

Global Health Issues

Virtual Press Conference

22 February 2023

Speaker key:

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RB	Dr Rick Brennan
CS	Dr Catherine Smallwood
AM	Dr Abdi Rahman Mahamud
MR	Dr Mike Ryan
AD	Dr Adelheid Marschang
MK	Dr Maria Van Kerkhove
MA	Moussa Assi
EP	Erin Prater
SA	Simon Ateba
BG	Belisa Godinho
MN	Miryam Naddaf
ME	Megha Kaveri
JK	Jamey Keaten

00:04:07

CL Hello and welcome to WHO and today's virtual press conference on global health issues and other health emergencies, including COVID-19 and, of course, an update on the earthquakes in Türkiye and the Syrian Arab Republic. It is Wednesday, 22 February 2023, and we are here at the WHO HQ, in Geneva. My name is Christian Lindmeier and I'll walk you through today's press briefing. Simultaneous translation is again provided in the six official UN languages, Arabic, Chinese, French, English, Spanish and Russian, and in Portuguese and Hindi.

Now, let me introduce the participants here in the room. First and foremost, we have Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Dr Mike Ryan, Executive Director for WHO's Health Emergencies Programme. We have

Dr Sylvie Briand, who is Director for Epidemic and Pandemic Preparedness. We also have Dr Rogério Gaspar. He is Director of Regulation and Prequalification. We have Dr Abdirahman Mahamud, Director Ad Interim for Alert and Response Coordination. And, last but not least, Dr Adelheid Marschang. She is the Health Operations Lead for Earthquake Response in WHO.

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We have a number of colleagues online and I'll just mention a few. We do have Dr Maria Van Kerkhove, Technical Lead on COVID-19, and Dr Kate O'Brien, Director for Immunisation, Vaccines and Biologicals.

But who I want to really welcome heartily are three colleagues who are joining us from Gaziantep. And that's Dr Catherine Smallwood, she is the Earthquake Incident Manager for the European Regional Office of WHO, Dr Gerald Rockenschaub, who is the Regional Emergency Director in the European Regional Office, and Dr Rick Brennan, he's the Regional Emergency Director of the Eastern Mediterranean Regional Office. With this, enough from me. Let me hand over to the Director-General for his opening remarks.

TAG Thank you. Thank you, Christian. Good morning, good afternoon and good evening. As the search and rescue in Türkiye and the Syrian Arab Republic was drawing to a close, two further earthquakes on Monday in Türkiye brought more pain to the region. While they were less powerful than the earthquakes earlier in the month, a number of people lost their lives, hundreds were injured and fear, understandably, swept across the general population.

Currently, the overall death toll is more than 47,000 and 125,000 have been injured. In Türkiye, at least 15 hospitals have been damaged with many health facilities affected. Across the Syrian Arab Republic, seven hospitals and 145 health facilities have been damaged. Many of these are in the north-west, which has been ravaged by war for more than a decade and is therefore more vulnerable to shocks like this.

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With 26 million people affected by the earthquake, WHO launched a flash appeal for US\$84.5 million to support the immediate health response efforts in both countries. WHO calls on the global community to support the response and provide hope to those who are grieving, traumatised and fearful about the future.

This week marks one year since the Russian Federation invaded Ukraine. The health consequences of the war have been devastating. Since the beginning of the conflict, WHO has verified 802 attacks on health care, which have resulted in 101 deaths of health workers and patients.

The war is exacerbating health needs, including for mental health and psychosocial support, rehabilitation, treatment for diseases like chronic diseases and others such as cancer, HIV and tuberculosis, and vaccinations for measles, polio and pneumonia and COVID. These gaps are a risk to health today and for the future.

WHO is working closely with partners in Ukraine and has reached 8.4 million people with health interventions. WHO has delivered nearly 3,000 metric tonnes *[edit: the figure of 3,000 metric tonnes is correct here, while in the audio you can hear a different figure]* of life saving medical supplies including ambulances, generators, medicines for chronic diseases and trauma and surgery emergency supplies to Ukraine since the start of the conflict.

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To support our work, WHO has appealed for US\$240 million to reach 11.4 million people with health assistance in Ukraine and refugee-receiving countries. The conflict is affecting health not just in Ukraine but around the world, with millions of people impacted by spiking food prices, especially in low-income countries. As always, we need health for peace and peace for health.

Finally, on COVID-19 new research adds to the weight of evidence about the benefits of vaccination and boosting. As well as dramatically reducing the chances of severe disease and death, the research reinforces that vaccination and boosting also reduce the likelihood of patients with COVID-19 from having a heart attack or stroke.

I emphasise these findings because it underlines once again why governments should continue to vaccinate and boost their populations, especially the most at-risk groups, including older people and health workers. It is also critical that governments maintain and strengthen surveillance and sequencing so that as the virus evolves vaccines, therapeutics and diagnostics can be evaluated and updated quickly as needed.

This week, WHO's Technical Advisory Group for COVID-19 Vaccine Composition emphasised the need for continued surveillance to guide the composition of vaccines and to assess their effectiveness. While the world is collectively in a better position than it was three years ago, this virus should not be underestimated. It's therefore important to invest in research in order to develop vaccines that can provide broader protection and also reduce transmission.

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Earthquakes, conflict and the ongoing impact of the COVID-19 pandemic all reinforce the fragility the world faces, and the need to strengthen our collective defences against health emergencies. This week, WHO Member States are hosting discussions on amendments to the International Health Regulations.

Next week, countries will begin negotiations on a zero draft of the new pandemic accord. These discussions will be crucial for building a more effective health security architecture for the future, grounded in international law, equity and the fundamental right to health for all people.

At the Munich Security Conference last Friday, I said that right now the world remains unprepared for another pandemic. While leaders have many other crises to deal with, attention on future epidemic and pandemic threats must remain or we will pay a heavy price. No crisis happens in isolation. In a world of converging and overlapping crises, we need a shared, coherent and

equitable global approach to shared, global health threats. Christian, back to you.

00:13:24

CL Thank you very much, Dr Tedros. With this we open the floor to questions from the media and let me remind you again, to get into the queue to ask questions, please press the Raise Your Hand icon on your screen and then unmute yourself when it's time to go. First question goes to Moussa Assi, from Al Mayadeen TV. Moussa, please unmute yourself.

MA Can you hear me? Shukran, Christian. I will speak in Arabic, Christian. On 9th February, the United States raised or lifted some of the sanctions on Syria so that humanitarian assistance can enter Syria and now, two weeks after this event, did WHO see any change in the entry of assistance into Syria?

And, here, I'm not only talking about the emergency equipment like vaccines and medicines but medical equipment that is needed by the health system in Syria to rebuild the hospitals. Thank you very much.

CL Thank you very much, Moussa. We didn't immediately catch the beginning because we didn't have time enough for the interpretation but we go to Rick Brennan, who is the Regional Emergency Director in the Eastern Mediterranean Region, and he's joining us from Gaziantep.

RB Thanks, Christian, and thank you for the question, a great question. WHO is moving very rapidly right now, together with our partners, to take advantage of this pause in the sanctions. We have already started ordering equipment and supplies and we are working with UN partners on a collective approach to take advantage of the pause.

You're absolutely right. We not only need medicines and consumables and vaccines, we need vital equipment like X-ray machines, surgical equipment and so on. So, at the same time, we are doing a more detailed assessment of those needs and we'll be moving very, very rapidly to do the procurement, again capitalising on this important opportunity that we have.

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So, I'm confident that things are moving in the right directions. We've already had four airlifts, planes full of supplies and equipment come into Syria since the earthquake, and we will be moving into a situation where we'll be able to bring in that heavy equipment in the weeks and months ahead. Thank you.

CL Thank you very much, Rick. I understand Dr Cathy Smallwood, who is the Earthquake Incident Manager for Europe, can join.

CS Thanks very much. Just to add, of course, that under COVID we found it very difficult to get laboratory supplies into Syria in both directions and we'll be working really to use this opportunity as the Regional Emergency Director said. Thank you.

CL Thank you very much, both. With this, we go to the next question and that goes to Erin Prater, from Fortune. Erin, please go ahead and unmute.

EP My question was addressed. Thank you so much.

CL Thank you very much. Lucky today. Next question goes to Simon Ateba, from Today News Africa. Simon, please go ahead.

00:17:12

SA Thank you for taking my question, Christian. This is Simon Ateba with Today News Africa in Florida. I wanted to have an update on the Marburg disease in Equatorial Guinea, Cameroon and the neighbouring countries. Thank you.

CL Thank you very much, Simon in Florida. We'll go to Dr Abdi Mahamud for this. Please.

AM Thanks, Simon. I just would like to take this opportunity to thank the ministries of health of the three countries for their rapid deployment of teams and then for strengthening the basic investigation and health care. As we speak right now, we have currently nine deaths, including the one confirmed and, particularly, there's a detailed investigation with teams from WHO Headquarters, the Regional Office and with the Ministry of Health there.

We don't have more updates because several cases have been suspected, confirmed cases, probable cases. We'll be waiting to get that detailed outbreak response from the field team because a lot of the deaths happened before this was declared. So, there will be a lot of retrospective investigation and detailed investigation on that.

What's more important right now is the readiness in the neighbouring countries. Cameroon and Gabon both moved in rapid action and they have strengthened their readiness, particularly on the surveillance and, more importantly, in the community surveillance.

At WHO we're working very closely. Just yesterday the Executive Director and the DG have released half a million to start the initial plan and then to enhance further the response. But, coming back, outbreaks start and end in the community. The community engagement and bringing this community on our side will be very, very much appropriate and the initial step.

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As we have learned from the lessons in Uganda, integrating research is very key to this as we don't have, right now, proven and approved countermeasures and we've been communicating with the Ministry of Health to accelerate their research into this response.

CL Thank you very much, Dr Mahamud. Next question goes to Belisa Godinho, from W Magazine in Portugal. Belisa, if you hear us, please go ahead.

BG Hello, everybody.

CL Yes. All good.

BG I'm Belisa Godinho, from W Magazine based in Lisbon, Portugal. My question is related to global health prevention. The recent problem of the lack of dialogue in successful negotiations for peace between Ukraine and Russia, and the breaking of the START treaty with the United States makes it urgent to have correct information about the effects of atomic energy weapons on

human health for the health of all living beings and the health of the planet.
Can WHO help clarify this matter? Thanks.

00:20:52

CL Thank you very much. We'll start with Dr Mike Ryan, please.

MR I think everyone is aware of the devastating effect of nuclear weapons and radiation can have on people who are not properly protected. So, WHO remains very concerned about radiologic safety in all settings and especially in Ukraine, given the war.

We support our colleagues in the IAEA, who are the responsible agency for this. We're part of a medical emergency response network with IAEA and we continue to work with the Ukrainian authorities to ensure that we've got adequate training for health workers on the Ukrainian side. But, obviously, from what you mention, the issues here are not about health. The impact will be on health but this is not, in itself, a health issue. This is obviously a very, very political issue in the middle of a very devastating war.

So, we would call on all sides in the conflict to ensure that sites where radiologic material is present be protected and be avoided in any form or shape in this conflict, and that just echoes the calls of our colleagues in the IAEA over many months. But we do have a team working on this. We are ready to support and work with other agencies should anything happen, and we've been working with the Ukrainian authorities on that diligently over the last number of months.

But this is a real issue and everyone needs to be exceptionally careful and, quite frankly, I'm not as concerned about the intentional use of anything. I'm more concerned about accidents and I'm more concerned about the fact that nuclear plants continue to be run in a manner that requires a lot of courage and a lot of commitment from a very a small number of staff. We just want to make sure that everyone remains safe and we do commend those workers who continue to work to keep those plants safe, particularly in Ukraine.

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CL Thank you very much, Dr Ryan. Next question goes to Miryam Naddaf, from Nature magazine. Miryam, please go ahead and unmute.

MN Hello. Hi. I hope you can hear me. I would like to ask if WHO have already or plan to supply the semi-besieged north-west region of Syria with basic medical supplies such as antibiotics. We are concerned of spread of infections post the earthquake.

As we all know, three crossing points are now open on the Syrian-Turkish border but before the earthquake there were only 66 hospitals serving 4.5 million people in the north-west of Syria and doctors on the ground have told us that most hospitals have run out of antibiotics on day three after the earthquake, and even with simple injuries most patients would need antibiotics or some sort of painkiller.

So, I'd just like to know if there are any plans, if this has happened already or there are any new plans to do that as soon as possible to respond to the

urgent needs of the hospitals and medical facilities there, specifically supplies of basic medicines like antibiotics and painkillers. Thank you.

00:24:28

CL Thank you very much, Miryam. I understand we have a bit of an audio problem to our regional colleagues because this would be perfect for Dr Rick Brennan, the Regional Emergency Director in the Eastern Mediterranean Region. We're just trying to submit the basic ideas of your questions to him and hoping that they can understand us and hear us and then can answer that question.

Otherwise, it's a good idea actually. We start here, in the room, with Dr Adelheid Marschang. She's the Health Operations Lead for the Earthquake Response and, if we get the line back, then we'll go back to Dr Rick Brennan. Thank you. Dr Adelheid Marschang, please.

AD Thank you very much for the question. As you know, we have been operational in doing cross-border services and humanitarian assistance for the last ten to 12 years. So, we had an established pipeline of supplies, medicines and technical services into north-west Syria prior to the earthquake, which has now been scaled up.

Thank you for referring to essential medicines. Clearly, we have scaled up the supply to those, including antibiotics, painkillers that you have highlighted, but also trauma supplies. We're looking now into increasing also the proportion of NCD, meaning non-communicable disease medicines, that are growing more and more important in the needs, as far as we receive from the communities and from the health facilities that the partners are supplying, with who we are constantly working.

And, as DG has mentioned, 300 tonnes of supplies [*edit: the figure of 300 metric tonnes is correct here, while in the audio you can hear a different figure*] have already been delivered on the ground throughout the operation including, of course, and with a key focus on north-west Syria. Back over to you.

00:26:21

CL Thank you very much, Dr Marschang.

MR Is he online?

CL Go ahead. Yes. Dr Smallwood would like to add.

MR Let Katie add. I'll join.

CL So, we'll start with Dr Catherine Smallwood, the Earthquake Incident Manager for the European Region. Go ahead.

CS I just want to say I've been in Syria twice over the past week and my colleagues, Rick Brennan and Gerald Rockenschaub online, were in Syria yesterday and they can speak for their views. What was clear to us is that in the immediate days after the earthquake all of the distribution systems were actually disrupted because our partners on the ground and the health care workers on the ground were immediately involved, themselves, in the search and rescue operations.

Since then, of course, as my colleague Adelheid has said, we've been able to really re-establish our distribution channels within the country and we've moved over 139 new tonnes of medical supplies, including antibiotics, as you mentioned, and other surgical supplies to affected areas. Perhaps, Dr Brennan and Dr Rockenschaub can also give their views on what they saw yesterday.

00:27:34

CL Dr Ryan.

MR Just to add to that. I think we've been working with 141 NGOs within the health cluster and we'd really like to pay tribute to those non-governmental organisations who operate all across north-western Syria, who we've been providing more than 50% of the medical supplies into north-west Syria, as Adelheid said, for over a decade.

We're very pleased to welcome the media attention back to this forgotten crisis. Our staff, our NGOs and our focus has been entirely on protecting the lives of over 2.7 million people caught in the most desperate struggle for life long before this outbreak happened.

I would just like to recognise that in the aftermath of any major crisis there are always frustrations. There's never the supplies. The supply chains are disrupted. There may be breaks in supply chains. Our job is to fix that. Our job is to re-engage with the NGOs, fix those supply chains. That's why our staff have been over there. That's why we continue to work.

But I think it's a false premise to present a view that nothing was happening in advance, the earthquake happened, there were no supplies. We have been there for a decade. We will be there through this earthquake and we will be there until the suffering of these people is ended, not just the suffering caused by the earthquake but the suffering caused by this insufferable war.

CL Thank you very much, Dr Ryan and all. I have, right now, one more question in the queue, so that is your chance, actually, to put your hand up because I saw two hands went down. It looks like many had the same questions today and they were all answered, which is great in some way. For now, the last question goes to Megha K, if I get that right, from Health Policy Watch in Geneva. Megha, please go ahead.

00:29:22

ME Thank you, Christian. Am I audible?

CL Yes. Please.

ME Thanks. There was a recent piece in a publication based on a comprehensive analysis of studies that said that masks were not effective in addressing the pandemic and other respiratory illnesses. I just wanted to know what the WHO's position on that is right now. Thank you so much.

CL Thank you very much, Megha. A change of topic. I understand we have Dr Maria Van Kerkhove online. So, Maira, if you could take that.

MK Thanks, Chris. Thanks for the question. We continue to advise the use of masks as part of a comprehensive strategy to reduce transmission of

COVID-19. The virus is circulating pretty much unchecked around the world at the moment and masks, the appropriate use of masks over your nose and mouth, are one of the ways in which we can reduce the spread and we can prevent infection, we can prevent transmission.

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There was a systematic review that was published that was looking at randomised control trials but, as an organisation, we continue to look at all available evidence that is provided to us, that is published through this pandemic, into the fourth year of this pandemic, as well as looking at other studies of other respiratory diseases including flu, but also looking at influenza-like illnesses, acute respiratory infection, severe acute respiratory infections.

Again, I reiterate that the use of masks continues to be part of our strategy to reduce the spread, one of the ways. We have a strategy that is out there that is based on vaccinations, it's based on distancing as much as possible, as much as reasonable as we go about living our lives, wearing a well-fitting mask when we're around others and particularly on public transportation.

And, certainly, among health workers, the use of masks and respirators, as well as other personal protective equipment, remain absolutely essential to protect our frontline workers who are providing optimal care to patients around the world.

So, we will continue to update our recommendations for health workers as well as for people in the communities to do what they can to live their lives as COVID continues to circulate but, again, masks remain one of the recommendations that we have because we know that they are effective at preventing some of the transmission. They're not perfect. That's why we have a comprehensive strategy, a layered approach of many different types of interventions. So, thanks for that question.

CL Thank you very much, Maria. I see one last hand, which we are going to take now, and that's Jamey Keaten, from the Associated Press. Jamey, please go ahead.

00:32:07

JK Thank you, Christian. Just going back to the north-west Syria situation after Mike's strong reminder that WHO has been giving aid into Syria for some time. I guess this is for Dr Brennan, if you can hear me.

What concerns do you have about people in need in north-western Syria that may not be getting the aid? In other words, what difficulties are you aware of about the distribution once the aid gets across the border and once it's inside north-west Syria, whether it's actually being distributed? Because we've had concerns from the White Helmets, as you may know, about them not being involved or receiving any UN-related aid. Thank you so much.

CL Thanks, Jamey, for coming back to this. I will give it back over to Gaziantep and to our colleagues there. Maybe start with Dr Rick Brennan, if you're still online, the Emergency Director for the Eastern Mediterranean. Rick.

RB Thanks, Christian. Again, thanks for the question. Perhaps building on what Mike had said earlier, Gerald and I went into north-west Syria yesterday. We covered quite a bit of territory, visited some of the worst impacted villages and towns from the earthquake, and what was clearly visible to us, in addition to the immediate impact of this crisis, was we were visiting communities and health facilities that had suffered the deterioration of ten to 12 years of conflict, recurrent displacement and major economic decline.

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Already, around 90% of the population was living below the poverty line and the earthquake has just been another amazingly difficult compounding insult. Mike talked about the many needs, that these people have also gone through the COVID pandemic, an ongoing cholera outbreak and on and on and on.

The health system has deteriorated remarkably in that context. Certainly, health facilities are under-resourced. So, what are the priority needs at the moment? I think we're in the early recovery phase. There are still persistent trauma needs but most of the acute trauma needs have been addressed. There are needs for just basic essential health services at primary level but also at hospital level.

My colleague, Adelheid Marschang, talked about not only the basic health kits at primary care level, we've got to bring in the treatments for the chronic diseases like diabetes and insulin and so on. And people have been displaced and they've lost access to their regular health services in part because of that, in part because of damaged health facilities. So, we're working to address that issue.

There's a big issue related infectious diseases. I've mentioned the ongoing cholera outbreak but now we've got new levels of displacement and people overcrowded in these collective centres that are unhygienic, there's poor sanitation, poor water. So, we're working very closely with our partners on ensuring that there is better water and sanitation and infectious disease control across the board but with a big focus there.

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And, in fact, we have 1.7 million doses of oral cholera vaccine on hand right now and we will be targeting those most vulnerable communities at the end of the first week of March. So, that's a big priority for us. Mental health is another major priority.

So, they're the big issues that we're looking at right now and we will, as fast as possible and as soon as those resources arrive, the desperately needed resources arrive, we will shift gears into basic rehabilitation of health facilities as well. In the meantime, we are working with partners to run mobile clinics, tent clinics and so on to extend those basic services.

Perhaps in response to your question about the diversion of aid, Adelheid and Mike have talked about our long-term presence in north-west Syria and, indeed, across the whole of Syria. We bring in around 30% of the medicines and supplies into north-west Syria, have done for a long period of time. We use third-party monitoring to determine how well those distributions occur and

we're very confident that prior to the earthquake those distributions have met all standards.

In terms of what's happened since the earthquake, of course there's always a degree of chaos as you distribute aid following a major acute emergency like this but yesterday I can tell you stories. I saw a man who had been discharged from hospital following treatment of his fracture. He had what are called external fixators, metal scaffolding, if you like, holding his bone together and patients like him need antibiotics. He was sitting in his collective centre. I said did the doctors give you antibiotics? He said yes, and he pulled them out of his pocket.

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So, from the visits that we took yesterday, going to hospitals and clinics, asking if they have enough medicines, they agreed that they did. The doctors said they had sufficient medicines. What they're lacking is the equipment that we need, the heavier equipment to get these hospitals fully functional. I'm sorry that I've taken up a bit of time there but I hope I've been able to convey the needs and the fact that the distributions are going well but we've got a lot more work to do.

CL Thank you so much, Rick, for a really comprehensive answer. That's great. With this, we are at end of our briefing today. Let me remind everyone for the bureaucracy, you'll get the recordings right after this briefing and the full transcript will be available tomorrow during the day. Any follow-up questions please to Media Inquiries. Back to Dr Tedros for closing.

TAG Thank you, Christian. Many questions about Syria, so I would like to probably add some points to that. As has been said, the Syrians actually believe that the earthquake is a lesser evil. It's another evil but a lesser evil compared to the 12 years of conflict, but not only that, the displacement, the economic meltdown, of course COVID on top of that, then earthquake.

Anybody can see through what kind of hell the Syrian people are passing and maybe to share my surprise. I was in Munich and attended the Munich Security Conference last week and over the weekend, and many leaders have spoken but I haven't heard any mentioning the crisis in Syria.

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And, as Mike said, I'm glad that the media is interested and bringing focus into Syria because it really deserves the attention of the international community, but in international security meetings like Munich for leaders not to mention about Syria can tell you a lot.

Then, I hope the warring parties will use this as an opportunity because whatever humanitarian support WHO provides or other humanitarian agencies provide will not address the problem. We may save lives but the most important thing now is the political solution and that's why warring parties now should use this earthquake as an opportunity to talk to each other and bring a political solution.

Of course, side by side we need to do the humanitarian work but I think a political solution is the way forward and we hope peace will come to this country. During our recent visit, town after town, the level of destruction is

unbelievable. I don't think there is any country that has been destroyed to this level.

So, I hope the Syrian leaders will take this an opportunity to bring a political solution to this long-standing conflict that has already destroyed Syria. From WHO's side, again we will do our best and we have teams on the ground. We will continue to do that and we will continue to advocate for access, whether it's cross-border or cross-line.

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Every Syrian should be reached and served and supported during these difficult times. We call on all parties, not only finding a political solution but not to politicise also the humanitarian support and be ready to give full access, whether it's through cross-line or cross-border or other mechanisms to save lives in Syria. So, thank you again for joining us, to the press, and for raising, I think many of the questions were focused on Syria, raising this issue. See you next time.