

Global Health Issues

Virtual Press Conference

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Speaker key:

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TU	Tommaso Urbani
AH	Dr Ana Maria Henao-Restrepo
MR	Dr Mike Ryan
FB	Dr Francesco Branca
AM	Dr Abdirahman Mahamud
MK	Dr Maria Van Kerkhove
FK	Fran Kritz
JR	Jennifer Rigby
PU	Pranay Upadhyaya
HB	Helen Branswell
MA	Muhammet İkbāl Arslan
PA	Paul Adepoju

00:01:06

CL Hello and welcome. This is the World Health Organization, out of Geneva. You are joining us today for the virtual press conference on global health issues and we have a very special guest today, but we'll come to that in a moment. It is Wednesday, 29 March 2023. My name is Christian Lindmeier and I will walk you through this together today.

As I mentioned, we have one special guest and it's Mr Tommaso Urbani. He's a humanitarian and also the son of the late Dr Carlo Urbani. I won't lose too many words on this now because Dr Tedros will introduce him in more detail.

Now, with us today here in the room are, as usual, Dr Tedros Adhanom Ghebreyesus, WHO Director-General. We have Dr Mike Ryan, Executive Director for WHO's Health Emergencies Programme. We also have Dr Maria Van Kerkhove, Technical Lead on COVID-19, and Dr Ana Maria Henao-

Restrepo. She's the Coordinator for the R&D Blueprint. We have a couple of colleagues online and we'll get to them when we will call upon them.

00:02:17

Interpretation today is provided in the six official languages, and Portuguese and Hindi. Once we get to the questions, please raise your hand with the Raise Your Hand icon to get into the queue. And, with this, let me hand over to the Director-General for the opening remarks.

TAG Thank you. Thank you, Christian. Good morning, good afternoon and good evening, First, to the outbreaks of Marburg virus disease in Equatorial Guinea and Tanzania. In Equatorial Guinea, WHO is on the ground with partners, supporting the Ministry of Health to respond to the outbreak. We have deployed teams to assist with case finding, clinical care, logistics, and community engagement.

We have also helped to establish treatment units in the affected areas. The number of officially reported cases remains at nine, with seven deaths in three provinces. However, these three provinces are 150 kilometres apart, suggesting wider transmission of the virus. WHO is aware of additional cases and we have asked the government to report these cases officially to WHO.

In Tanzania, the number of confirmed cases remains at eight, with five deaths. Three people are currently being treated in a health facility. Two health workers are among the confirmed cases, including one death. So far, all of the reported cases are in one region. WHO and partners, including UNICEF, the US CDC and MSF, have offered support to the government to bridge any gaps in the response.

As we said last week, WHO is working to begin trials of vaccines and therapeutics as soon as possible. A WHO committee has now reviewed the evidence for four vaccines. Trial protocols are ready, and our partners are ready to support the trials. We look forward to working with the governments of both countries to begin these trials, to help prevent cases and deaths, now and in future outbreaks.

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The outbreaks of Marburg virus disease are another reminder that we can only truly protect human health if we also protect the health of animals and our planet, which sustains all life. We call this a One Health approach.

One Health is not a new concept. For decades, WHO has been working with the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health in a tripartite partnership to address the health risks that arise from the interactions between humans, animals and the environment.

Since the COVID-19 pandemic began there has been a renewed realisation that we need to broaden the One Health approach and make it a reality, not just a concept. Last year, the tripartite became a quadripartite with the addition of the UN Environment Programme.

This week, the quadripartite held its Executive Annual Meeting here at WHO, in Geneva. Together, we released a call to action to translate the One Health

concept into concrete policy action in countries. We are calling on countries to prioritise One Health by strengthening the policies, strategies, plans, evidence, investment and workforce needed to properly address the threats that arise from our relationship with animals and the environment.

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To support these actions, the quadripartite this week endorsed a draft guide for the implementation of the One Health Joint Plan of Action. We are pleased to see that One Health has been included as a key principle in the zero draft of the pandemic accord that countries are now negotiating.

A One Health approach will be essential for preventing viruses from spilling over from animals to humans. That's how many outbreaks have started, including HIV, Marburg, Ebola, avian influenza, mpox, MERS and the SARS epidemic in 2003.

One of the most instrumental people in identifying SARS as a new and deadly disease was Dr Carlo Urbani, who was the Director of Infectious Diseases for WHO's Western Pacific Region, working in Viet Nam. One day, Dr Urbani received a call from a hospital in Hanoi to assist in investigating what appeared to be a severe case of flu. After examining the patient, he realised it was not flu and something else was going on.

Dr Urbani's rapid actions were critical in helping to contain the epidemic by triggering a global response that was key to stopping the outbreak in Viet Nam and saving countless lives around the world. Recognising that this new disease was highly contagious, Dr Urbani decided to spend several days at the hospital coordinating infection prevention and control procedures, quarantine interventions and maintaining the morale of hospital staff.

The following month, during a flight to Bangkok, Dr Urbani developed symptoms of SARS and died of complications related to the disease less than three weeks later. He was 46 years old and left behind his wife and their three children.

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On Saturday, I will have the honour of participating in the opening of the Carlo Urbani Museum in his hometown of Castelplanio, Italy. Today we are honoured to be joined by Dr Urbani's son, Tommaso Urbani. Tommaso, thank you so much for joining us. You have the floor.

TU Thank you very much, Dr Tedros, and good afternoon everyone. It is a pleasure and a privilege for me to be here with all of you today and, once again, I would like to start by thanking you, Dr Tedros, and the whole WHO community for having decided once again to honour my father's memory, a memory that 20 years after is very much alive and relevant, if we look at the COVID-19 pandemic as well as many other humanitarian health emergencies we are facing around the globe.

My father has been a proud member of the WHO community, embracing its values and mission. He firmly believed that access to health care and dignity must be ensured for all and by doing so he has never left behind the proximity to the most vulnerable, always looking for field missions to have direct contact with those most affected by neglected tropical diseases.

This is the most admirable and beautiful message that he left us all, showing the true meaning of being a humanitarian worker, a legacy that is not only for the huge contribution he gave to scientific research but the humanity he has shown and the abnegation of his work until his last day.

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I still remember the first days of the SARS outbreak in 2003. Back then, I was just 15 years old and I can remember my father coming home tired, busy, a bit nervous, but he never gave up. I didn't fully realise what was happening but I was feeling safe because he was there for us. In the early days of 2020 I have experienced, more or less, the same feelings but with a different awareness, the awareness that thanks to his contribution, together with the work of the WHO, we have probably avoided much higher losses.

We will never know how many lives have been saved in 2003, nor in 2020 with COVID-19 but we know for sure that his actions have been fundamental and, for this, I want to thank him for having left us with such profound values and knowledge that today, 20 years after, still bring us together in achieving the same goal.

As Dr Tedros mentioned earlier, on Saturday, 1st April, there will be the opening ceremony of the Carlo Urbani Museum. The museum will not simply be an exhibition of his work and his belongings but it will be a place where his messages are spread and shared with all those who will come and visit.

Our objective is to sensitise the future generations to those themes for which my father contributed during his life. The museum will go through his history, his career and his life. To conclude, I would like also to take the opportunity to congratulate WHO for reaching its 75th anniversary in the coming April. Thank you very much.

00:12:28

TAG Grazie mille, Tommaso. See you soon and thank you again for your commitment to continuing your father's legacy. As we look ahead to WHO's 75th anniversary next week, Dr Urbani embodies what WHO is all about, incredible people who do incredible things, sometimes at their own risk, to protect others. Like Carlo Urbani, even giving their life to save others. Christian, back to you.

CL Thank you very much, Dr Tedros, and thank you very much, Tommaso Urbani. With this, we open the floor for questions. Again, please raise your hand with the Raise Your Hand icon. The first question goes to Fran Kritz, from NPR. Fran, please go ahead and unmute yourself.

FK Hi. Thank you for taking my question. I just wanted to ask if there is any more detail on the Marburg vaccine candidates. When might they go into the field? Is there a timeline? Anything more specific about what the candidates are and when we might see trials begin.

CL Thank you very much, Fran. I'll over to Dr Ana Maria Henao-Restrepo. She's the R&D Lead.

AH Thank you for the question. I want to take this opportunity to provide an update of what we told last week. The first thing is that the protocols and

the procedures to implement the protocols are ready and our WHO Ethics Review Committee is going through them, both for the vaccines and for the therapeutics, and the good, important thing is that these protocols are for all the filoviruses. So, it will help us for other outbreaks of other filoviruses in the future.

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The second point that is important of progress is that our independent WHO Prioritisation Committee has now reviewed the evidence of four of the candidate vaccines and these developers have been already in contact with us. We are developing the legal framework that will allow the donation of the vaccines and the implementation of the trial protocols.

And the third part that is really also very important is that in collaboration with our colleagues in the WHO African Regional Office and through a forum, an institution that we have, called AVAREF, that puts together all the regulators and agencies from the region of Africa, we are going to organise a workshop where all the protocols are going to be discussed. And, hopefully, this will be followed up by a pre-approval of these protocols both for therapeutics and for vaccines for filoviruses in all the countries at risk. This will be another step to prepare for the future. Thank you.

CL And Dr Mike Ryan, please

MR Just to confirm that our country representatives in both Equatorial Guinea and Tanzania have been engaging with the Ministry of Health and have offered this assistance in terms of setting up these trials and, again, under the leadership, as was the case in Uganda, of the Minister of Health and principal investigators from scientific institutions within those two countries.

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Obviously, we would like in the longer-term to be in a position to set up a stockpile like we have for Ebola Zaire vaccine, which is maintained by ourselves with our colleagues in Gavi and our colleagues within UNICEF and others who maintain a global stockpile of registered vaccine now that is available free of charge to companies on the basis of need. So, we have a global capacity to support those countries affected by Ebola Zaire.

We don't have that solution yet for Ebola Sudan, nor for the Marburg virus. These kinds of investigations and trials would offer us the opportunity to advance our knowledge, and the clinical evidence around the use of these products would accelerate us towards registration of these products, and then the possibility of being able to stockpile those products on behalf of all of the countries and, in this case, the countries most at risk from both Sudan virus disease and from Marburg virus are African countries.

So, we would hope through the process, working with AVAREF and others, working with other partners on the continent and working with the international partners, and I have to say that the international partners who've worked with us on this, both in terms of our colleagues at Gavi, our colleagues at CEPI, our colleagues at UNICEF and our colleagues in BARDA, our colleagues in many other...

Ana Maria will probably come with a list of all those because I actually think we are making progress. We're making progress in aligning international support, international innovation but to support regional innovation, regional application, national intervention and I think the products are ready, the process is ready.

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We now need to get those vaccines on the ground and be able to gather the clinical evidence that will allow us to progress these vital products further towards registration and stockpiling. But thanks to everyone who has been involved. I don't know, Ana Maria, if there were other partners you wanted to mention because I'm always terrible when I mention partners. I shouldn't because then I don't mention everybody.

AH Thank you, Dr Ryan. I just want to say that we really want to acknowledge the developers of the vaccines, the antivirals and the therapeutics for an open and transparent process and for sharing with our independent committee all the information, but also thank the US BARDA, the government of Canada, the government of the United Kingdom, the European Union through HERA, CEPI and many more for their support.

And, as Dr Ryan says, we are really moving each time a step closer to get the countries who are at risk to be familiar with the research protocols to provide their input, so these protocols are adapted to their local needs, so that every time there is an outbreak we are ready, the national regulatory authorities are ready, the ethics review committees are ready and the local investigators are ready. So, it looks like small steps but in the big scheme of things we are really making a lot of progress. Thank you.

CL Thank you very much, both. The next question goes to Jennifer Rigby, from Reuters. Jen, please go ahead and unmute yourself.

00:19:12

JR Hello. Thank you. I just wanted to ask a quick question. We had a story this morning about an application for a drug for obesity on the Essential Medicines List for the first time. I know there's still a committee that has to consider this application but I just wondered if anyone on the panel could talk about how significant this is and what it shows and where we are in the global battle with obesity.

And then breaking the rules a bit, one quick one. I just wonder if you could say anything about reports of three deaths in Burundi. Some people are suggesting this is also Marburg, and I just wondered if you could comment about that. Apologies for two.

CL Thank you very much, Jen. We're just looking around the room and we have with us now also Dr Francesco Branca, who is Director for Nutrition and Food Safety. Happy to add here.

FB Thank you very much. I think you refer to the application for one drug, one particular compound to the Essential Medicines List Committee. These applications normally get screened by the committee. There is advice given by the technical departments on the acceptability. There are a number of considerations.

This particular drug has a certain history but the use of it probably has not been long enough to be able to see it on the Essential Medicines List. There's also issues related to the cost of the treatment. At the same time, WHO is looking at the use of drugs to reduce weight excess in the context of a systematic review of guidelines for children and adolescents. So, we believe that is work in progress but we'll see what the Essential Medicines List Committee is going to conclude after this submission. Thank you.

00:21:10

CL Thank you very much and I'm looking at Dr Abdi Mahamud, if he wants to add anything on the topic of Burundi. If not, we'll move ahead. Go ahead, Abdi.

AM Thank you for the question on Burundi. As you may be aware, when we have an outbreak there, we encourage countries to increase their sensitivity of their surveillance and thanks to the Burundi government for reacting to that and establishing a very sensitive surveillance.

In Burundi, we are aware of nine alerts and three of them have been already dead and the samples were taken. Initial samples taken when they were alive showed negative for Marburg, for Ebola and dengue but the team is working closely with our regional office, sending that sample to the neighbouring country, Uganda, and the WHO regional collaborating centres for further confirmation.

But all the countries at this stage, since it's subregional, we encourage to have a very sensitive surveillance to pick up all the alerts and more alerts to be picked up. At this stage, detailed investigation is going on and we will share when we have more. Once again, thanking the Burundi authorities and all the countries in the region for establishing a very sensitive surveillance effort to pick up cases.

As of now, the initial tests are negative but we know very well there is a long differential diagnosis and until we have confirmation from the UVRI lab in Uganda and the WHO collaborating centres, all diagnoses are still in play. So, establishing contract tracing, community engagement, all the pillars of the response need to be strengthened in all the countries neighbouring Tanzania.

00:23:30

CL Thank you very much. That was Dr Abdirahman Mahamud, the Director ad interim for Alert and Response Coordination. Thank you. Next question goes to Pranay Upadhyaya, from ABP News. Pranay, please go ahead and unmute yourself.

PU Hi. Good evening. I'm Pranay Upadhyaya, from ABP News, and thank you for taking my question. It's been over three years of the pandemic, COVID-19, and what is the WHO's assessment about the course of this pandemic? And if you can share some details be in the south and South-East Asia region there has been an increase in COVID-19 infections.

The government of India specifically has taken a review about the situation. What is the WHO's assessment about this multifold increase because last week WHO's assessment says that there as been an over 55% increase in COVID-19 infections?

CL Thank you. Dr Van Kerkhove, please.

MK Thanks for the question and raising a question specifically on COVID-19. At the present time, we're still in a public health emergency of international concern at a global level as well as still in a pandemic. The virus is circulating. We are in a much better situation than we were since the beginning of this pandemic. While we still see a lot of circulation of the virus, we are not seeing the same level of impact, and by impact we mean there's a reduced incidence of hospitalisation, ICU and death.

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But the threat isn't over. We still see between five, six, seven, 10,000 deaths per week and these are largely among individuals who are of older age, they may not have been vaccinated or received the full number of doses that are required for them at their age, so the threat remains. COVID-19 is also circulating in the context of influenza and other infectious pathogens, which still put a burden on health care systems.

One of the big uncertainties we face going forward is the virus itself. It hasn't settled into a predictable pattern. It continues to evolve. Omicron is the variant of concern that remains dominant worldwide and there are more than 600 sublineages of Omicron that are in circulation and there is no one dominant variant in every country.

We will continue to see waves of infection. The peaks of those infections may not be as large as we saw before and likely will not be because we have population-level immunity that has increased around the world from vaccination and also from past infection. One of things we are very concerned about is the potential for the virus to change, to become not only more transmissible but more severe.

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And so we have to remain vigilant. We have to have systems that are in place that have strong surveillance so that we can track variants, the known variants that are in circulation and detect new ones, so that we can have agile systems to scale up or scale down, the need for clinical care, making sure that we have good antivirals that are in use and given to patients who need them, when they need them, to prevent severe disease and really, critically, to focus on vaccinating those who are most at risk.

The targets of the at-risk population still remain 100% of the at-risk groups, over 60, people with underlying conditions, people with underlying medical conditions, as I just said. So, we have to remain vigilant. On the one hand, we're in much better situation, on the other we can't predict with absolute certainty how this pandemic will unfold, with the exception that this virus is here to stay.

One of the variants that we are looking at, and I think you specifically mentioned India, is a variant that we have under monitoring. This is the XBB.1.16. It's actually very similar in profile to XBB.1.5. It has one additional mutational mutation in the spike protein which in lab studies shows increase infectivity, as well as potential increased pathogenicity. So, it's one that we are

monitoring and we're monitoring it because it has potential changes that we need to keep a good eye out on.

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At the present time there's only about 800 sequences of XBB.1.16 from 22 countries. Most of the sequences are from India and in India XBB.1.16 has replaced the other variants that are in circulation. So, this is one to watch. It has been in circulation for a few months.

We haven't seen a change in severity in individuals or in populations but that's why we have these systems in place, systems to track the variants, global collaborations to assess transmissibility, immune escape, severity and the impact of any of our interventions including diagnostics, therapeutics and vaccines. So, we have to remain vigilant and we will continue to work with our Member States as we transition all of the pillars of the response because everything that we are doing for COVID-19 is pandemic preparedness for the future.

CL Thank you very much, Dr Van Kerkhove. Next question goes to Helen Branswell, from STAT News. Helen, please go ahead and unmute.

HB Hi. Thanks very much. I'd like to ask a two-part question, if you will indulge me, related to Marburg. The DG said in his opening remarks that WHO is aware of additional cases that Equatorial Guinea has not reported. Are these lab-confirmed cases? And why is the country not reporting cases? Under the IHR it is obliged to.

Second question, Mike mentioned that product is ready, in terms of vaccines to be put into the field. As I understood it last week, there aren't actually tons of doses available right now to put into the field. I believe Sabin has about 750 doses and Oxford could have 1,000 doses, I think, in April. What are the numbers of actual doses that are available to be put into the field now, not later in 2023 but now? Thank you.

00:29:19

CL Thank you very much, Helen, for these two parts. We start with the second part first and we go to Dr Ana Maria Henao-Restrepo.

AH To put in context my answer, I will explain what we are planning to do. What we are talking about is a phase 3 ring vaccination trial. It means we will offer the vaccine to the contacts, close contacts of the cases and in our experience this is about 20-50 people, depending on the social network of each case. Keep that number in mind because it's important to my next explanation.

The second part is that we know from our experience in Guinea and in other parts that perhaps 5-10% of those rings of contacts of cases will have ongoing transmission, at least one case in that ring occurring, thus we call them informative rings. That's important.

And third, in terms of when we have enough data, even if we have just, for example, six versus zero, six in delay versus zero in immediate rings, that will be very informative because that will give us a p-value of 2p equal to 0.03. That is conventionally a significant value.

So, what I'm telling you is that we don't need thousands of doses because this is not a population-level vaccination but our experience suggests that vaccinating around the contacts of each case, that is a handful of people at higher risk, it is possible to document whether or not the vaccines are effective and to contribute to stop transmission with the other measures.

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Now, to the numbers. As we mentioned last time, the Sabin ChAd3 Marburg has 750 doses available, 750 doses and 8,000 in bulk. Going back to my example, this is like having doses for about 200 rings, 200 cases of Marburg. Keep that in mind. Now, let's talk about IAVI and the VSV vaccine they have. They have several hundred doses, frozen GMP material that they are putting into vials, so they are not ready yet but they will be available.

Let's go to Auro and Emergent. They have thousands of doses available in late 2023. And the University of Oxford, they have 1,000 doses. So, it's equal to about another 200 cases with the rings around. If we go to Public Health Vaccines, another VSV vaccine, they also have several hundred doses ready to be used.

So, when Dr Tedros tells you that we have the doses of vaccines ready, it's not because we are saying there are millions of doses out there but because, based on our experience, we have sufficient doses to make rings of cases around all the contacts of these cases of Marburg.

Finally, my last statement is typically the Marburg outbreaks are small. The largest was about 300 cases. So, that concludes our assessment of that and remember that in the background of these numbers there are all these developers working to put the bulk vaccines into vials and increase their capacity.

Mike was reminding all of us we are not there yet. We could be in a better position but it's not too bad the way we are, and we have something that if we collect information this time will know more about the safety of these vaccines, their immunogenicity and their efficacy. So, for the next outbreak and the next one we will be better prepared. Thank you.

00:33:24

CL Thank you very much, Dr Henao-Restrepo. For the first part and the overview of the cases we go to Dr Abdirahman Mahamud again.

AM Thanks, Helen, for the first question. As I explained in the previous press conference, in the Equatorial system, Equatorial Guinea has two committees. We have the Technical Committee, where WHO is an active member of it. Our teams, as the Director-General mentioned, are in the field providing clinical management, together with CDC support in the lab.

So, sometimes we get advanced information that has to be reviewed by the Political Committee and then reported to WHO through IHR. But the worrisome part is what the DG said. These are two sides of the widespread of the transmission that is making us worrisome and we have been referring, through the Director-General's letters, an offer to the government because this outbreak, as it stands, is larger and we may be seeing it in more provinces.

More than the case count, the number, is the extent and the geographical spread. So, we've been requesting the government of Equatorial Guinea and they've been open in giving experts, 20 experts from WHO visas on arrival. So, expediting that will really help the country as they don't have experiencing in dealing with that.

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To answer your question, those questions are lab confirmed, but it is going through the Technical Committee to the Political Committee and then it's reported to the WHO. Every country has their unique clearance process but we get sometimes advanced information as our team are out there providing clinical care, case management in field. We hopefully, within the next day, today or tomorrow, will be able to get their final certified information through the IHR.

CL Dr Ryan, please.

MR Notwithstanding WHO's need and, as Helen spoke, the requirement to report these cases, there's always a slight delay between the case being confirmed on the ground and having an official report. That's not my concern. The concern I have is that all governments, when we're in the middle of an outbreak and we have new and significant information, particularly related to lab-confirmed cases of dangerous pathogens, is that communities need to be made aware.

Communities need to be put on the alert and communities need to be able to take action. Any delay in releasing information related to lab-confirmed cases, especially when it related to newly affected areas, prevents the process of alerting communities and having them take action to protect themselves and their families.

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So, this is not just a legal requirement in some international law. This is a sovereign and solemn requirement of all states to inform their own people of what is going in their country to the best of their knowledge. And, yes, there have to be checks done and, yes, results have to be validated, and it's a very important process that governments have time to be able to do that. But what we can't have is unnecessary delays in reporting disease to one's own people. The international requirements are clear but the primary responsibility is to one's own people.

CL Thank you very much to all three of you. The next question goes to Muhammet İkbâl Arslan, from Anadolu News Agency. Muhammet, please go ahead and unmute. Yes, you can unmute. Please, go ahead Muhammet.

MA Thank you. I have two short questions. What are the continuous efforts by WHO on the ground after the earthquakes in Türkiye? And after the earthquakes the WHO launched an emergency aid call of \$84.5 million for Türkiye and Syria. How much aid has been collected in response to this call? Thank you so much.

CL Thank you very much, Muhammet. I believe we can go to Abdi. Dr Mahamud, do we have something on this? If not, then we don't have anybody right now unfortunately, Muhammet, to answer this. Please send it to us in

writing and then we'll come back to this in writing. Please write to mediainquiries@who.int and we'll get back to you on this. Next question, we'll take from Paul Adepoju, from Devex. Paul, please go ahead and unmute.

00:38:19

PA Thank you very much for taking my question. My first question has to do with the Marburg vaccine pipeline. According to the document presented during the Marburg vaccine consortium meeting in February, it looks like only one of these vaccines has phase 1 data while some are just completing pre-clinical stage. So, are there any concerns regarding the extent, nature of the available data and the impact this could have going into the trial?

And the second question I have regarding Marburg, yesterday the first sequencing results from the Equatorial Guinea case outbreak was released and it is connected, the virus, to the strain that has been isolated from fruit bats previously in Sierra Leone, suggesting that migrating bats are also emerging as a potential threat. So, when we look at this and the fact that entire countries are looking at restrictions around testing, how does this finding decide or direct testing and policy regarding countermeasures? Thank you very much.

CL Thank you very much, Paul. We start with Dr Ana Maria Henao-Restrepo again.

AH Thank you for the question and the opportunity to expand on our proposed protocols that have been discussed with several experts in the international community and the vaccine developers. What we are proposing is as follows. You are right, some of the vaccines are in the earlier stage of clinical development and we are concerned, as you are, that we should not unduly vaccinate many people before we collect, over time, safety data, additional safety data.

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So, the protocol that is on the table is a protocol that will permit a seamless transition from phase 1 to phase 2 to phase 3, and to ensure that transition is monitored properly we have a Data Safety Monitoring Committee, an independent group of experts that, after the first couple of hundred people are vaccinated, will review the initial safety data and will provide guidance on whether or not additional people can get vaccinated and so on and so forth. This is typical in clinical trials and it was, for example, one of the approaches used to evaluate some of the COVID-19 vaccines. Thank you.

CL Thank you very much on that one and I believe Dr Ryan on the previous question.

MR I just want to come back on Türkiye and Syria because I was just scrambling to find the numbers of the funding. You're right, our colleague who reported that the appeal was for approximately \$85 million. WHO has total funding received of nearly \$25 million and a further 20 million pledged. So, with just funding received and funding pledged, that represents about 50% of what WHO asked for. So, it comes in at around 45 million received or pledged.

What is of note, in the first hours and days of the response Dr Tedros released almost \$16.6 million from our Contingency Fund for Emergencies which

actually front-primed this response significantly and allowed tremendous amounts of material, tremendous amounts of specialist medical supplies and equipment to flow into both countries by many, many different routes, especially from the WHO Global Logistics Centre in Dubai.

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We continue to work in terms of health operations in both the Syrian Arab Republic and in north-west Syria and in Türkiye with further deployment of emergency medical teams but the process is now obviously shifting away from acute care to rehabilitative care, to rebuilding of health infrastructure, to rebuilding the primary health care system, reigniting routine immunisation, continuing to deal with people who are displaced and, as Dr Tedros has remarked many times, not displaced once but twice, sometimes more than five times over the last number of years.

So, WHO is still extremely engaged, involved on the ground in both Türkiye, in Syria, both on the government-controlled side and in north-west Syria, and will continue to work with our NGO and other partners on the ground. I'm very glad you raised the question and I apologise for not having answered immediately but I think it's really important that we keep the focus on these events.

I was speaking to colleagues yesterday who are still responding to the Pakistan floods, and we have huge issues in Pakistan on rehabilitation and disability and other things that have been caused. Very often, in the beginning of these crises you get an overwhelming response and it's fantastic and it's what it should be and those resources flow in and we send in the aid.

The hard part of humanitarian response is when everyone moves away, everyone forgets, and it those people who are left, those health workers left without health facilities, those children left without vaccinations, those chronic diseases that aren't followed-up and those people who have suffered long-term disability, be it psychological or physical disabilities, unable to access the services they need to recover and put their lives back together.

00:44:19

So, I thank you for the question and continuing to highlight these massive emergencies. Türkiye and the Syrian Arab Republic will be dealing with the consequences of this massive earthquake for decades to come and WHO was there before, we're there now, and we will be there in the future to continue supporting the peoples of both countries. Thank you.

CL Thank you very much and thank you, Dr Ryan, for coming back to this important question here. With this, we've come to the end of our questions. I thank you all for participating. I understand Tommaso Urbani had to leave already but thank you for your participation. Thank you all the colleagues here in the room and online.

We'll send the audio files and the remarks by Dr Tedros soon after the briefing, and the full transcript will be posted tomorrow on the website. With this, thank you from me and back to Dr Tedros.

TAG Thank you. Thank you, Christian. Thank you to all members of the press for joining us today. See you next time.