COVID-19 & Other Global Health Emergencies

Virtual Press Conference
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Speaker key:

MH	Dr Margaret Harris
TAG	Dr Tedros Adhanom Ghebreyesus
MK	Dr Maria Van Kerkhove
MR	Dr Mike Ryan
BG	Belisa Godinho
DM	Donato Mancini
CP	Carmen Paun
CO	Christiane Oelrich
CW	Clare Wilson
YM	Yuichi Morii
GS	Gabriela Sotomayor
DH	Drew Hinshaw

00:00:53

MH Hello, everybody. This is Margaret Harris, welcoming you to our global press conference coming from the World Health Organization headquarters in Geneva. Apologies for my microphone. Today, we'll be looking at COVID-19 and other global health emergencies.

As usual, we will start with opening remarks from our Director-General, Dr Tedros Adhanom Ghebreyesus. Then, I will open the floor to questions and answers and these will be answered by a large panel we have both with us and online.

In the room with Dr Tedros, on his right, is Dr Michael Ryan, Executive Director with the World Health Organization's Emergencies Programme. And to Dr Tedros' left is Dr Abdirahman Mahamud, our Director Ad Interim for Alert and Response Coordination Department.

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Please make sure, before you raise your hand to ask your questions, that you've given your full name and your media outlet because will only be taking questions from bona fide media organisations. We've got a hard stop today and we will have to stop then, so I apologise in advance if you haven't had the opportunity to have your questions answered.

I also must apologise for the lack of simultaneous translation today. Logistical issues made it impossible to do that today but you will get full recording, full transcript, so that you can ensure that you get all the information provided at this press conference. As I said, we have a hard stop. So, without further ado, I will hand over to Dr Tedros. Dr Tedros, you have the floor.

TAG Thank you. Thank you, Margaret. Good morning, good afternoon and good evening. Last Saturday, 11th March, marked three years since WHO first described the global outbreak of COVID-19 as a pandemic. That was a significant moment that caught the world's attention.

However, from WHO's perspective, the far more significant moment was six weeks earlier, on 30th January 2020, when I declared a public health emergency of international concern. It may not sound as dramatic or severe as pandemic but a public health emergency of international concern is the highest level of alarm that WHO can sound under international law.

At that time, 30th January 2020, there were fewer than 100 reported cases of COVID-19 outside China and no reported deaths outside China. We declared a global health emergency to spur countries to take decisive action but not all countries did.

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Three years later, there are almost seven million reported deaths from COVID-19, although we know that the actual number of deaths is much higher. We're certainly in a much better position now than we have been at any time during the pandemic. It's very pleasing to see that, for the first time, the weekly number of reported deaths in the past four weeks has been lower than when we first used the word pandemic three years ago.

I'm confident that this year we will be able to say that COVID-19 is over as a public health emergency of international concern. We are not there yet. Last week, there were still more than 5,000 reported deaths. That's 5,000 too many for a disease that can be prevented and treated.

Even as we become increasingly hopeful about the end of the pandemic, the question of how it began remains unanswered. Last Sunday, WHO was made aware of data published on the GISAID database in late January, and taken down again recently. The data, from the Chinese Center for Disease Control and Prevention, relates to samples taken at the Huanan market in Wuhan, in 2020.

While it was online, scientists from a number of countries downloaded the data and analysed it. As soon as we became aware of this data, we contacted the Chinese CDC and urged them to share it with WHO and the international scientific community so it can be analysed. We also convened the Scientific Advisory Group for the Origins of Novel Pathogens, or SAGO, which met on Tuesday.

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We asked researchers from the Chinese CDC and the international group of scientists to present their analyses of the data to SAGO. These data do not provide a definitive answer to the question of how the pandemic began but every piece of data is important in moving us closer to that answer and every piece of data relating to studying the origins of COVID-19 needs to be shared with the international community immediately.

These data could have and should have been shared three years ago. We continue to call on China to be transparent in sharing data and to conduct the necessary investigations and share the results. Understanding how the pandemic began remains both a moral and scientific imperative.

Even as we look back to the beginnings of this pandemic, we are continuing to look forward, to strengthen the world's defences against future epidemics and pandemics. This is something that countries must do together. It's not something that any country can do alone.

We can only face shared threats with a shared response, based on a shared commitment to solidarity and equity. That is what the pandemic accord that countries are now negotiating is all about, an agreement between nations to work in cooperation with each other, not in competition, to prepare for and respond to epidemics and pandemics.

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It's essential to emphasise that this accord is being negotiated by countries, for countries and will be adopted and implemented by countries in accordance with their own national laws. The claim by some that this accord is an infringement of national sovereignty is just plain wrong. Countries, and countries alone, will decide what's in the accord, not the staff of WHO. This accord would be an instrument of international law, similar to the many other accords and treaties that nations have agreed.

For example, the Framework Convention on Climate Change does not give the United Nations powers to dictate countries' policies on climate or energy. The WHO Framework Convention on Tobacco Control does not give WHO power to regulate tobacco in any country. The International Health Regulations do not give WHO power to dictate health policy to any country. Neither will this accord give WHO power to dictate policy to any country.

This accord or agreement will be an agreement by countries. WHO's role would be to help implement the accord that countries agree. An accord that captures all the challenges we have faced during this pandemic is essential for making sure that the world does not repeat the mistakes that were made in this pandemic.

If we repeat the same mistakes, I don't think we will forgive ourselves and our children and grandchildren will not forgive us. We have a duty to ourselves to end this pandemic as soon as possible, we have a duty to those we have lost to find out how it started, and we have a duty to those who will follow us to make the world safer. Margaret, back to you.

00:10:40

MH Thank you, Dr Tedros. Apologies again with the microphone. Thank you, Dr Tedros. As I said, Dr Tedros has a very busy schedule so please, when you ask your questions, keep them short, tight, stick to one question. We've already got a lot of you with your hands raised. And the first person to get a question is Belisa Godinho, from W Magazine in Portugal. Belisa, unmute yourself and ask your question.

BG Thank you for taking my question. Any updates on the origin of COVID? Thank you.

MH Thank you. We'll go to Dr Maria Van Kerkhove, who is on the line.

MK Thanks. That's a pretty broad question. As you know we, at WHO, are working with international partners around the world and the Scientific Advisory Group for the Study of the Origins of Novel Pathogens are working with any and all available information to better understand how this pandemic began.

As Dr Tedros just mentioned, we became aware of new information, data, that had been uploaded to GISAID by China CDC. We were alerted to that over the weekend by a scientist who identified that data on that platform and had been analysing that. In doing so, we organised meetings with our SAGO so that the data could be presented.

It is really critical, as the Director-General said, that any and all data that relates to the study of how this pandemic began be made available immediately. And why that is so important is so that the analysis can be done by an international group of experts from around the world in a scientific space, that that could be done openly, transparently, that the data could be discussed and debated, and so that we could be understand the findings and what it means.

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Right now, there are several hypotheses that need to be examined including how the virus entered the human population, either from a bat through an intermediate host or through a breach in biosafety or biosecurity from a lab, and we don't have a definitive answer of how the pandemic began.

The information that we have been made aware of, we were presented results by China CDC as well as by researchers from around the world who downloaded this data, and what they were looking at is some molecular evidence of samples that were collected from the Huanan market in January 2020.

And what they found, what they presented to us, is that they found molecular evidence that animals were sold at that market, and that was suspected, but they found molecular evidence of that and also that some of the animals that

were there were susceptible to SARS-CoV-2 infection, and some of these animals include raccoon dogs.

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Unfortunately, this doesn't give us the answer of how the pandemic began but it does provide more clues and we once again reiterate that there are many more studies that need to be carried out. These studies have been recommended over many years, looking at the source of the animals of the market, looking at potential intermediate hosts, looking at breaches in biosafety and biosecurity.

These studies have yet to be conducted and until they are conducted, until we have the data, we aren't able to conclusively say how this pandemic began. So, the work continues and that's the point here. Any data that exists on the study of the origins of the pandemic need to be made available immediately. Thanks.

MH Thank you very much, Dr Van Kerkhove. The next question goes to Donato Mancini, of the Financial Times. Donato, please unmute yourself and ask you question.

DM Hi. Good afternoon. Thanks so much for taking my question. I hope you can hear me. I'm aware of the fact that you are aware of these data, that you are encouraging for more data to be made available, which you have done for a long time. I just wanted to get more detail on your assessment of whether these data actually are reliable enough, are they not reliable enough.

Does it change the WHO's understanding of where the pandemic actually emerged? Obviously, I know that you say that your view is that all options are still on the table but is this new piece of data changing how you approach the subject, essentially? Thank you.

MH Thank you, Donato. That will go to Dr Van Kerkhove again, I think.

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MK Thank you. Thanks for the question. The data was uploaded by China CDC to GISAID. That data was made accessible for a short period of time. A number of scientists from around the world downloaded that and they're analysing it. The big issue right now is that this data exists and that it is not readily available to the international community.

This is, first and foremost, absolutely critical, not to mention that it should have been available years earlier, but that data needs to be made accessible to individuals who can access it, who can analyse it and who can discuss with each other. This doesn't change our approach to studying the origins of COVID-19, it just tells us that more data exists and that needs to be shared in full.

We need to continue to collaborate with our Chinese colleagues and work together to understand all of the different hypotheses. What we look at as scientists is we follow the science, we follow the analysis that is done, and we look for these different types of clues that lead us into different directions.

At the present time, we don't have all of the information in front of us and we need to be able to look at all of these different hypotheses. We need to look at

all of the data that are needed to assess each one of these so that we can say this may have happened, this may not have happened. And each of these clues lead us in that different direction. So, we haven't changed our approach.

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The challenge that we have is that there is data that is out there, that exists, that has not been made available to us, that has not been made available to the SAGO and has not been made available to the international community. So, we need to look at the full picture and that's what we're calling on. And until we have that information, we won't be able to remove different hypotheses.

So, that's what we mean when we say that all hypotheses remain on the table. We need to pursue each one of these until they can be removed, and at the present time we're not able to take any of those off the table.

MH Thank you, Dr Van Kerkhove. The next question goes to Carmen Paun, of Politico. Carmen, please unmute yourself and ask your question.

CP Thank you so much. Just a quick follow-up on this. Did you have any explanation from China CDC why they removed the data? And just on the issue of transparency on the data that is available out there, as you're probably aware Congress in the US voted last week to declassify all the intelligence information that the US holds regarding COVID origin, and we're expecting to see what the President does. Have you heard from the US administration in the last week about whether they're going to move forward with declassifying and making that data public? Thank you.

MH Thank you, Carmen. I think is also one for Dr Van Kerkhove.

MK Thanks, Margaret. With regards to why it was put up and taken down, when scientists have genetic information, metadata related to work that they are doing and they're working on papers they often, and they have over the last three years submitted data to GISAID, this platform that makes it accessible researchers around the world.

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This is common practice and we're very grateful for GISAID and this platform to serve as a way in which the data can be shared. The question should be addressed to China CDC I should say, first and foremost, but what we understand is that this data was submitted by China CDC as part of their work in writing a publication, a publication that was submitted last year and put up as a preprint. That preprint is available.

And our understanding is that that research, that paper, has been updated and resubmitted. And in the resubmission, China CDC put more data available on GISAID. I don't know the situation, the circumstances in which the data was released and taken down. We have been told by GISAID that the data from China CDC is being updated and expanded but, again, we have called on China CDC directly to make that data accessible in full. So, that remains absolutely fundamental.

And, again, any information that is out there, any data that exists, whether it is from China, whether it from elsewhere, needs to be made available so that it

could be accessed. But the question that you ask needs to be directed to our colleagues. We don't want to speculate one way or another. I can only tell you what we are aware of.

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MH Thank you, Dr Van Kerkhove. Now, the next question will go to Christiane Oelrich, from Deutsche Press Association. Christiane, please unmute yourself and ask your question.

CO Thank you, Margaret. I'm afraid I'm going in the same direction. It's probably Dr Van Kerkhove. Can you enlighten us a bit on what does this mean if we do now know from the data that is available because some scientists have downloaded it, what does it tell us if we know this virus or a very, very similar virus to the one that appeared in people has been identified in these raccoon dogs? What does it tell us about the origin?

MK Thanks very much for the question. Sorry, Margaret, I jumped right in there. The results that have been presented to us and have been presented to SAGO, we already knew that there were environmental samples from Huanan market that tested positive for SARS-CoV-2. That was information that became available last year.

This more detailed analysis really takes a deeper dive into the available information and the metadata that is associated with these sequences and doing some metagenomics work. It's very detailed work of looking at DNA within those samples as well.

What the updated results that were presented to us suggest and, again, these were results that have been presented to us by international researchers who downloaded that data was, number one, that there is molecular evidence that animals were sold at the Huanan market, and that is new information. And, secondly, that those animals, that the DNA that was identified include a number of different animals, including these raccoon dogs. And from other studies we know that raccoon dogs are susceptible to SARS-CoV-2 infection.

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So, we need to make clear that the virus has not been identified in an animal in the market or in animal samples from the market, nor have we actually found the animals that infected humans. What this does is provides clues. It provides clues to help us understand what may have happened.

One of the big pieces of information that we do not have at the present time are the source of where these animals came from. Were these animals traded? Were they the wild animals or domestic animals? Were they farmed? Where were they farmed?

We have repeatedly asked for studies to be done in other markets in Wuhan and in Hubei and across China. We have repeatedly asked for studies to trace those animals back to their source farms so that we can go back in time and actually look to see where the animals came from and if any testing had been done.

We've repeatedly asked for serology to be conducted of people who worked in the markets, perhaps people who worked on farms where these animals came

from. So, there's a lot of unanswered questions. So, this updated information provides an additional clue in terms of looking at a potential intermediate host, of how some people became infected but there's a...

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MH We seem to have a cut in the line. I'm not sure if you can hear us, Maria.

MR Margaret, I can continue.

MH I think we'll just continue with the next question. No? Oh, Mike, sorry. Apologies.

MR Just to continue on the theme. I think the first thing on this is you can see the positive debate that is generated when we see new data, whatever the source. We can argue the delays and everything that have come with that but you can see positive impact new data can have on a scientific origins debate. That's what Tedros has been saying for years. Share the data, let science do the work and we will get the answers. And I think this speaks 100% to that need.

The second thing is, for those of you out there who are confused with all of this genetics and sequences, if ever any of you have ever tried to do a jigsaw without seeing the actual picture that's behind the jigsaw, you know that the more pieces you have in the right place, the more you start to see an image.

But you're never really sure of what you're building. You're never sure what one piece does until you put the piece in the context of all of the other pieces, and then a picture starts to grow and your level of confidence as to what that picture is grows as you put more pieces in the right place. This is another piece of the jigsaw. It's an important piece but it does not determine what the picture shows, but what it does do is allows science to do its work.

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Tedros has been saying this for three years. Trust the science. Let's work on science. It'll take the issue of transparency off the table. If governments are transparent, if governments are sharing the data, science can find the answers. And I think the last few days has shown how.

And thanks to Maria's leadership and the leadership of our SAGO chairs, within 48 hours of we being made aware of that data, WHO was convening those international scientists, the Chinese scientists, in an open and transparent manner to discuss the implications of that data. So, if we get more data, we will get the answers.

MH Thank you, Dr Ryan. The next question we have is from Clare Wilson, of New Scientist. Clare, could you unmute yourself and ask your question.

CW Hello. Thank you for taking my question. Could you confirm, please, in the data that was presented to you was it just raccoon dogs that were implicated from the DNA or other animals too? And if I can sneak in a second part to that. Is it correct that they were identified from the same swabs which had indicated the presence of the virus and the animals in the same swabs? Thank you.

MH Thank you. That's a lot of detail. I'll see if Dr Van Kerkhove can answer. She's good, yes. She can hear me.

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MK Can you hear me, Margaret? Just checking that the connection is there.

MH Yes, we can. The line has come back. Please, go ahead.

MK Thanks. It's a very detailed question and the results of this work need to be provided by the researchers who did this. It's not my place to go into that level of detail and I don't have that level of detail. The group presented to SAGO a presentation. It provided a lot of detail but not enough for me to answer that question. And I understand that they're working on that so that they can release it themselves.

But, as Mike just said, the questions that you have, every answer that we get to a question we ask more. And so that's why it's important that these results are shared, that they're analysed, that they're published, that they're debated, so that we could understand its implications.

MH Thanks very much, Maria. Next we'll go to Japan for the next question, to Yuichi Morii, from Yomiuri Shimbun. Yuichi, could you please unmute yourself and ask your question.

YM Thank you for taking my question. We have just heard optimism about the prospects for COVID-19 from Dr Tedros, however inequities in vaccines and therapeutics remain. What conditions need to be met to lift the public health emergency of international concern? Thank you.

MH Thank you. That one is for Dr Ryan.

MR There may be others who can answer it and thank you for the question. That's exactly what the Emergency Committee for the IHR will be considering or have been considering over the last number of months, and they will meet again to discuss and advise the DG as to what criteria for a public health emergency of international concern still exist.

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Dr Tedros, in his statements at the last EC, and his statements today clearly indicate that we are on positive trajectory and we're in the best place we've probably ever been with the pandemic but there are still, as you mentioned, still significant gaps of vaccination. There are still significant gaps in the provision of antivirals, particularly to the right patients with underlying conditions.

We've seen a drop in our capacity to track the virus and our health systems in general are very, very fragile and weak after this pandemic. So, the challenge at this moment is to transition to long-term control of this SARS-CoV-2 virus as well as other viruses that threaten us, like avian flu and other respiratory viruses.

In that transition, we have to be able to continue to track multiple respiratory viruses. We have to set up clinical pathways that allow us to identify if people are at risk of or vulnerable to severe disease and give them the proper

antivirals, be it for influenza or be it for SARS-CoV-2 ,which are different antivirals. We've got to protect communities who might be highly vulnerable to high rates of infection or high rates or severe disease. And we've got to make sure our health systems are able to cope with any surge of cases from any disease, but particularly respiratory virus disease spreading from person to person.

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We're certainly not at that stage yet. The discussion is ongoing on an international accord. The discussions going on, on how we build a stronger architecture, a stronger framework for health emergency preparedness and response, are very important. And we need to transition into that stronger, multi-disease, multi-hazard approach to managing future emergencies that threaten man and womankind.

I would say that Tedros said in his speech that he hopes, I think, in the next year, in this year, and I would agree with that assessment. What remains to be seen is whether the virus will continue to evolve. What remains to be seen is whether we can continue to vaccinate those last pockets of unvaccinated individuals in every country, and particularly those individuals in least developed countries who have had very unfair access to vaccine.

In that sense, the virus will represent less and less of threat to society, where surges in virus transmission would not be associated with higher rates of mortality, higher rates of hospital admission. We've begun to see that in some surges in the last six months, where the surge in infection has not been associated with a rapid increase in hospitalisation, sustained pressure on the health system because background rates of vaccination are high enough to protect the vulnerable.

And I think we're coming to that point where we can look at COVID-19 in the same way we look at seasonal influenza, a threat to health, a virus that will continue to kill, but a virus that is not disrupting our society or disrupting our hospital system. And I believe that will come, as Tedros said, this year if, and I have just one last point, if this virus continues to evolve along the path it has been evolving, which is virus that is not causing more severe disease. It may be becoming more transmissible but not causing disease.

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All bets are off if we do have the unfortunate evolution of a virus that is more severe and more transmissible at the same time. And that's why tracking this virus, continuing to do testing, continuing to do sequencing and continuing to see how this virus spreads in our communities is exceptionally important.

MH Thank you, Dr Ryan. I understand Dr Van Kerkhove had some additional remarks.

MK Sorry, Margaret. I was fumbling with the buttons. No, I don't need to.

MH Thank you. That's good because we're running out of time. The next question goes to Gabriela Sotomayor, from Proceso.

GS Thank you very much. Hola, Margaret. Thank you for taking my question. My question is related to Mexico and the access of treatment during

these three years. We know that access to vaccines has been under discussion but the things that happened during these years, I mean at the beginning, and knowing that in Mexico there's a lot of dead people from the pandemic.

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The government was in charge to control the treatment, for example remdesivir, and they gave the treatment to people related to the government, you know a very selective way to give the treatment and not to the old folk.

MH Gabriela, I'm really sorry but we're really short of time. Can you very quickly ask your question? I can understand why you want to give us the background but, please, could you quickly ask the question?

GS The government doing the control of the treatment and not all the people had access to that, only people related to very high level.

MH So, you're saying how can we improve access for all to treatment? Was that the question?

GS Yes. We can say that.

MH I think that's probably for Dr Mike Ryan.

MR I think the question was more precise than that but even less answerable from the perspective of WHO. I think there have been both issues of inequity but also issues of poor design in the way we have delivered antivirals into our systems in order to protect the most vulnerable in the community. That's certainly been true but that's been a worldwide phenomenon.

So, some countries have not had access to antivirals until very late in the pandemic. Others have had access to antivirals but not necessarily deploying those antivirals exactly where they need to be deployed within the health system. You can answer the question as to what drove those decisions.

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Some of those decisions are because we do have a view in health systems sometimes that we put the new drugs in the tertiary referral system. We put the drugs in the sophisticated hospitals because they're antivirals. These antivirals are actually not designed to save your life if you're very sick. These drugs are designed to save your life if you're likely to become very sick. They will stop you becoming very sick.

Now, you don't have to be a rocket scientist to know that the place you're not very sick but are highly at risk is when you're at home or visiting your local general practitioner or on your first visit to the emergency room. That's when you're 75 years old and you have hypertension and you have a history of chest disease and you've got a fever, and someone does an antigen test and says you've got COVID.

That's the moment you need the antiviral, not six days later when you're fighting for your last breath in an intensive care unit on a ventilator. The antiviral will do you no good there. So, that's, I think, where the bigger problem has been is in deploying those antivirals in the right place at the right time for

the right patient. And I believe mistakes have been made in that deployment strategy in many, many places.

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MH Thank you, Dr Ryan. Now, we've only got time for one more question and that goes to Drew Hinshaw, of The Wall Street Journal. Drew, please unmute yourself and ask your question.

DH Fantastic. Thank you very much. I gather from the public reporting around this that these new sequences show the presence of raccoon dogs at the market, but was there anything in the presentation that suggested the presence of one or more sick raccoon dogs, raccoon dogs that had been infected in other words? Was there anything in that presentation that suggests as much? Thank you.

MH And that one over to Dr Van Kerkhove.

MK Thank you. In the information that was presented to us, what the researchers were looking at were the environment samples from Huanan market, and amongst the samples that were positive for SARS-CoV-2 they looked and saw evidence of DNA of animals. So, we don't have information on the animals, themselves.

There were some animals. I have to go back and look at the exact information and, again, it's important that this data be presented by the researchers and, frankly, by China CDC. I don't have information on the status of those animals. What the data showed, the results showed that was presented to us was that there was molecular evidence of animals in the market, and those animals included raccoon dogs as well as a number of other animals species.

So, again, more information needs to be made available on the data itself and accessible to others around the world, but also that the analysis with that data needs to be shared so that a discussion and a debate can be had to understand its full implications.

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MH Thank you very much, Dr Van Kerkhove. On that, we will wrap-up now. Apologies to anyone who did not get an opportunity to ask their question but please send your questions to Media Inquiries and we will make sure that we get them answered for you. We will also provide the transcript, the recording, audio and visual of this session. Those will be available this evening, the transcript tomorrow. Now, I'll hand over to Dr Tedros for final remarks.

TAG Thank you. Thank you, Margaret. I would like to thank all members of the press who joined us today and I would also wish Happy St Patrick's Day starting from my brother, Mike Ryan, my wonderful general. See you next time.