

# Global Health Issues

## Virtual Press Conference

**18 April 2023**

### Speaker key:

FC	Fadéla Chaib
TAG	Dr Tedros Adhanom Ghebreyesus
BK	Blessina Kumar
AM	Dr Abdirahman Mahamud
MR	Dr Mike Ryan
HB	Helen Branswell
BG	Belisa Godinho
GT	Gabrielle Tétrault-Farbe
AT	Alexander Tin
AB	Ashvin Barshinge

### 00:01:02

FC Good afternoon. I am Fadéla Chaib speaking to you from WHO headquarters here, in Geneva, and welcoming you to our global COVID-19 press conference today, Tuesday, 18 April.

Let me introduce to you the participants in the room. We have Dr Tedros Adhanom Ghebreyesus, WHO Director-General. Dr Mike Ryan, the Executive Director of WHO's Emergencies Programme. We have Dr Abdirahman Mahamud, Director ad interim for the Alert and Response Coordination. Dr Ana Mania Henao-Restrepo, she is the Co-Chair for the R&D Blueprint. Mr Rob Holden, who is Incident Manager for Sudan.

We have also several online experts that I will call on if need be. We are joined also by a special guest that I will let Dr Tedros introduce to you. Now, without further ado, I would like to hand over to Dr Tedros for his opening remarks. Over to you, Dr Tedros.

TAG Thank you. Thank you, Fadéla. Good morning, good afternoon and good evening. The situation in the Republic of Sudan is deeply concerning. Sudan's Ministry of Health Emergency Operations Center reports 270 people have

been killed and more than 2,600 people have been injured. Tragically, three workers from WFP have also been killed. I condemn all loss of life and we stand in solidarity with our brothers and sisters in Sudan.

#### **00:02:50**

The heaviest fighting is currently in Khartoum. Movement has been restricted due to insecurity, creating challenges for health workers and ambulances to reach health facilities, and putting further lives at risk.

The supplies that WHO distributed to health facilities prior to this recent escalation of conflict are now exhausted. Hospitals in Khartoum receiving injured civilians are reporting shortages of medical personnel and lifesaving medical supplies. Fuel shortages for hospital generators, as well as water and power cuts are also reportedly affecting the functionality of health facilities. There are disturbing reports of some health facilities being looted and others being used for military purposes.

It is also reported that some hospitals are already closed or on the brink of closure due to attacks and a lack of medical personnel and medical supplies. WHO calls on all parties to comply with their obligations under international law. Health care facilities and workers must never be a target, especially in a situation like this where there are thousands of civilians who need access to emergency care.

I want to be very clear. All parties must ensure unrestricted and safe access to health facilities for those injured and everyone in need of medical care. WHO teams on the ground will continue to work closely with the partners and health authorities to try and fill gaps in the provision of health care, especially for trauma. I urge all sides to heed the calls for a humanitarian ceasefire, to silence the guns, and to work towards a peaceful resolution.

#### **00:05:08**

Now to Marburg, Marburg Virus Disease in Equatorial Guinea where, in the last week, two health care workers that had contracted the virus were discharged from a WHO supported treatment centre. There has now been a total of 16 laboratory-confirmed Marburg cases. Among these cases, 11 people have died. 23 probable cases of MVD have also been reported since the outbreak was declared on 13 February.

The most affected district is Bata in Litoral province, where nine cases have been reported. Today a new case was reported in a health worker from Bata who was being monitored due to exposure from a previous case. The case was detected on the day of disease onset and they were given antiviral therapy via government protocol, which is being supported by WHO.

WHO calls on all partners to remain vigilant as there may be undetected chains of transmission in the country. With partners, WHO is supporting the Ministry of Health to strengthen surveillance in affected areas and increase laboratory capacity.

We're also working together to improve case management, infection prevention and control, protect health and care workers, conduct safe and dignified burials, as well as engaging with the community around risk and staying safe. WHO is working with neighbouring countries to help prepare for

any importation. This is a critical moment in the outbreak response in Equatorial Guinea and it will take an all-of-government and all-of-society effort to stop this outbreak.

#### **00:07:18**

In Afghanistan, I am extremely disappointed that the Taliban has banned Afghan women from working with the United Nations in the country. As the UN Secretary-General said, this is a violation of the fundamental human rights of women.

Female staff members and health workers are essential for delivering lifesaving health services to those in need. I call on the Taliban to rethink a decision that will massively reduce access to health services and only harm the Afghan people.

To tuberculosis, an ancient disease which continues to affect an estimated 10.6 million people around the world and accounts for 1.6 million deaths every year. Nearly 40% of people with TB are not receiving the health and care services they need.

Efforts to bring TB under control have been hampered by the COVID-19 pandemic and conflicts in Europe, Africa and the Middle East. All of this makes working with affected communities and civil society critical to bringing this killer disease under control.

On World TB Day, I launched a Flagship Initiative to End TB. Its aim for the next four years is to support the fast-tracking of progress towards ending TB and advancing research and innovation on new vaccines. The WHO Civil Society Task Force on TB has been working to bring the voices of TB-affected communities and civil society to the work of WHO. With this in mind, new WHO guidance for community engagement to end TB will be published soon.

#### **00:09:22**

Today, I'm joined by Blessina Kumar, a member of WHO's Civil Society Taskforce on TB and CEO of the Global Coalition of TB Advocates, to discuss the role civil society and local communities will play in tackling the disease. Blessi, you have the floor.

BK Thank you very much, Dr Tedros. It is indeed a privilege to be part of this briefing representing the civil society communities and the Civil Society Task Force on TB. Engaging with the people affected by the diseases and the consequences they suffer due to that is crucial to the agenda of ending any disease and we are very encouraged to see this becoming a reality in the TB Programme of the World Health Organization.

We appreciate WHO leadership the Director-General, Dr Tedros, and Director of the Global TB Programme, Dr Tereza, for the support for this engagement to move forward. The establishment of the Civil Society Task Force for TB is a good example.

We are 13 members from countries across the six regions and it is heartening to see that in the past five years, under the leadership of Dr Tedros, the global TB response narrative has moved to becoming more people-centred than just remaining a biomedical one. Yesterday, we had the opportunity to meet with

the DG, as the Civil Society Task Force, and really appreciate the open dialogue and the support we received.

### **00:11:15**

A concrete example of this meaningful engagement and collaboration is the joint statement of the Director-General and the Civil Society Task Force on TB. It highlights the common priority areas and calls for strong action by members.

The joint statement is leading up to the UN High-Level Meeting but also will go beyond, and it has five major points. One is mobilise sufficient and sustainable financing. Two, ensure accelerated people-centred actions with both strategies based on the latest approaches.

Three, strengthen the engagement of civil society, TB-affected communities and TB survivors as equal and valuable partners with the ministries of health and their national TB programmes. Four, encourage all sectors and stakeholders to work together, establish and maintain high level, multisectoral mechanisms in all high TB burden countries. And, five, accelerate the development of safe and effective TB vaccines and facilitate their equitable global access once available.

We also have the new guidelines that are developed in collaboration with the CSTF and WHO, and will be publishing it very soon. The upcoming UN High-Level Meeting provides a great opportunity as we move towards our collective goal of ending TB.

Through social listening exercises we have been collating inputs from civil society stakeholders and TB-affected communities across the six regions. That will feed into the multistakeholder hearing in May, with over 500 people who have brought their perspectives to the table.

### **00:13:21**

Interestingly, TB is a tracer to the health topics covered by the two other high-level meetings also taking place this year. The Pandemic Preparedness, Prevention and Response and the UHC, and TB should definitely be part of those discussions as a priority as well. We call on countries to make strong commitments towards ending TB and act now. Thank you.

**TAG** Thank you. Thank you so much, Blessi, for those inspiring words and for your leadership. I agree that the UN High-Level Meeting on TB in September is a key moment to look at challenges and find solutions together and civil society and affected communities are central to our joint efforts to support countries in controlling and stopping the spread of TB.

I'm also pleased to see the establishment of a TB vaccine council, which will involve civil society and jointly push for speeding up new vaccine development for TB. There are currently 16 vaccine candidates and with the right investment we can finally turn the tide against this ancient killer.

To abortion, WHO is concerned that the right of women to access safe abortion services, including through use of medical abortion medicines, are being limited by legislatures and/or courts. To be clear on WHO's position, women should always have the right to choose when it comes to their bodies and their health. Restricting access to abortion does not reduce the number of

procedures and only drives women and girls towards unsafe ones and also death. Ultimately access to safe abortion is health care that saves lives.

#### 00:15:45

Finally, this week there will be a high-level meeting with health leaders to review progress since WHO and the Medicines Patent Pool, MPP, launched the hub in June 2021, in South Africa.

During the five-day meeting, participants will discuss critical enablers for sustainability of the effort such as intellectual property issues and an enabling regulatory environment. They will also look at the science of mRNA technologies and key applications relevant to low and middle-income countries for diseases like TB and HIV.

In two years, we have proved that when we work collaboratively, we can succeed collectively. WHO and partners supporting a sustainable model for mRNA tech transfer to catalyse access in low and middle-income countries is a potential gamechanger. Fadéla, back to you.

FC Thank you, Dr Tedros. I would like now to open the floor to journalists' questions. If you want to ask a question, please unmute yourself and raise your hand using the Raise Hand icon. I would like to start by inviting Helen Branswell, from STAT, to ask the first question. Helen, can you hear me?

HB Yes. Thank you very much, Fadéla. I wanted to ask about Marburg. The DG said that there is a new case, a health care worker. That is the fifth health care worker, yes? And can you please tell me is ALIMA or is MSF operating Marburg treatment units? Has the country accepted outside help to help them safely care for people with the disease? Thank you.

FC Thank you, Helen. Dr Abdi.

#### 00:17:55

AM Thanks, Helen. Yes, the DG confirmed there is a new case of Marburg. This was a high risk health contact. The patient was being followed-up, had symptoms onset yesterday and was immediately isolated. They reported a minimal level of symptoms and that rapid identification and isolation really helped. And we believe the contact may not be as large as that.

There is quite an improvement in terms of the contact identification but what we are worried about is the health care infection, nosocomial infection, particularly this case and the previous one before that. It is an area that we've been working very closely improving the training, basically the triage part of it. The screening, triage and the isolation are a big pillar of that. We have our IPC pillar lead in-country improving that key gap that we have noticed.

In terms of the clinical management, we have a different approach right now, where we work very closely with our international pillars, GOARN partners. Both ALIMA and the other organisation you mentioned are part of WHO and with WHO, under the leadership of government, we established several isolation and treatment centres both in partners and other [unclear].

So, we don't have other countries, as per the recent in Uganda and other areas, we don't do separate. So, it is under the government leadership WHO has been supporting establishing that. Every country is unique and the

government propensity of accepting NGOs will be different. There were multiple offers coming from those NGOs being in agreement. Since they are part of GOARN, we agreed to work together under the WHO umbrella to support the Ministry of Health.

#### **00:19:48**

The last case is just to reiterate again that we are in the midst of an outbreak. Viral haemorrhagic fevers, whether Ebola or Marburg, are serious and it needs, really requires that. So, the idea of countdown, it's not the time for a countdown. It's the time to strengthen all the pillars of the response, from the community engagement to the IPC, to clinical management, to the alert, to all aspects of the response. Thank you.

FC Thank you, Dr Abdirahman. I would like now to invite Belisa Godinho, from W Magazine, Portugal, to ask the next question. Belisa, can you hear me?

BG Hello?

FC Yes. Go ahead, please.

BG Thank you for taking my question. I would like to know if there is already a forecast for the transition from the global state of a coronavirus pandemic to a local epidemic or endemic. What are the regions with the most cases of the disease? Thank you.

FC Dr Ryan.

MR Thanks for that question and certainly the status of the COVID pandemic is always under review. The Emergency Committee of the International Health Regulations I believe will meet in the first week of May and will consider the status of the public health emergency, and they have already been looking at various criteria for how they might assess and advise the Director-General on the status of the public health emergency of international concern.

#### **00:21:36**

It is for individual sovereign states to define the nature of the epidemic within their own country. Some countries are well advanced, have high levels of vaccination, have low rates of disease, have strong health systems and, as such, for them, this particular event is no longer an emergency within the context of that country.

There are other countries that still have highly vulnerable populations that remain unvaccinated and, for them, there still remains a major challenge. In the last 28 days, just to remind everyone, we've had three million new cases reported and that's in the context of much reduced testing and over 23,000 deaths in that same 28-day period. Now, while that is decreasing and that's very welcome and we're seeing that trend continue, that is still a lot of people dying and that is still a lot of people getting sick.

The issue of what the pandemic will transition into, I think we have to be very careful when we speak about this idea of it becoming endemic. I think there is a misunderstanding. Very often respiratory viruses, for example like influenza, don't pass to an endemic phase. What they pass to is from a pandemic to,



then, very low levels of activity with potentially seasonal or epidemics that occur or outbreaks that occur on years or biannual basis.

#### 00:23:04

So, in that sense, we would expect this disease, being a respiratory virus, to transition into a phase of low level of incidence with potential peaks of disease, particularly in parts of the season that bring people inside. That's what we expect. Now, this is a new virus and this is our first experience of it. That's what we would expect over time but the virus, itself, will not go away.

We will not eliminate the virus, itself, and the SARS-CoV-2 virus will join that pantheon of respiratory viruses like influenza viruses, RSV viruses, which will continue to cause significant respiratory disease, particularly in vulnerable people, and should those epidemics like flu or RSV or SARS-CoV-2 occur at the same time of the year or if severe waves occur at the same time, then what you see is the additive effect.

And what we're concerned about here is health systems coming under pressure and that's why we continue to advise people to be vaccinated, particularly highly vulnerable people to be vaccinated against COVID-19, to have the appropriate boosters as per the national regime, and that we continue to protect those who are highly vulnerable in our societies.

So, there is no switch. We don't turn off a pandemic switch and we automatically become an endemic situation. It's much more likely that we're going to see what people might call a bumpy road to a more predictable pattern but we are still not at a point where we have a predictable pattern of disease.

#### 00:24:37

To that point, you'll note that we've added XBB.1.16 to the list of variants under investigation or variants of interest, and that's the second one that has been added there. That was added yesterday on 17th April. It is a descendant lineage of XBB. It is a recombinant of two BA.2 descended lineages. It was first reported in January 2023.

We've had 3,000 sequences as of April 17th and that now represents 4.2% of all submitted sequences. What is significant is a month ago that was less than 0.5%. So, what we're really seeing is an estimated growth advantage, some evidence of immune escape characteristics.

Therefore, this variant may spread more globally and it may cause a rise in incidence. It may not but it may cause a rise in incidence of cases but there's no sign at the moment and there's no early signal of increase in severity.

And because of this variation in the virus, it is very hard to predict. We're not dealing with the same thing all the time. The virus continues to evolve, it continues to test our immune systems, it continues to try and evade those immune systems, so we have to remain vigilant.

But I do think that that trajectory, and Dr Tedros has said this many times, we're on the correct trajectory but we need to continue to protect those who are most vulnerable. We need to stay vigilant, we need to keep testing and we particularly need to keep sequencing.

I would hope that as the Emergency Committee meets in May, they will have further positive advice to give Dr Tedros around their assessment of the trajectory of the pandemic and the existence or not of a public health emergency of international concern.

**00:26:37**

FC Thank you, Dr Ryan. I would like now to invite Gabrielle Tétrault-Farbe, from Reuters, to ask the next question. Gabrielle, you have the floor.

GT Thank you, Fadéla. I would like to ask you a question about the malaria vaccine that has been approved, Oxford's malaria vaccine in Ghana and Nigeria. What kind of involvement has WHO had in this approval in those two countries, if any? And what do you think of a vaccine being approved before the end of late-stage clinical trials? Thank you.

FC Gabrielle, one of our experts on malaria vaccine will be able to join but later on, so I ask for your indulgence and will go to the next journalist while we are trying to get Dr Mary Hamel to answer your question. Is this okay with you, Gabrielle?

GT Yes, absolutely. Thank you.

FC Thank you, Gabrielle. Now, I would like to invite Alexander Tin, from CBS News, to ask the next question. Alexander, you have the floor.

AT Hi. Thanks for taking my question. Following-up on Dr Ryan's earlier answer, can you address claims that XBB.1.16 is leading to different symptoms? And then separately on Marburg, have any countries told the WHO about travel restrictions or arrival screening they plan to implement on Equatorial Guinea? Thanks.

**00:28:15**

MR I will leave the second question to Abdi. With regard to the symptoms, to my knowledge we're not seeing a different spectrum of symptoms or severity associated with this variant of interest but we'll certainly review that and get back to you. I'm not aware of any major shift in symptomatology for this variant but we are seeing characteristics associated with increased transmission capacity.

AM Thanks. Maybe the journalist was referring to some of the media reports of conjunctivitis. These are known symptoms that already are part of COVID and, as Mike said, we are working very closely with other clinicians.

As WHO, we believe in government national leadership and global solidarity. As we've said several times, the Equatorial government has learned a lot of lessons from COVID and established good, robust, not excellent, robust, but the response is really the time to come in solidarity and support across the world. It's not the time for travel restriction. It does not help the world. It just harms those countries who are doing the right thing and struggling with these macroeconomic challenges the whole world is facing.

We heard some of them and WHO is very clear. We issued the DON and we said it is not the time for travel or trade restrictions on Equatorial Guinea. A few countries have started screening, which is some rational, and we received an update on that but it is not the time for travel restrictions. Thank you.



FC Thank you. I'm just checking if Dr Mary Hamel joined. Not yet. So, while we are trying to connect with Dr Mary Hamel, I would like to give the floor to Ashvin Barshinge, from Observer Times, India. Ashvin, can you hear me?

**00:30:27**

AB Yes. I am hearing you clearly. First of all, I wish WHO on its 75 anniversary a very happy anniversary and we will get the attainable highest level of health to all. My question is at the age of 75 years of the WHO organisation, would WHO comment on the developed countries' pledge made in 1975 of giving 0.7% of Gross National Income per annum on Official Development Assistance to address issues in global health relating to the basic survival needs? Thank you.

FC Can you just repeat the question, please?

AB Yes, sure. At the age of 75 years of WHO organisation, would WHO comment on the developed countries' pledge made in 1975 of giving 0.7% of Gross National Income per annum on Official Development Assistance to address issues in global health relating to the basic survival needs? Thank you.

FC Good question. Dr Tedros.

TAG Thank you. You're right, not only 1975 but there was a renewed commitment also in 2015 to contribute 0.7% of their GNI for development assistance but, as you may know, still very few countries have achieved that level and most haven't, so it's still an unfulfilled promise.

Especially, in 2015, as you may remember that was when the Sustainable Development Goals were endorsed by the UN General Assembly and the Finance for Development was also endorsed at that time in 2015, and I had the opportunity to chair the negotiation of the Finance for Development and I saw a very strong renewed commitment to honour their pledge from 1975.

**00:33:20**

Except very few countries, I think a majority, it has ended to be another pledge that was not followed up by action. Now, especially with, I think, many challenges that the world is facing, there is even more reason for many countries now not to fulfil that commitment they had for many years.

But we even see a decline of contribution to development assistance and many global or international humanitarian organisations or development organisations are being affected. I hope this could be corrected and all those countries who have pledged to contribute the 0.7% would do so but the situation now is not really that good. Fadéla, back to you.

FC Thank you, Dr Tedros. I think we have some difficulties to connect with our expert on malaria. Gabrielle, if you don't mind, we will make sure that you connect with her in the course of the day or this week to get your questions answered. I think there is no other question for now. Let's see if we close the press conference. Over to you, Dr Tedros, for your closing remarks. Thank you.

TAG Thank you. I was expecting a question, actually, for Blessi on TB. It is a bit disappointing, not a bit, but I am really disappointed because TB is a killer. More than ten million annual cases and 1.6 million deaths is a lot. But TB has

been with us for millennia and I think we are used to this disease and high number of cases. All the suffering, we're just accepting it.

**00:35:51**

But I believe that we should not accept. This is not something to accept. The status quo of TB is dangerous. We're losing millions of people on an annual basis and we have to reset, we have to renew our commitment, and we have to do everything to end TB.

And we have seen from COVID-19, when global leaders, when leaders commit, when political leaders commit, that anything is possible. COVID is a new disease but we had many, a dozen vaccines in our hands, we have, and treatments and diagnostics, and that was done in a very short period.

While TB, we have several candidates, because of lack of attention and we don't prioritise and because we think that this is normal, the damage that is happening with TB is normal, we're losing lots of lives and many people are suffering. So, that should end.

The death and suffering due to TB is not normal. We shouldn't really live in this condition, especially when we have the means at hand, and the only thing missing is lack of commitment. And I would like to use this opportunity to urge the press, to urge the media to really give it the necessary focus and attention it needs. Living with TB is not normal and we have to give all we can in order to end TB.

With that, thank you so much again to the members of the press for joining us today and see you next time. We will bring Blessi and her colleagues next time and I hope you will have many questions to ask. But, please, give your attention to this neglected disease, TB, and see you next time.

**00:38:21**