pandemic is over. Gaps in surveillance, testing, and sequencing mean we do not understand well enough how the virus is changing. Gaps in vaccination mean that millions of people, especially health workers and older people, remain at high risk of severe disease and death. Gaps in treatment mean people are dying needlessly. Gaps in health systems leave them unable to cope with surges in patients with COVID-19, flu, and other diseases. Gaps in our understanding of post-COVID-19 condition mean we do not understand how best to treat people suffering with the long-term consequences of infection. And gaps in our understanding of how this pandemic began compromise our ability to prevent future pandemics.

00:05:44

We continue to call on China to share their data and conduct the studies we have requested and which we continue to request. As I have said many times before, all hypotheses about the origins of this pandemic remain on the table. At the same time, WHO is very concerned over the evolving situation in China with increasing reports of severe disease. In order to make a comprehensive

risk assessment of the situation on the ground, WHO needs more detailed information on disease severity, hospital admissions, and requirements for ICU support. WHO is supporting China to focus its efforts on vaccinating people at the highest risk across the country and we continue to offer our support for clinical care and protecting its health system.

At our final press conference last year, I said that in 2022 we must apply the lessons from the pandemic. I'm encouraged that this year the world has made tangible steps towards making the changes needed to keep future generations safer. A new pandemic fund has been created. Nations have committed to negotiating a legally binding accord on pandemic preparedness and response. And we established the mRNA Technology Transfer Hub in South Africa to give low and low or middle-income countries the knowhow to rapidly produce their own mRNA vaccines and so on.

00:07:25

Even as the number of weekly reported cases and deaths from COVID-19 declined through the course of this year, we were confronted with many other emergencies. In July I declared the public health emergency of international concern over the global outbreak of monkeypox, known as Mpox. Over 83,000 cases have been reported from 110 countries, although the mortality rate has remained low with 66 deaths. As with COVID-19, the number of weekly reported cases of Mpox has declined more than 90% from the peak. If the current trend continues, we're hopeful that next year we will also be able to declare an end to this emergency.

Likewise, with no new cases since the 27th of November and no patients being treated at the moment, the countdown to the end of the Ebola outbreak in Uganda has begun. If no new cases are detected, the outbreak will be declared over on the 11th of January. With support from WHO, the Government of Uganda is now focusing its efforts on maintaining surveillance and being prepared should there be any further cases.

Meanwhile, we're continuing to respond to cholera outbreaks in 30 countries, including Haiti, where 310 cholera deaths have been reported after more than three years without a case. Last week Haiti received almost 1.2 million doses of oral cholera vaccines and vaccination campaigns have now started in the most affected areas.

00:09:27

WHO PAHO has also supplied almost 50 tons of essential medical supplies to cholera treatment centres. In the Greater Horn of Africa and the Sahel, climate-related drought and flooding are supercharging a flood crisis and driving outbreaks of cholera, yellow fever, measles, and vaccine-derived polio. WHO and our partners are on the ground, working to provide access to basic health services, treatment for severe malnutrition, and support for countries to prevent, detect, and respond to outbreaks.

In addition to outbreaks, climate-driven crisis and other emergencies, conflicts, jeopardized the health and wellbeing of millions of people this year in Afghanistan, Ethiopia, Syria, Ukraine, and Yemen. In all these countries, attacks on health constantly undermine our work. In 2022 WHO has verified more than 1,000 attacks on health in 16 countries with 220 deaths and 436

injuries. Attacks on health are a violation of international humanitarian law and a violation of human rights. They deprive people of care when they need it most.

WHO's work in responding to emergencies often makes the headlines, but around the world we have been working in many other vital ways to protect and promote health in ways that don't make the news as often. We supported countries to restore essential health services disrupted during the pandemic, including for routine immunization, where we saw the largest sustained decline in childhood vaccinations in 30 years. As a result, 25 million children missed out on life-saving vaccinations and catching up is now one of our highest priorities. This year we continued to support the rollout of the world's first malaria vaccine, reaching more than 1 million children in Africa.

00:12:09

We supported countries to introduce new legislation or taxation to combat health-harming products, including tobacco, trans fats, and sugary drinks. New reports highlighted for the first time critical gaps in services for oral health, refugee and migrant health, infection prevention and control, disabilities, and more. We published life-saving guidance on HIV, tuberculosis, hepatitis C, maternal and new-born health, safe abortion, and more. We worked to elevate health to the top of the climate agenda amid a continued increase in the frequency and severity of extreme weather events. We raised the alarm on increasing resistance in bacterial infections and published the first list of priority fungal infections threatening public health. Most recently, our partnership with FIFA enabled us to reach billions of people globally with campaigns promoting health during the World Cup.

2022 was also a landmark year for the future of WHO with our member states committing to increase their assessed contributions or membership fee to 50% of our base budget over the next decade from just 16% now. This will give WHO much more predictable and sustainable funding, enabling us to deliver long-term programming in countries and to attract and retain the world-class experts we need.

Next year marks WHO's 75th birthday. In 1948 the world was recovering from the Second World War. The nations of the world came together to recognise, in the words of our constitution, that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. But more than that, the WHO constitution affirms that the health of all peoples is fundamental to the attainment of peace and security.

00:14:47

Perhaps more than at any time in the past 75 years, the past three years have demonstrated just how true those words are. Like any organization, we're not perfect, and we don't claim to be. But the committed, talented people I work with have dedicated their careers to protecting and promoting the health of the world's people. Like them, I remain committed to building a healthier, safer, and fairer future for those people, the people we all serve.

On that note, I wish all who celebrate it a very merry Christmas, happy Hanukkah, happy New Year, and joy to all people around the world. Margaret, back to you.

MH Thank you very much, Dr Tedros. So I will now open the floor for questions from the media. We've got a lot of people online. I think everybody is aware that this is an end-of-year presser and many hands raised already. So we will prioritise media from all around the globe and from non-English-language outlets as well, so I'm apologising in advance if you don't get your question asked. In that spirit, the first question goes to Antonio Broto from the Spanish newswire EFE. Antonio, please unmute yourself and ask your question.

00:16:28

AB Thank you, Margaret. So, Mr Tedros, you made a very complete recap of this year and now I take this opportunity to ask you about next year, about 2023. What are the priorities of WHO going to be in that year and what do you think are the main challenges for human global health? Thank you.

MH So I think Dr Tedros will begin.

TG Yes. Thank you. So as I think from the speech, you can imagine some of the priorities that will roll to 2023, but as you may know, we have already prepared our priorities not only for the next one year but for the next five years and our priorities for the next year will come from the five-year priorities that we have already identified.

The first one is focus on health promotion and disease prevention. That will be the focus and the shift we want to have globally. That means instead of focusing on sick care like we do, we focus on health care, meaning keeping people healthy and we will do everything to make that happen.

But for that to happen, we will also focus on pushing for universal health coverage, especially with a shift to primary healthcare as a foundation. This is for all countries, high-income, middle-income, low-income, because we have seen how important the primary healthcare is, how important commitment to universal health coverage is, because of the COVID pandemic. So that will be the second priority.

00:18:45

But as you know, to promote health, primary healthcare is the most important part of the healthcare system and that's why our focus and shift should be at primary healthcare. The third will be in emergency preparedness and response. That will be our focus. So you have already the three emergencies, ongoing emergencies, that we need to fight or respond to in the next year, but while doing that, we will do everything to prepare the world for future epidemics. So that's the third priority.

The fourth is, we will focus on enablers in research, in science, in technology, and other enablers to have a better outcome.

The last one is to continue to reform or improve WHO. We believe in continuous improvement and investing in reforming WHO will help us to achieve or help in countries to achieve the SDGs.

So these are, in general, the priorities we have in the next year. These will be the guiding priorities and we are ready as an organization to do our best to the success of the SDGs because all these priorities in WHO are drawn from the Sustainable Development Goals and also from the experience we had the last two to three years from the current pandemic.

00:20:30

Then with regard to challenges, of course there will be many challenges we would expect, but if there is one thing that will be central, it is the political commitment. All these priorities, in order to get results, should be implemented at the country level. Without commitment at the country level and without focus at the country level, I don't think what we are aspiring to get will be achieved. So for sure our focus will be country-level and we hope countries will take health as a central issue because of the experience that we already had, the whole world had that, and we will get the commitment.

Of course, I can list a number of challenges we might expect, but that's the most important. If we can address that, I think the rest will be addressed. Whether it's resources, whether it's human resources or financial resources or other resources, it can only be addressed if there is commitment. Other challenges like equity also could be addressed if there is commitment. So the central issue is around the commitment to help in understanding the centrality of health. There is progress and we hope that it will continue to be consolidated and we will be able to make progress in 2023. Thank you.

MH Thank you very much, Dr Tedros. The next question will go to the Financial Times, to Donato Mancini from the Financial Times. Donato, please unmute yourself and ask your question.

DM Hi. Thanks for taking my question, Very briefly on China, was China wrong to unlock so quickly, to ease restrictions so quickly? Are you concerned about a spill-over when it comes to neighbouring countries or other variants? Thank you.

MH Thank you, Donato. Dr Ryan will answer your question.

00:22:43

MR I think that the Chinese authorities... If you look around the country, it's not that they've removed all public health measures. They certainly changed measures around requiring people to isolate in designated facilities to allowing people to isolate at home. They've reduced the requirements for daily testing to use public transport in some areas.

So I think what they've been trying to do is to try and ease the pressure on people and provide more manageable situations for people to manage their own illness as such, but there hasn't been a broad base. If you look around the country, in certain areas lifting of restrictions has been more than in others. But the numbers were on the rise and we've been saying this for weeks, that this highly infectious virus was always going to be very hard to stop completely with just public health and social measures.

At the beginning of this whole pandemic, we didn't have vaccines and we had many health systems under severe pressure. We had people on ventilators. We had problems with oxygen. So the imposition of stricter public health and

social measures was aimed at really trying to dampen transmission so as to prevent, as much as possible, disease incidence and severe disease so that we could protect the health system so it could provide the best possible care to those who were vulnerable and suffering from severe disease.

As vaccines have come on stream, we've learnt that repeated vaccination with effective vaccines, the appropriate number of doses, provides a very high level of protection, Kate may wish to speak about that, especially against severe disease and death. Most countries have really transitioned to a mixed strategy of maintaining some measures in terms of reducing transmission, particularly in high-risk environments. Many hospitals still require you to wear a mask. There is still restricted visiting. Many long-term care facilities around the world continue to protect their inpatients by having, again, restricted access, but the main focus of global strategy has shifted to higher rates of vaccination, particularly in the vulnerable.

00:00:52

In the case of China, as they have lifted some restrictions with the variant as infectious as Omicron, vaccination is the exit strategy, in that sense, from the impact of a wave of Omicron. This has been shown in other countries in Asia like Japan and Singapore and Korea where achieving higher rates of vaccination, particularly in the vulnerable, has resulted in the impact of Omicron waves being much less on the health system. So that's proven. That's not something that's just speculation. There is clear data from the experience of other countries.

The rates of vaccination in China, while on the face of it are high, they still lag behind in terms of overall coverage, particularly when you look at people over 60, particularly when you look at full vaccination, which, I think, in the case of the available Chinese vaccines would likely be three doses of vaccine as a primary course, not two plus a booster. I think we're talking protective efficacies hovering at 50% or less for those two-dose regimes in someone over 60. That's just not adequate protection in a population as large as the population of China. In such a large population, with so many people in a vulnerable setting, with that coverage, we really have to focus on vaccination.

Having said that, China made massive progress over the last number of weeks in actually rolling vaccines out. I think there has been a 600% increase or more in vaccination rates over the last week or two weeks. So I think what we're seeing is that China is recommitting itself to that strategy. It has distributed many different vaccines in its arsenal all around the country, setting up vaccination sites. It's targeting that vaccination.

00:26:52

While vaccinating anybody is a good idea, we would continue to emphasize the prioritization of the vaccination of the vulnerable, particularly in getting people to that three-dose mark and for people... Many people in China who did get to three doses of vaccine had that vaccine a year or more ago. They would probably require a second booster and I believe the authorities in China have approved such a second booster and are rolling that out. So I think the right strategic decisions are being made.

The question remains whether or not enough vaccination can be done in the coming week or two weeks that will actually blunt the impact of the Omicron wave and the burden on the health system. It's difficult to make that assessment, as Dr Tedros has said. We don't have complete knowledge of the impact. There are many anecdotal reports around pressure on the health system, infectious disease clinics filling up, emergency rooms filling up, and even ICUs filling up in certain situations and lots of anecdotal reports of occupational data suggesting that many people are off work at the moment.

00:28:01

So there's pressure in the system both in terms of infection and there's pressure on the system in the health system. The question is quantifying that pressure and being able to modulate the impact that vaccination is going to have against the pressure that's on the health system at the moment. So the authorities in China have… As I said last week, one in seven people on the planet live in China and the acceleration of vaccination, the protection of the health system during this period, is in the interest of seven out of seven people on this planet. So I think we need to show solidarity. We are continuing to offer support in every area from data management to vaccinology to clinical management and we'll continue to do so.

But after a very long answer to a very short question, no, I don't think there was a switch-off and that that switch-off has caused this rise in transmission. This is one of the most… The single-most transmissible variant we've ever seen is Omicron. We have a vulnerable population and the virus was going to spread in this way around the country. And it's not fair to say that China has lifted all its restrictions. I think there are many public health measures still being applied, but what they have lifted, I believe, were the more stringent of those requirements that were really putting pressure on people in their normal lives and their normal pursuit of life and livelihood. But in this regard, the force of infection now within the community is very high and really the answer to this is vaccination.

I would also appeal to people in China, anywhere in the world. If you are sick and you think you have COVID, please stay at home. Don't be the next cause of the next case. So, people who are sick with respiratory symptoms in China and you're sick, please stay home. If you need healthcare, seek that healthcare. Seek that healthcare early. But for the vast majority of people, this is a very mild infection. This is something that passes. A healthy person being able to stay at home and manage their own case, their own disease, may allow a more vulnerable person to more easily access critical healthcare when they need it. Thank you.

00:30:25

KO I might just add a couple of things on the vaccine side. Mike has really covered several of the main points and I wanted to emphasize a couple of others. As Mike has indicated, China does have a very high vaccination coverage rate in the population. The question is really about the doses that have been deployed and the subgroups that have been vaccinated.

In particular on the course of the elderly, there are healthy 65-year-olds and then there are healthy 80-year-olds and 90-year-olds. Risk of disease across

what we refer to as older adults is not equal across all of those groups. So one of the issues is assuring that those who are most vulnerable to having significant disease are rapidly vaccinated and vaccinated with a full course of vaccines that will be effective. We know that the vaccines, the inactivated vaccines, the viral vectored vaccines, as well as the protein vaccines, are all really effective at preventing against severe disease and hospitalization and death.

00:31:34

But in particular for the inactivated vaccines, quite a bit of study has been done on the inactivated vaccines. What is clear about those vaccines is that a third dose is needed to really get the maximum benefit of the vaccines and that's not what I'm referring to as a booster dose. A booster dose is in addition to that to return the performance of a course of three doses back to a level that they're at optimally after the receipt of the third dose.

So this is one of the points that I think is important, is that there's still a lot of effort being made in China to rapidly scale the access to vaccines, the confidence in the community, especially in older adults. Because at the outset of the pandemic there was a concern about older adults being vulnerable populations and assuring those older adults that these vaccines are safe, they're effective, and they are protective for the vast majority of people from having a severe outcome from an infection.

But none of the vaccines are highly effective at preventing infection from taking place and certainly not highly effective against transmission from one person to the next. So it remains extremely important for people, especially in the most vulnerable groups, to continue to use public health measures that are going to protect them against infection, especially for those who are not yet fully vaccinated, who have not had their booster dose, who have not had their booster dose in the past several months, which is when those booster doses are most effective and at some point they do decline in terms of their maximum performance.

00:33:28

So those are some of the points around the vaccines and the efforts that are being made in China to assure that everybody can have the protection from vaccines that will reduce the pressure on the healthcare system and will reduce the likelihood of deaths occurring, hospitalizations, intensive care unit stays that are so devastating to families and to the healthcare system.

I'll also just mention the use of innovation, the use of new research and development, especially for mucosal vaccines, so that we can make some further headway. In China there is an inhaled vaccine which is being deployed and my colleague Ana Maria may want to say a little bit more about mucosal vaccines because that really is the innovation that is needed so that we have products that are more effective than the current products are on that more mild end of the disease spectrum, the infection end of the disease spectrum, the transmission end of the disease spectrum. So that's something that we need to look forward to in 2023, is greater investment certainly and a greater set of results coming out about those investments that have already been made. Thank you.

MH Thank you very much, Dr O'Brien and Dr Ryan, for those really comprehensive answers. The next question goes to Carmen Paun from Politico. Carmen, unmute yourself and ask your question.

CP Thank you so much, Margaret. Just following up on China and vaccination, much has been made about why China hasn't improved non-Chinese-developed vaccines and things like the mRNA vaccines and I was wondering if the WHO has had any dialogue with the Chinese authorities about this, about allowing a greater range of vaccines on the market so, I don't know, people could eventually pick and choose to get vaccinated if they have doubts about a certain vaccine. Has there been any conversation about that? Have you heard anything on it from the Chinese authorities? Thank you.

MH Dr Ryan will answer that question.

00:35:57

MR Although we're not involved, we believe there are discussions going on between the Chinese authorities and at least one of the mRNA manufacturers around registration of their vaccines and also around production within China itself, but we're not privy to those discussions. We would encourage that obviously. Rogério, your group works very much on this. We would certainly encourage that kind of work both to import vaccines but also to find arrangements where vaccines can be produced in as many places as possible to the proper standards. So certainly, yes, this will be a good idea, but I do believe the Chinese authorities are pursuing this and it would be better to ask them, I suppose, and the mRNA manufacturers directly. Rogério?

RG If I can add something on that, thank you, Mike. We had a meeting with Chinese authorities and the Chinese science community and manufacturers a couple of months ago and we are aware of an extensive pipeline of different platforms that are being developed by the science community and the manufacturers in China. Why China doesn't approve vaccines from outside or why they are not submitted is a question of course between the manufacturers and China. Just remember that if any of the parties would be willing to do it, they could have used already the EUL system from WHO, as did 175 countries over more than 5,000 national regulatory approvals with the 16 EULs that we approved.

MH Thank you very much for those answers, Dr Ryan and Dr Gaspar. The next question goes to Aaron D'Andrea from Global News in Canada. Erin, please unmute yourself and ask your question.

00:37:44

AD Hi there. My question is for Dr Tedros and really the panel in general. Here in Canada, the auditor general released a recent report that found the federal government bought more COVID-19 vaccines than needed for the Canadian population and $1 billion worth of those COVID vaccines are likely to expire soon. Now, the WHO has been adamant on international vaccine equity throughout the pandemic. So what does it make of the fact that one of the wealthiest governments in the world has $1 billion worth of COVID-19 vaccines that are about to expire? Thank you.

MH Dr O'Brien will answer that question.

KO The issue of vaccine equity is such a critical issue and an issue that Dr Tedros and WHO have been certainly speaking out about throughout the course of the pandemic. As we're all aware, countries at the beginning of the pandemic… Nobody knew which vaccines were going to work. Nobody knew which of the vaccines… Among them, how many of them were going to work, how many of them would actually reach authorization. Canada, as has been reported publicly, as well as many countries entered into contracts at risk, not knowing whether one of those contracts would end up resulting in actual deployable vaccine or whether many of those contracts would end up with deployable vaccine.

00:39:28

What has been really important is to really focus on the availability of supply for all countries in the world at the earliest possible time. I'll just remind people that it was 39 days between when the first dose of vaccine was deployed in a high-income country and when a dose was deployed in a low-middle-income country. Now, what would be ideal would be zero days' difference between those two factors, but there has been the role of COVAX in deploying vaccines to countries around the world of all income strata but particularly providing over 80% of the doses to low-income countries has been really essential.

In the course of an emergency, in the course of a pandemic, in the course of a situation where there is the need for vaccine for all people who need vaccine, any one place in the world that has excess vaccine… That should be deployed to other parts of the world and many countries have been very generous in their donations of excess vaccines through the COVAX Facility and through bilateral donations to assure the deployment of those doses to countries that otherwise could use those doses in a timely fashion.

We've been very explicit about the need for those doses to be deployed in a timeline where countries can use them so that expiry dates are not imminent at the point in time when doses have arrived in countries. Many countries have heeded that call and a substantial number of the doses out of the COVAX Facility have been on the basis of donations of countries that have otherwise paid for their vaccines for their domestic use.

00:41:18

What we need to really focus on is not that there were countries that really procured excess vaccine because in the setting of a pandemic, in fact, anything you do to assure that there is enough product to vaccinate everybody around the world… Those are not wasted resources at all. We accept in many other sectors that we have a reserve that is present, that we have commodities in excess of what we need in assurance that we don't end up in a supply-constrained environment. So I think it's not so much about whether or not the world has more doses of COVID vaccine than it needs. In fact, that's exactly the position that we would want to be in to assure that there are doses everywhere to be used in every setting where doses are needed.

The real issue is on the equity side and on the availability of doses for every country in the world for every need that they have. We're in a situation now where supply is ample, that supply is available for all countries for the demand

that they have, and we are going into 2023, especially for the COVAX Facility, where we are looking to certainly be able to provide all supply for the demand that has been expressed by countries, and for them to reach the ambitions that they have.

So I think what we're really looking at is, in a future situation, that we have in the early part when supply is constrained… That there is a more fair system where supply of vaccine is deployed according to need and is deployed in an equitable way. But excess doses at the global level, at the country level is really a decision on a country-by-country basis. But I think we want to really emphasize that when you're in a situation of emergency, what we do want is there to be sufficient supply to meet every need that is possible. I think that's where we certainly are and have been through most of 2022 and in the latter half of 2021. Thank you.

00:43:38

MH Thank you very much, Dr O'Brien. We'll now go to India, to Pooja Makkar from Zee Media, India. Pooja, please unmute yourself and ask your question.

PM Thank you for taking my question. My question is again on China. What are the reasons that you see behind the current surge? Do you see a spill-over to other neighbouring countries like India? Thank you.

MH Pooja, that wasn't completely clear. Now, you mentioned, what do we think are the reasons for the surge in China and are we concerned about spill-over to other countries? Is that what you said?

PM Exactly. That is.

MH Yes. We'll go to Maria Van Kerkhove, who has been following this very closely and is joining us online.

MK Hi, Margaret. Yes. Just confirming you can hear me okay. Thanks very much for the question. So I think a lot of this was covered in the answer previously from Mike. There's a lot of reasons for this surge that we're seeing in China but also elsewhere. So, as you know, some of the restrictions around the world, a lot of the restrictions around the world, have been eased. Omicron, the latest variant of concern, is the most transmissible variant we have seen so far, including all the subvariants that are in circulation, more than 500 of them. So we will continue to see surges of infection around the world.

00:45:08

The question is the impact and we have seen a decline in the impact of COVID-19 over the last year for sure because we have population-level immunity that is increasing. Now, clearly what we need to do in all countries including in China, to increase vaccination coverage in those who are most at risk, people who are over the age of 60, people who are immunocompromised with underlying conditions, and our frontline workers. That includes receiving the full number of doses that are required for them.

Until we see that, we will still see significant numbers of hospitalizations, ICU admissions, and deaths. In the last week alone we had more than 10,000

deaths reported to WHO globally and over the last month more than 40,000. So we're still in this very much around the world. The big concern obviously that we have with China, as the DG has outlined, is the increasing reports of severe disease.

What we need to ensure is that not only is vaccination coverage increasing but that we optimize and that the country optimizes clinical care for those who need it. Staying home if you can be cared for at home, making sure that you seek medical attention if necessary, and that the healthcare systems can have that clinical care pathway outlined very clearly to deal with those who need the care the most, making best use of those beds, making best use of antivirals that need to be accessible at subnational levels. It's never too late to vaccinate. I think that's one of the also key messages we want to see that's out there.

00:46:38

With regards to variants, one of the earlier questions was around variants. We are tracking variants in China as well as elsewhere. By far the dominant sublineages of Omicron that are circulating are the BA.5 sublineages. This is true in China as well. We see the BQ.1, the BF.7, which are sublineages of B8.5, but China also has BA.2.75 and they also have detected XBB. So it's really critical that we are continuing to monitor the known variants as well as be able to detect new ones so that strategies, if necessary, can be adjusted.

One of the critical things we have seen with Omicron is that each of these sublineages have a growth advantage. They're highly transmissible. Each of these have some level of immune escape. We do see a similar level of severity of Omicron sublineages across all of the Omicron sublineages. So we haven't seen an increase in severity or a decrease in severity for that matter. Remember, Omicron can cause the full spectrum of disease, everything from asymptomatic infection all the way to death, but the good news is that our tools are still working.

So again, we need to optimize the response in all countries including in China. Make sure that healthcare systems do not get overwhelmed. We're concerned of what we are seeing in terms of this increase in severity and we are here to support our colleagues in China to optimize that care and make sure that that vaccination coverage reaches the highest level in the critical groups. Thanks.

00:48:14

MH Thank you so much, Dr Van Kerkhove. The next question goes to Adam Taylor from the Washington Post. Adam, please unmute yourself and ask your question.

AT Hi there. Thanks for having me. I was wondering. You mentioned the need for more data from China earlier. How much confidence does the WHO have in the data that is coming out of China? Is there any reason to believe that Beijing is misrepresenting the scale of the outbreak?

MR I can begin. I do think that, and we've seen this in surges in other countries, it can always take time. Generally we've found this across the world. Epidemiologic data that is reported on testing and the labs reporting and clinicians reporting within surveillance systems... If they're well organized,

it happens quickly. Very often hospital data is harder to get at because very often hospital data is generated on discharge. It's usually associated with insurance or payments. So you wait until the patient is discharged and then you can have their ICD diagnosis and what they had and the bill goes to the patient or the insurance company. So very often hospital surveillance is more about who pays what to whom. So therefore the data is always far behind.

00:49:33

Secondly, you don't, in most hospitals around the world, have dynamic surveillance of who is in the emergency room versus who is being admitted versus who is getting oxygen or supportive care versus who is going into the ICU. This is not generally collected in real time in hospitals. Many countries have had to learn how to do that during the pandemic and many countries have become quite skilled at finding alternative means to gather that data. Sometimes they gather it straight from the databases in the hospital. Sometimes they do hospital surveys. They sometimes just call around and say, how many people are in your ICU?

So we've all had to adapt. These aren't required reporting to WHO. We do ask for these data if they're available, but in many situations we reach out and look at websites around the world and we try to pull that data together ourselves. In the case currently in China, what is being reported is relatively low numbers of cases in hospital or relatively low numbers of cases in ICUs while anecdotally there are reports that those ICUs are filling up. Now, it could be again that the reported data is behind the reality. In a fast-moving wave, you might have reported three days ago that your hospital is okay. This morning it may not be okay because the wave has come and all of a sudden you have very high force of infection.

So I wouldn't like to say that China are actively not telling us what's going on. I think they're behind the curve in what's actually happening, as everyone is in a situation like this, and we need to get better ways of getting that data quickly so we can monitor together the situation. Because it's in the interest of the Chinese health system to know where the pressure is in the system at any one time. That allows you to move resources, move PPE, move health workers, move oxygen, move patients sometimes.

00:51:20

You need that dynamic data to manage the... It's one of the great lessons I think we've learnt in COVID, that impact management during a pandemic. We're very good at detection and doing the surveillance. We're not so good around the world at dynamically managing the health system stress during a pandemic. In order to manage that stress and be agile, you need data. You need to be able to react to what's actually happening, not what you think is happening, not to what someone else thinks is happening, not to what the media thinks is happening, but to what's actually happening.

I do think many countries struggle with that. I think China is struggling with getting that data in real time and we will certainly be very grateful if we can work and assist China in improving the ways they collect data around those critical factors, hospitalization, the need for oxygen-based therapy, admission to ICU, and death.

One other issue is how you define death associated with COVID. I believe the definition in China is quite narrow. It's quite focused on respiratory failure. People who die of COVID die from many different systems failures given the severity of the infection. So limiting a diagnosis of death from COVID to someone with a COVID-positive test and respiratory failure will very much underestimate the true death toll associated with COVID.

00:52:39

So, again, we don't want the definitions to get in the way of actually getting the right data. So with that, we will continue to work with our colleagues at the WHO country office in China who work on a daily basis with our colleagues at the National Health Commission, the Ministry of Health, at the China CDC, and we will do our best to ensure that they can, like the rest of the world, learn lessons on how best to collect dynamic data on health impact during events like this.

MH Thank you, Dr Ryan. Dr Van Kerkhove has got some points to make about data collection as well. Over to you, Maria.

MK Yes. Thank you. Just very briefly to add on that we at WHO compile multiple sources of data. So, as Mike pointed out, there's a lot of different information that can come from a country and in different time points. As he said, we will continue to work through our country office, with our country office, with our region, and with our technical partners in country.

But I just wanted to add that we also have a lot of clinical networks and IPC networks, our TAG-VE, where we are working with scientists in China to gather information, to learn from information about the circulating variants, about the impact on the healthcare system, about patient care, etc. So there are multiple sources of information that are coming in.

But I want to go back to one point. We know a lot about Omicron right now. We don't know everything, but we know enough to be able to plan, to be able to use available information, and to look at different types of scenarios as we go forward. Let's look about what we know. Omicron is the most transmissible variant we have seen, so we expect there to be increasing case numbers. So whether or not these are actually able to be detected in the current situation and reported to us, we know that case numbers are increasing.

00:54:22

We do know that, on average, the infection with Omicron is less severe compared to Delta and we do know that vaccines prevent people from developing severe disease and death. These are things that can be used to help maintain and adjust the healthcare systems that are in country. We also know that there's co-circulation of other pathogens. We have influenza that is in circulation. We have RSV that is in circulation.

So the more case numbers that are out there for COVID or for other respiratory diseases will add pressure to health systems that are fragile. This is true in China, but it is also true elsewhere. So I think we have to be really careful right now that while we are in a much better situation globally in dealing with COVID-19, the situation is fragile because our healthcare systems are fragile

and our ability to adjust, the elasticity in the system around the world, is really not there.

So we have to be prepared and that's what we're doing with our member states. How do we right-size this response for surveillance to be able to track this virus as well as other respiratory diseases like influenza? How do we support the healthcare systems to scale up and scale down based on the needs? How do we get good information out to individuals so that they know what to do? We take for granted that we think everyone knows what is needed to be done for COVID because we say it every day, but perhaps that message isn't actually reaching the populations.

00:55:45

So there's a lot of information that can be gathered. We will continue to work to make sure that we have the right information, particularly on burden, hospitalizations, ICU capacity, how many people are requiring oxygen. Looking at that by age, looking at that by vaccination dose is really critical for us to make these assessments.

But again, as Mike has said, as DG has said, we stand ready to continue to support China, to continue to support all countries in adjusting their response to reduce that burden. The scenarios that we look at, the predictions, the models that are out there are predictions. They aren't a certainty. There's a lot that is within our hands and the hands of government to reduce that impact and that's what we are critically focused on right now.

MH Thank you very much, Dr Van Kerkhove and Dr Ryan. We're coming up to the hour, but I think we can squeeze one to two more questions in. Yes. So we'll go to Priti Patnaik from Geneva Health Files. Priti, unmute yourself and ask your question.

PP Good afternoon. Thanks for taking my question. So this week WHO members failed to reach an agreement of easing IP rules for COVID-19 tests and treatments. So my question is, are we as unprepared as before as far as tests and treatments are concerned? There has been an overwhelming emphasis on vaccination and even today we are talking about vaccination, but in the context of rising cases in China, are we as unprepared as far as access to treatments and diagnostics are concerned? What is the meaning of this failure to reach a decision? What kind of consequences do you think it'll have immediately? Thanks.

00:57:34

MH Dr Ryan will answer your question.

MR Well, I'll have to refer to others on the failure to reach a decision because... Is that related to COVAX or Gavi Board [?] or... Test and treat? Okay. Well, if I could make a general... Priti, thanks for raising the issue, first of all, because it's important that these issues are raised because as we look to a situation on one side of the world, we then make some assumptions that we're all fine on this side or somewhere else. It's not exactly true.

Certainly our testing has dropped significantly all around the world and this is leaving us blind. We do need to keep diagnostics at the centre, not only diagnostics from the perspective of surveillance but diagnostics from the

perspective of early diagnosis, particularly in vulnerable people who may have an infection as their vaccines may not work perfectly, and getting those people onto treatment. So diagnostics are intimately associated with the intention to treat the patient for that disease. It's important because if you've got a respiratory disease right now and you're an old or vulnerable person, you're probably 50-50 likely to have COVID or maybe flu and the antivirals are totally different. So there are consequences to not having the right diagnosis, especially if you're a highly vulnerable person.

00:58:51

So integrating diagnostics... And I said this last week. What we need to do is start moving in countries that have good control over the virus right now, high levels of vaccination, integrating diagnostics into primary healthcare and family healthcare, integrating the antivirals into that care pathway, having a strong referral pathway into a hospital-based system that can provide high levels of supportive care, oxygen, and intensive care if needed, but the baseline for all of that is high levels of vaccination in the population at large.

Has every country got that in place right now in the world? Absolutely not. I think countries have done a good job in general around vaccination, those who had access to the vaccine. Thanks to COVAX for making that vaccine available to billions of people who wouldn't otherwise have got it. But the reality is that with diagnostics and with therapeutics and with access to healthcare, not just therapeutics, with basic access to healthcare in terms of... If you get very sick, do you have access to oxygen? We haven't fixed the oxygen problem. We haven't fixed the ICU problem.

We haven't fixed the out-of-pocket expenses that people suffer when they get very sick. One severe illness in one family members, in many families in this world, will impoverish that family for generations. That's the reality that people face and they face desperate decisions. If I save my father, if I save my mother, then my kids are not going to go to school. That is not a fantasy choice. That happens every single day of the week.

01:00:22

So there are weaknesses in our healthcare... No. I won't call it weaknesses. There is gross injustice in the way people access healthcare and the ways in which they can. That has as much impact on your outcome in COVID as any antiviral. I do think there are huge weaknesses still left in our system. We have health workers who are tired. The incidence of PTSD and social anxiety syndromes in health workers is very high. Many health workers are leaving the field. Health workers have seen their incomes fall behind. As they worked hard at the front line and the economic crisis hit, they were left behind and they're now looking at the stark future of less pay for more work, more stress for less recognition, and many are choosing to leave the field.

So, no, I don't think we're in great... Tedros said we're in a better situation than we were, no question, but are we ready to take the hit of another wave of a new variant that might emerge? I don't think so. That's why vaccination is so central. It really is the Get Out of Jail card we needed and remains to be so, but it's not good unless we use it. Really and truly, it doesn't do any good. It's

not about vaccines. It's about vaccination. You keep saying that, Kate, so I'll say it as last words. It's not about vaccines. It's about vaccination.

MH I think on that note we'll wrap up. I think that's a really important message for 2023. I thank you all. I apologize to those of you who didn't get your question asked. You can send it to media inquiries and we'll do our best to get you answers as quickly as possible. We'll also send, of course, the transcript and the audio and visual files from this presser out this evening. With that, I'll hand over to Dr Tedros for his final remarks.

01:02:20

TG Thank you. Thank you, Margaret. So thank you to the members of the press for joining us and merry Christmas, happy New Year, and I include Hanukkah. See you next time, next year. Thank you.